# 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
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Version	Revision Date	Revision
V1.0	02/05/2020	<ul> <li>Initial version.</li> <li>Added Internet Explorer Version 11 compatibility note in the "Introduction" section.</li> <li>Updated the screenshot for the CEHRT - ONC Validation screen (UI 481) in section "Step 1 - Getting Started".</li> <li>Updated the screenshot for the Professional Eligibility Questions 1 (Part 1 of 2) screen (UI 33) in section "Step 3 - Eligibility".</li> </ul>

# **Table of Contents**

Introduction	4
Related MAPIR Documentation	5
Before You Begin	6
Complete your R&A registration.	7
Changes to your R&A Registration	8
Identify one individual to complete the MAPIR application.	9
Gather the necessary information to facilitate the completion of the required data	9
Using MAPIR	10
Step 1 – Getting Started	12
Step 2 – Confirm R&A and Contact Info	22
Step 3 – Eligibility	26
Step 4 – Patient Volumes	30
Patient Volume Practice Type (Part 1 of 3)	31
Patient Volume 90 Day Period (Part 2 of 3)	32
Patient Volume (Part 3 of 3)	34
Patient Volume – Individual	35
Patient Volume – Practitioner Panel (Individual & FQHC/RHC)	41
Patient Volume – Group	47
Patient Volume – FQHC/RHC Individual	53
Patient Volume – FQHC/RHC Group	59

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

MAPIR	
Name:	Not Available
Applicant NPI:	Not Available
Status:	Not Registered at R&A
	that you have not registered at the CMS Medicare & Medicaid FHR Incentive Program Registration and Attestation
Our records indicate System (R&A).	
Our records indicate System (R&A). You must register at website.	the R&A prior to applying for the Medicaid EHR Incentive Program. Please click <u>here</u> to access the R&A registration

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: <u>http://www.cms.gov/EHRIncentivePrograms</u>

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 and Attestation System (R&A) and you me	is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration ust complete that registration process before you can access your application here.
The R&A website <u>https://www.cms.gov/El</u> your registration after a modification.	<u>HRIncentivePrograms/20_RegistrationandAttestation.asp</u> will have instructions on how to save
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 y	our registration at the R&A before accessing your EHR Medicaid Incentive application.
If you have successfully completed the CI	VIS R&A registration, please contact <state defined="" id=""> for assistance.</state>

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 (<u>https://chpl.healthit.gov/</u>).

# **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 righthand 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).

Save & Continue
Previous
Reset
Clear All

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.

Meaningful Use: You are capturin provided.	Please note that EPs will not be able to attest to meaningful use to receive payment in the first program year of 2011. If meaningful use is selected,	nnology at locations where at least 50% of patient encounters are
	your payment will be delayed.	

# 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.

r	ledicaid E	HR Incen	tive Prog	ram Partio	cipation Dashboa	ard
NPI				п	N	
CCN						
Payee TIN		xxxxxxxxx {instruction	( text here}			
(*) Red asteris	k indicates a	required field				
	0	0	0	0	0	
*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
0	Adoption	Completed	1	2015	\$21,250.00	Select the "Continue" button to view this application.
0	Stage 1 Meaningful Use 90 Days	Denied	2	2016	\$0.00	Select the "Continue" button to view this application
0	Stage 3 Meaningful Use 90 Days	Denied	2	2017	\$0.00	Select the "Continue" button to view this application
0	Stage 3 Meaningful Use 90 Days	Completed	2	2017	\$8,500.00	Select the "Continue" button to view this application.
0	Stage 3 Meaningful Use	Incomplete	3	2018	Unknown	Select the "Continue" button to process this application or click <u>Abort</u> to eliminate all progress.
0	Future	Future	4	Future	Unknown	None at this time
	Future	Future	5	Future	Unknown	None at this time
0	Future	Future	6	<i>Future</i>	Unknown	None at this time

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.



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 (<u>https://chpl.healthit.gov/</u>)

	Contar	<u>ct Us</u>
Payment Year	Program Year	
IPIR		
lame:		
pplicant NPI:		
tatus:	Not Started	
The EHR Incentive Progra Certified Health IT Produc <b>Beginning in Program \</b> Please note the CMS EHR	n requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from th (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. ear 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Certification ID must be a combination of numbers and upper-case letters only.	e ONC
The EHR Incentive Progra Certified Health IT Produc Beginning in Program N Please note the CMS EHR	n requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from th (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. ear 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Certification ID must be a combination of numbers and upper-case letters only. <i>Click the Exit button to terminate your session. When ready click the Next button to continue.</i> <i>Click Reset to restore this panel to the starting point.</i>	e ONC
The EHR Incentive Progra Certified Health IT Produc Beginning in Program V Please note the CMS EHR	n requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from th (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. ear 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Certification ID must be a combination of numbers and upper-case letters only. <i>Click the Exit button to terminate your session. When ready click the Next button to continue.</i> <i>Click Reset to restore this panel to the starting point.</i> (*) Red asterisk indicates a required field.	e ONC
The EHR Incentive Progra Certified Health IT Produc Beginning in Program V Please note the CMS EHR	n requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from th (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. ear 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Certification ID must be a combination of numbers and upper-case letters only. <i>Click the Exit button to terminate your session. When ready click the Next button to continue.</i> <i>Click Reset to restore this panel to the starting point.</i> (*) Red asterisk indicates a required field. acter CMS EHR Certification ID for the Complete EHR System:	e ONC
The EHR Incentive Progra Certified Health IT Produc Beginning in Program V Please note the CMS EHR	requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from th (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. ear 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Certification ID must be a combination of numbers and upper-case letters only. <i>Click the Exit button to terminate your session. When ready click the Next button to continue.</i> <i>Click Reset to restore this panel to the starting point.</i> (*) Red asterisk indicates a required field. acter CMS EHR Certification ID for the Complete EHR System: 0015E4VVH9CFP6M (No dashes or spaces should be entered.)	e ONC
The EHR Incentive Progra Certified Health IT Produc Beginning in Program 1 Please note the CMS EHR *Please enter the 15 chai	A requires use of technology certified for this program. Please enter the CMS EHR Certification ID that you obtained from the (CHPL) website. <i>Click</i> <u>HERE</u> to access the CHPL website. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. East 2019 and beyond, you will be required to enter a 2015 Edition CEHRT to proceed. Exit Reset To restore this panel to the starting point. Exit Reset Next	e ONC

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	I	Program Year	
MAPIR				
Nama				
Name:				
Applicant	t NPI:			
Status:		Not Started		
We hav List (CH	e confirmed that you have entered a IPL).	valid CMS EHR Certification ID. Cli	ck <u>here</u> for additional information regarding the Certified Health IT Product	
			- tine - tine - Province to an know	
	wne		nunue, or click <b>Previous</b> to go back.	
				_
	CMS EHR Certification ID:	001	SE4VVH9CFP6M	
				_
		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	<u>Exit</u>
	Payment Year	Program Year	
MAPIR			
Name:			
Applican	t NPI:		
Status:		Not Started	
		IMPORTANT:	
begin inc	lude file		
	The MAPIR application <b>must</b> be c may have more than one Internet completed by the same Internet/F	ompleted by the <b>actual</b> Provider or by an authorized preparer. In some cases, a provider /Portal account available for use. Once the MAPIR application has been started, it must be Portal account.	
	To access MAPIR to apply for Med <i>Exit</i> and log on with that account	dicaid EHR Incentive Payment Program under a different Internet/Portal account, select	
	To access MAPIR using the currer with the current account and the	It account, select <b>Get Started</b> . All applications for previous years will be re-associated previous user account will lose access to these applications.	
end inclu	de file		
		Exit Get Started	_
			UI 1-

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.

PIR	
Confirmation	
You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.	
Select the "Cancel" button to return to the start page.	
Select "Confirm" to associate the current Internet/Portal account with MAPIR.	
Cancel	
l	JI 106-C

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

		<u>Print</u> <u>Contact Us</u> <u>Ex</u>
Name		Applicant NPI
Persor	nal TIN/SSN	Payee TIN
Payme	ent Year	Program Year
Get Started	R&A/Contact Info Eligibility	Patient Volumes Attestation Review Submit
Name:		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.
Applicant NPI:		
Status:	Incomplete	Continue
Click <b>here</b> if you and start over f	u would like to eliminate all information from the beginning.	sav <del>ed to da</del> te,
SET STARTED SI	PLASH BOTTOM LEFT PANEL: The text	in this section of
he page would may specify as s	be replaced by actual content that the static HTML.	hosting state
		UI :

# 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]

	Print <u>Contact Us</u>	<u>Exit</u>
Name	Applicant NP1	
Personal TIN/SSN	Payee TIN	
Payment Year	Program Year	
Get Started R&A/Contact Info 📄 Eligibi	y 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	
	begin	
	ٽ	I 7-C
		_

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.

Name Personal TIN/S Payment Year Get Started R&A/G	SN Contact Info 🗃 Eligibility Patient V	Applicant NPI Payee TIN Program Year Yolumes Attestation Review S	Submit
<b>X&amp;A Verification</b>	ollowing information for your NPI from the	CMS Medicare & Medicaid EHR Incentive Progr	ram Registration and Attestation System
R&A). Please speciry in	When ready click the Save & Continue Click Reset to rest	es or no to the question below. button to review your selection, or click <b>Prev</b> ore this panel back to the starting point.	<b>vious</b> to go back.
Name	Dr. Medicaid	Applicant NPI	999999999
Personal TIN/SSN Payee NPI	999999999 999999999	Payee TIN	99999999
Business Address	123 Main Street Hometown,TX 99999-9999		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	РА
Eligible Professional	Type Physician		
R&A Registration ID	9999999999		
R&A Registration Em	nail Address professional@prof	essional.com	
CMS EHR Certificatio	on Number		
	(*) Red ast * Is this information	terisk indicates a required field.	

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.

Payment Year Get Started R&A/Con	tact Info 📄 Eligibility Patient	Applicant NPI Payee TIN Program Year Volumes Attestation	Review Submit
entact Information case enter your contact dress, if any, entered a rrespondence will go to	information. All email correspondence t the R&A will be used as a secondary both email addresses.	will go to the primary contact e email address. If an email addre	mail address entered below. The email ss was entered at the R&A, all email
When r	eady click the <b>Save &amp; Continue</b> butto Click <b>Reset</b> to restore to	n to review your selection, or c his panel back to the starting po	lick <b>Previous</b> to go back. pint.
	(*) Red asteris	cindicates a required field.	
Primary Contact			
* First Name	Dr. Medicaid Provider	*Last Name	Provider
* Phone	999 - 999 - 9999	Phone Extension	
* Email Address	Provider@email.com	* Verify Email	Provider@email.com
* Department	Healthcare		
*Address Line 1	1234 waters edge dr		
Address Line 2			
* City	raleigh		
	Nebraska 🗸		
* State	27607		
* State * Zip Code			
*State *Zip Code Alternate Contact —			
*State *Zip Code Alternate Contact First Name		Last Name	
*State *Zip Code Alternate Contact First Name Phone		Last Name Phone Extension	
* State * Zip Code Nternate Contact First Name Phone Email Address		Last Name Phone Extension Verify Email	

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.

	Pr	<u>int</u>	Contact Us	<u>Exit</u>
Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🕑 Eligi	Applicant NPI Payee TIN Program Year bility Patient Volumes Attestation Review Submit			
	You have now completed the <b>R&amp;A/Contact Information</b> section of the application. You may revisit the section at any time to make the corrections until such time as you actually <b>Submit</b> the application. The <b>Eligibility</b> section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.			
				UI 9

# 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).

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	<u>Print</u> <u>Contact Us</u> <u>Ex</u>
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Get Started R&A/Contact Info	Eligibility Patient Volumes Attestation Submit
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	UI 32-

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	
Name	Applicant NPI		
Personal TIN/SSN Payment Year	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	s to determine your eligibility for the EHR Medicaid Incentive Payment Program.		
When ready click th	he <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this papel to the starting point.		
	(*) Red asterisk indicates a required field.		
*Are you a Hospital based eligible pro	ofessional? (  Yes O No		
			_
	Desuisus Decat Continue		
	Previous Reset Save & Continue		
			-

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.

				 <u>condet os</u>
Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🛛	Eligibility Patient Volumes	Applicant NPI Payee TIN Program Year Attestation Re	view Submit	
Professional Eligibility Questions 2 (P	art 2 of 2)			
Please answer the following questions to	determine your eligibility for the E	HR Medicaid Incentive Pay	ment Program.	
When ready cli	ck the <b>Save &amp; Continue</b> button t Click <b>Reset</b> to restore ti	o review your selection, or his panel to the starting po	r click <b>Previous</b> to go back. int.	
*What type of provider are you? <u>(selec</u>	(*) Red asterisk in <u>t one)</u>	dicates a required field.	0	
Physician				
O Dentist				
O Certified Nurse-Midwife				
Physician Assistants practicing with	hin an FOHC or PHC that is so led	hy a Physician Assistant		
		by a ringsician Assistant		
*Do you have any current sanctions or or Medicaid in any state?	pending sanctions with Medicare	⊖ Yes ● No	0	
*Are you currently in compliance with a regulations?	all parts of the HIPAA	● Yes 〇 No	0	
*Are you licensed in all states in which	you practice?	● Yes ○ No	Ø	
	Previous Reset	Save & Continue	>	

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

Note the check box in the *Eligibility* tab.

Click **Continue** to proceed to the Patient Volumes section.

	Pri	nt <u>Contact Us</u>	Exit
Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🔽	Applicant NPI Payee TIN Program Year Eligibility V Patient Volumes Attestation Review Submit		
	You have now completed the <b>Eligibility</b> section of the application. You may revisit the section at any time to make the corrections until such time as you actually <b>Submit</b> the application. The <b>Patient Volumes</b> section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.		
			UI 36

### 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.

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Get Started R&A/Contact Info V Eligibility	Patient Volumes Attestation Review Submit
SPLASH PANEL: The text in this section of the page	buld be replaced by actual content that the hosting state may specify as static HTML.
	UI 41-

### 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	<u>Contact Us</u>	
			-
Name Personal TIN/SSN	Applicant NPI Pavee TIN		
Payment Year	Program Year		
Get Started R&A/Contact Info 🕎 Eligi	ibility 🔽 Patient Volumes 🔲 Attestation 🔤 Review Submit 📄		
Patient Volume Practice Type (Part 1 of 3)			
Blassa answer the following questions so that	we can datamine the appropriate method for collecting patient volumes		
riease answer the following questions so that	t we can determine the appropriate method for conecting patient volumes.		
When ready click the <b>Save</b>	& Continue button to review your selection, or click <b>Previous</b> to go back.		
	ck <b>Reset</b> to restore this panel to the starting point.		
	(*) Pod astorick indicatos a required field		
			_
*Do you practice predominantly at an EOHC/	RHC (over 50% of		
your total patient encounters occur over a 6	month period in an		
FQHC/RHC)?			
*Please indicate if you are submitting volume (Select one)	Individual Practitioner		
	Group/Clinic		
	U Practitioner Panel		
			-
	Previous Reset Save & Continue		
			-

### 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.

Name Personal TIM/SSN Payment Year       Applicant NPI Program Year         Cet Started       R&A/Contact Info       Eligibility       Patient Volumes       Attestation       review       submit         attent Volume 90 Day Period (Part 2 of 3)       Cick HERE to review Patient Volume Reporting Period Options.       Itestation       review       submit         © Cick HERE to review Patient Volume Reporting Period Options.       Itestation date. Select either previous calendar year or previous 12 months, then enter the Start Date of your continuous 90 day endod.       When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.         (*) Red asterisk indicates a required field.         Please select one of the following two options. For information on these two options, please use the click here link.         (*) Calendar Year Preceding Program Year       12 Months Preceding Attestation Date         * Start Date:       22/01/2018 mm/dd/yyyy       mm/dd/yyyy         Please Note: The Start Date must fall within the period that is applicable to your selected volume period.       Previous		Print Contact Us
atient Volume 90 Day Period (Part 2 of 3)         Click HERE to review Patient Volume Reporting Period Options.         the continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before he attestation date. Select either previous calendar year or previous 12 months, then enter the Start Date of your continuous 90 day endod.         When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.         (*) Red asterisk indicates a required field.         Please select one of the following two options. For information on these two options, please use the click here link.         (*) Calendar Year Preceding Program Year       12 Months Preceding Attestation Date         *Start Date:       02/01/2018         mm/dd/yyyy       mm/dd/yyyy	Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🗾	Applicant NPI Payee TIN Program Year Eligibility Patient Volumes Attestation Review Submit
Click HERE to review Patient Volume Reporting Period Options. Che continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before he attestation date. Select either previous calendar year or previous 12 months, then enter the Start Date of your continuous 90 day of day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before he attestation date. Select either previous calendar year or previous 12 months, then enter the Start Date of your continuous 90 day of day volume reporting period.  Che Reset to restore this panel to the starting point.  (*) Red asterisk indicates a required field.  Please select one of the following two options. For information on these two options, please use the click here link.  Calendar Year Preceding Program Year  Calendar Year Preceding Program Year  Calendar Year Preceding Program Year  Calendar Year Date must fall within the period that is applicable to your selected volume period.  Previous  Reset  Reset  Save & Continue  Calendar Year Date  Reset  Calendar Year Date  Calendar Year Date  Calendar Year Preceding  Calendar Year Date  Cale	Patient Volume 90 Day Period (Part 2 (	of 3)
he continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before he attestation date. Select either previous calendar year or previous 12 months, then enter the <b>Start Date</b> of your continuous 90 day eriod. <i>When ready click the</i> <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. <i>Click Reset to restore this panel to the starting point</i> . <b>(*) Red asterisk indicates a required field</b> . Please select one of the following two options. For information on these two options, please use the click here link. <b>(*) Calendar Year Preceding Program Year</b> (*) 12 Months Preceding Attestation Date <b>* Start Date</b> : 02/01/2018 mm/dd/yyyy Please Note: The <b>Start Date</b> must fall within the period that is applicable to your selected volume period.	Click HERE to review Patient Volume	Reporting Period Options.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.         (*) Red asterisk indicates a required field.         Please select one of the following two options. For information on these two options, please use the click here link.         (*) Calendar Year Preceding Program Year         (*) Calendar Year Preceding Program Year         (*) Start Date:         (02/01/2018)         mm/dd/yyyy         Please Note: The Start Date must fall within the period that is applicable to your selected volume period.         Previous         Reset         Save & Continue	Fhe continuous 90 day volume reporting the attestation date. Select either previo period.	period may be from either the calendar year preceding the payment year or the 12 months before us calendar year or previous 12 months, then enter the <b>Start Date</b> of your continuous 90 day
(*) Red asterisk indicates a required field. Please select one of the following two options. For information on these two options, please use the click here link. © Calendar Year Preceding Program Year O 12 Months Preceding Attestation Date *Start Date: 02/01/2018 mm/dd/yyyy Please Note: The Start Date must fall within the period that is applicable to your selected volume period. Previous Reset Save & Continue	When ready click the S	<b>ave &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
Please select one of the following two options. For information on these two options, please use the click here link.   Calendar Year Preceding Program Year		(*) Red asterisk indicates a required field.
Calendar Year Preceding Program Year  12 Months Preceding Attestation Date  *Start Date: 02/01/2018 mm/dd/yyyy  Please Note: The Start Date must fall within the period that is applicable to your selected volume period.  Previous Reset Save & Continue	*Please select one of the following two o	ptions. For information on these two options, please use the click here link.
*Start Date: 02/01/2018 Imm/dd/yyyy Please Note: The Start Date must fail within the period that is applicable to your selected volume period. Previous Reset Save & Continue	Calendar Year Preceding	9 Program Year O 12 Months Preceding Attestation Date
Please Note: The <b>Start Date</b> must fall within the period that is applicable to your selected volume period.           Previous         Reset         Save & Continue		*Start Date: 02/01/2018
Previous Reset Save & Continue	Please Note: The <b>Start D</b> a	${f te}$ must fall within the period that is applicable to your selected volume period.
		Previous Reset Save & Continue

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

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

	Print Contact Us
Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Get Started R&A/Contact Info D Eligi	Program Year
Patient Volume 90 Day Period (Part 2 of 3	
Please review the Start Date and End Date	f your selected continuous 90 day period for patient volume.
Million you do aliale the	Cause & Constinue hutten to continue or slick Provinces to an hade
when ready click the	save a commue button to continue, or click previous to go back.
	Start Date: Feb 01, 2018
	Liu bate. May 01, 2018
	Previous Save & Continue
	Previous Save & Continue
	Previous Save & Continue

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

Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 👿	Applicant NPI Payee TIN Program Year Subbility Volumes Attestation Review Submit
atient Volume 90 Day Period (Part 2	(3)
ease review the Start Date and End I When ready clic	e of your selected continuous 90 day period for patient volume. the <b>Save &amp; Continue</b> button to continue, or click <b>Previous</b> to go back.
	Start Date: Feb 20, 2019 End Date: May 20, 2019
lease note: If you attempt to submit ccurs, you will receive an error messag equirements and submit your applicatio	ir application at a later date, the dates you selected above may be invalid at that time. If this ind you will need to change the dates and your patient volume numbers in order to meet the

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 <u>34</u> 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.

SSN r /Contact Info ☑ fividual (Part 3 information on ti ack box for locat sh to report pat least one locati ready click the Refresh to u	Eligibility of 3) the locations in tions where you tient volumes for ion for meetin Save & Contin update the list (*) R	Ap Pa Patient Volumes which you practice. are meeting Medicai or a location or site th g patient volumes a patient volumes a bue button to review below. Click Reset to ed asterisk indicate	pplicant NPI yee TIN ogram Year Attestation	Review Submit	fied EHR <b>HR</b>
tividual (Part 3 information on t eck box for locat sh to report pat least one locat least one locat least one locat least one locat Refresh to u	to f 3) the locations in tions where you tient volumes for <i>ion for meetin</i> Save & Contin update the list (*) R	which you practice. are meeting Medicai or a location or site th g patient volumes a g patient volumes a bue button to review below. Click <b>Reset</b> to ed asterisk indicate	d patient volume require nat is not listed, click <b>A</b> and at least one locati your selection, click <b>P</b> o restore this panel to t <b>is a required field.</b>	ements and/or utilizing certif dd Location. on for utilizing certified Eff on for utilizing certified Eff on for utilizing certified Eff on for utilizing certified whe starting point.	fied EHR HR
information on t eck box for locat sh to report pat <b>least one locati</b> <b>ready click the</b> <b>Refresh</b> to u	the locations in cions where you cient volumes fo <i>ion for meetin</i> <i>Save &amp; Contin</i> <i>update the list</i> (*) R	which you practice. are meeting Medicai or a location or site th g patient volumes a pue button to review below. Click <b>Reset</b> to ed asterisk indicate	d patient volume requira nat is not listed, click <b>A</b> and at least one locati your selection, click <b>P</b> p restore this panel to t <b>s a required field.</b>	ements and/or utilizing certif dd Location. ion for utilizing certified Eff revious to go back or click the starting point.	fied EHR
	0				0
nt <b>*Utilizi</b> EHR T e) (Must	ing Certified Fechnology Select One)	Provider ID	Location Name	Address	Available Actions
O Ye	es 🔿 No	999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
	Previo	Add Location	Refresh Save & Continue	1	1
16	re) (Must	Previo	Bit Containing of Michaeler     Provider ID       Provider ID     (Must Select One)       Provider ID     Provider ID	Bit     Output Ing Culture       Provider ID     Location Name       (Must Select One)     Provider ID       Yes     No       999999999999     Doctor Office         Add Location     Refresh   Previous       Reset     Save & Continue	Bit of the left of the le

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	Ð
Name	Applicant NPI	
Personal TIN/SSN Payment Year	Payee IIN Program Year	
Get Started R&A/Contact Info 🕎	Eligibility Patient Volumes V Attestation Review Submit	
Patient Volume - Individual (Part 3 c	f3)	
Please provide the information requeste	d below to add a location to MAPIR (for this Payment Incentive Application use only)	
When ready click the	<b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> 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):	
	Previous Reset Save & Continue	-
		U?
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.

Personal IIN/SSN		Aj Pa	oplicant NPI Iyee TIN		
Payment Year Get Started R&A/Conta	act Info 🕎 🛛 Eligibility 🕎	Pr Patient Volumes	ogram Year           Image: Attestation	Review Submit	
ient Volume - Individu	ual (Part 3 of 3)				
) has the following infom	nation on the locations in v	which you practice.			
ase select the check bo chnology. If you wish to	ox for locations where you report patient volumes for	are meeting Medicai r a location or site t	d patient volume requin hat is not listed, click <b>A</b>	ements and/or utilizing certifi <b>dd Location.</b>	ed EHR
<u>u must select at least</u> chnology.	one location for meeting	<u>j patient volumes </u>	and at least one locat	ion for utilizing certified EH	R
When read	v click the Save & Continu	ue button to review	vour selection, click P	revious to go back or click	
R	efresh to update the list b	elow. Click <b>Reset</b> t	o restore this panel to t	the starting point.	
R	efresh to update the list b	elow. Click <b>Reset</b> to	o restore this panel to t	he starting point.	
R	efresh to update the list b (*) Re	ed asterisk indicate	o restore this panel to t	the starting point.	•
R *Medicaid Patient Volumes (Must Select One)	efresh to update the list b (*) Re *Utilizing Certified EHR Technology (Must Select One)	elow. Click Reset t ed asterisk indicate ® Provider ID	ó restore this panel to l es a required field. Location Name	Address	() Available Actions
R *Medicaid Patient Volumes (Must Select One)	efresh to update the list b (*) Re *Utilizing Certified EHR Technology (Must Select One) Yes O No	elow. Click Reset to ed asterisk indicate Provider ID 999999999999999999	b restore this panel to the set of the set o	Address 123 First Street Anytown, PA 12345-1234	<b>e</b> Available Actions
© *Medicaid Patient Volumes (Must Select One) ☑ ☑	efresh to update the list b (*) Re *Utilizing Certified EHR Technology (Must Select One) • Yes No • Yes No	elow. Click Reset to ed asterisk indicate Provider ID 999999999999999999999999999999999999	b restore this panel to the set of the set o	Address           Address           123 First Street           Anytown, PA 12345-1234           123 Main Street           Anytown, AL 12345	Available     Actions     Edit     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/patVolSplashIndividualInclude.xhtml]

Name     Applicant NPI       Personal TIN/SSN     Payee TIN       Payment Year     Program Year       Get Started     R&A/Contact Info       R&A/Contact Info     Eligibility	Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Yoar
Get Started R&A/Contact Info 🖉 Eligibility 🖉 Patient Volumes 📝 Attestation 📄 Review Submit		
	Get Started R&A/Contact Info 🛛 Eligibility 💟	Patient Volumes V Attestation Review Submit

Medicaid Patient Volume Percentage Formula - Individual

(Medicaid Encounter Volume / Total Encounter Volume)

Enter patient volumes for each location listed on the screen.

Get Started	ent Year R&A/Contact Info	ligibility 🔽 🛛 Patient Volum	Payee TIN Program Year	Review Submit	
i <b>tient Volur</b> ease enter p	ne - Individual (Part 3 of 3) Patient volumes where indica	ated. <u>You must enter volu</u>	Imes in all fields below	v. If volumes do not a	apply, enter zero.
n Encounter	is defined as any services th When ready click the <b>Sa</b>	at were rendered on any on ve & Continue button to re	ne day to an individual e	nrolled in an eligible Me click <b>Previous</b> to go b	edicaid program. Pack.
		(*) Red asterisk indic	panel to the starting po		
0			0	0	0
Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
	Doctor Office	123 First Street Anytown, PA 12345-1234	800	*	*
999999999999999					

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.

Personal TIN Payment Yea Get Started R&	/SSN ar A/Contact Info 💟	Eligibilit	A Patient Volumes	pplicant NPI ayee TIN rogram Year Zettestation	Review Submit		
atient Volume - Ir he patient volumes formation to verify	ndividual (Part 3 and certified EHI what you have e	B of 3) R technolog entered is c	y site usage selections y orrect.	rou entered are depic	cted below. Please review the	e current	1
	when ready				Previous to go Dack.		
Utilizing Certified EHR Technology?	Provider ID		Location Name	Address	Encounter Volu	mes	%
Yes	999999999999999	Doctor Offi	ce	123 First Street Anytown, PA 12345-1234	4 Medicaid Only In Stat Total Medicaid: Denominator:	te: 800 1000 3300	30%
Yes	N/A	New Location	n	123 Main Street Anytown, AL 12345	Medicaid Only In Stat Total Medicaid: Denominator:	te: 400 500 1500	33%
Sum M In State En (Nu	ledicaid Only ncounter Volum umerator)	ie	Sum Medicaid Volun (Numera	Encounter le Total Encounter (Denominator)		Total	%
(Numerator) 1200			1500	)	4800	319	∕₀ ←

# 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 <u>34</u> 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.

				<u>Print</u>	<u>Contact Us</u>
Name Personal TIN/SSN Payment Year Get Started R&A/Conta	tct Info 🛛 Y Eligibility 🖉	Ap Pa Pro Patient Volumes	oplicant NPI yee TIN ogram Year Z Attestation T	Review Submit	
Patient Volume - FQHC/F	HC Practitioner Panel (I	Part 3 of 3)			
echnology. If you wish to r You must select at least of When ready Re	report patient volume's for one location for meeting or click the Save & Contin firesh to update the list l (*) R	a location or site that a patient volumes and ue button to review below. Click <b>Reset</b> to ed asterisk indicate	at is not listed, click Ad nd at least one location your selection, click Pn prestore this panel to to a required field.	d Location. <u>n for utilizing certified EH</u> evious to go back or click he starting point.	R technology
0	Ø	Ø			0
*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
	○ Yes ○ No	999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
	Previo	Add Location	Refresh Save & Continue		

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

Enter the requested practice location information.

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🛛	Applicant NPI Payee TIN Program Year Eligibility V Patient Volumes V Attestation Review Subm	it		
Patient Volume - Practitioner Panel Please provide the information requeste When ready click the	Part 3 of 3) d below to add a location to MAPIR (for this Payment Incentive Applicati Save & Continue button to review your selection, or click Previous to go Click Reset to restore this panel to the starting point.	on use back.	only)	
	(*) 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			

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.

				Print	<u>Contact Us</u>
Name Personal TIN/SSN Payment Year Get Started R&A/Conta	ct Info 🛐 💙 Eliqibility 🛐	A Pr Patient Volumes	pplicant NPI ayee TIN rogram Year Attestation	Review Submit	
atient Volume - FQHC/R	HC Practitioner Panel (P	vart 3 of 3)			
ease select the check box cchnology. If you wish to r ou must select at least of When ready	for locations where you a eport patient volumes for one location for meeting click the Save & Continu	re meeting Medicai a location or site th patient volumes a ue button to review	d patient volume require nat is not listed, click <b>Ac</b> and at least one location y your selection, click <b>P</b>	ments and/or utilizing certific Id Location. In for utilizing certified EH evious to go back or click	ed EHR <u>R technolog</u> y
Re	fresh to update the list b (*) Re	elow. Click <b>Reset</b> t ed asterisk indicat	o restore this panel to t	ne starting point.	
0	0	0			0
*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
	● Yes ○ No	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
V	• Yes ONO	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete
		Add Location	Refresh		
	Previou	ıs Reset 🤇	Save & Continue	>	

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]

	<u>Print</u> <u>Contact Us</u> <u>Exi</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
Get Started R&A/Contact Info 🕎 Eligibi	V Patient Volumes Attestation Review Submit
SPLASH PANEL: The text in this section of the page	e would be replaced by actual content that the hosting state may specify as static HTML.
	UI 284-

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.

Person Payme Get Started	al TIN/SSN ent Year R&A/Contact Inf	fo 📝 Eligib	ility 🔽 🛛 Patient Volum	Applicant NPI Payee TIN Program Year es v Attestation	Review Submit		
tient Volur	ne - FQHC/RHC I	Practitioner Pa	anel (Part 3 of 3)				
ase enter p	atient volumes v	where indicated	d. <u>You must enter volu</u>	ımes in all fields belov	v. If volumes do not a	apply, ei	nter zero.
	When ready c	click the <b>Save</b> a Click	& Continue button to r k Reset to restore this	eview your selection or panel to the starting po	click <b>Previous</b> to go b pint	oack.	
			(*) Red asterisk indic	ates a required field.			
Practitioner FQHC RHC	Panel <*Please se	elect where you	(*) Red asterisk indic u practice predominantly	ates a required field.	0		Ø
Practitioner FQHC RHC Provider Id	Panel <*Please se Location Name	elect where you	(*) Red asterisk indic u practice predominantly Total Needy Individuals on the Practitioner Panel 1	ates a required field.	Total Patients on Practitioner Panel 3 (Denominator)	Total Encour (De	Outplicated     Induplicated     Notplicated     Notplined     Notplined     Notplicated     Notplicated     Notplicated
Practitioner ) FQHC ) RHC Tovider Id	Panel <*Please se	Address	(*) Red asterisk indic (*) Red asterisk indic u practice predominantly Total Needy Individuals on the Practitioner Panel 1 (Numerator) * 100	Unduplicated Unduplicated Needy Individuals Only Encounter Volume 2 (Aumerator) = [400	Total Patients on Practitioner Panel 3 (Denominator) * 100	Total Encour (De * 800	Ondu plicateen     no mina tor)
Practitioner P FQHC RHC Provider Id 200909090909090	Panel <*Please se Location Name Doctor Office	Address 123 First Street Antown, PA 12345-1234 123 Jain	(*) Red asterisk indic u practice predominantly Total Needy Individuals on the Practitioner Panel 1 (Numerator) * 100	ates a required field.	Total Patients on Practitioner Panel 3 (Denominator)  100	Total Encour (De * 800	O
Practitioner ) FQHC ) RHC Provider Id 1999999999999	Panel <*Please se Location Name Doctor Office New Location	Address 123 First Street Anytown, PA 12345-1234 123 Main Street Anytown, AL 12320	(*) Red asterisk indic (*) Red asterisk indic u practice predominantly Total Needy Individuals on the Practitioner Panel 1 (Numerator) * 100 * 135	ates a required field. Unduplicated Needy Individuals Only Encounter Volume 2 (Minterating) = [400 = 100	Total Patients on Practitioner Panel 3 (Denominator) * 100 * 145	<b>Total</b> Encour ( <i>De</i> = 800 = 800	Unduplicated     nominator)

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.

Personal TIN/ Payment Yea Get Started R&A atient Volume - FQ	SSN r /Contact Info 🛃	Eligibility Patient Volu	Applicant NPI Payee TIN Program Year mes v Attestation	Review Submit	
urrent patient volu	m <b>es</b> totals are o When ready	lepicted below. Please review t click the <b>Save &amp; Continue</b> but	he current totals to verify t ton to continue, or click <b>Pr</b>	hat the information you entered	d is correct.
Practitioner Panel <	*Please select v	where you practice predominant	:ly:>	F	QHC
Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	Total Needy on Panel: Unduplicated Needy Encounters: Total Patients on Panel: Total Unduplicated Encounters.	100 56% 400 100 : 800
	N/A	New Location	123 Main Street Anytown, AL 12345	Total Needy on Panel: Unduplicated Needy Encounters: Total Patients on Panel:	135 25% 100
Yes				Total Unduplicated Encounters	: 800
Yes				Total Unduplicated Encounters.	: 800
Yes Sum Total Needy on the Practitioner	Individuals Panel	Sum Unduplicated Needy Individuals Only Encounter Volume	Sum Total Patients on Practitioner Panel	Total Unduplicated Encounters. Sum Total Unduplicated Encounter Volumes	Total %

# 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 <u>34</u> 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.

		Applicant NP	I	
Personal TIN/SSN		Payee TIN	-	
t Started R&A/Contact I	nfo 🕅 🔰 Eligibility 🕅	Program Yea	station Review Submit	
			-	
ent Volume - Group (Par	t 3 of 3)			
as the following informativ	on on the locations in whi	ich vou practice		
ias the following informations select the check box for	on on the locations in whi	e meeting Medicaid natient w	olume requirements and/or utilizing	a certified EHP
nology. If you wish to rep	ort patient volumes for a	location or site that is not lis	sted, click Add Location.	y certified EHR
must select at least one	e location for meeting p	atient volumes and at leas	t one location for utilizing certi	fied EHR
nology.				
When ready cli <b>Refre</b>	ck the <b>Save &amp; Continue</b> <b>sh</b> to update the list bek	button to review your select	tion, click <b>Previous</b> to go back or is panel to the starting point.	click
When ready cli <b>Refre</b>	ck the <b>Save &amp; Continue</b> <b>sh</b> to update the list belo	button to review your select ow. Click <b>Reset</b> to restore th	tion, click <b>Previous</b> to go back or is panel to the starting point.	<sup>-</sup> click
When ready cli <b>Refre</b>	ck the Save & Continue sh to update the list belo (*) Red	button to review your select ow. Click <b>Reset</b> to restore th <b>asterisk indicates a require</b>	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field.	- click
When ready cli Refre	ck the Save & Continue sh to update the list belo (*) Red	button to review your select ow. Click <b>Reset</b> to restore th <b>asterisk indicates a require</b>	tion, click <b>Previous</b> to go back or is panel to the starting point. e <b>d field.</b>	Click
When ready cli Refre	ck the Save & Continue sh to update the list belo (*) Red	button to review your select ow. Click <b>Reset</b> to restore th <b>asterisk indicates a require</b>	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field.	click
When ready cli Refre	ck the Save & Continue sh to update the list belo (*) Red Provider ID	button to review your select ow. Click <b>Reset</b> to restore th <b>asterisk indicates a require</b> Location Name	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address	e click
When ready cli Refree *Utilizing Certified EHR Technology (Must Select One)	ck the Save & Continue sh to update the list belo (*) Red Provider ID	button to review your select ow. Click <b>Reset</b> to restore th <b>asterisk indicates a require</b> Location Name	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address	elick
When ready cli Refree *Utilizing Certified EHR Technology (Must Select One) O Yes O No	ck the Save & Continue sh to update the list belo (*) Red Provider ID 9999999999999999	button to review your select ow. Click <b>Reset</b> to restore th asterisk indicates a require Location Name	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address	elick The second
When ready cli Refree *Utilizing Certified EHR Technology (Must Select One) O Yes O No	ck the Save & Continue sh to update the list belo (*) Red Provider ID 99999999999999	button to review your select ow. Click <b>Reset</b> to restore th asterisk indicates a require Location Name Doctor Office	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address 123 First Street Anytown, PA 12345-1234	elick Particular Available Actions
When ready cli Refree *Utilizing Certified EHR Technology (Must Select One) O Yes O No	ck the Save & Continue sh to update the list bek (*) Red Provider ID 9999999999999	button to review your select ow. Click <b>Reset</b> to restore th asterisk indicates a require Location Name Doctor Office Add Location Refrest	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address 123 First Street Anytown, PA 12345-1234	elick
When ready cli Refre *Utilizing Certified EHR Technology (Must Select One) O Yes O No	ck the Save & Continue sh to update the list bek (*) Red Provider ID 9999999999999	button to review your select ow. Click <b>Reset</b> to restore the asterisk indicates a require Location Name Doctor Office Add Location Refrest	tion, click <b>Previous</b> to go back or is panel to the starting point. ed field. Address 123 First Street Anytown, PA 12345-1234	elick

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

Enter the requested practice location information.

					<u>Print</u>	<u>Contact Us</u>	Ex
	Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🛛	Eligibility 🛛 Patient Volume	Applicant NPI Payee TIN Program Year	Review	Submit		
Pa	tient Volume - Group (Part 3 of 3)						
	When ready click the	• Save & Continue button to re Click Reset to restore this p (*) Red asterisk indica	view your selection, or click anel to the starting point. <b>tes a required field.</b>	k Previous	to go back.		
-		*Location Name: *Address Line 1: Address Line 2:	lew Location 23 Main Street	0			
		Address Line 3: *City: *State:	Anytown				
_		*21p (5+4):	Save & Continue				-
_							UI

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.

Personal TIN/SSN Payment Year		Applicant NP Payee TIN Program Yea	I	
Get Started R&A/Contact In	nfo 🛛 🖌 Eligibility 🖉	Patient Volumes 📝 🛛 Atte	station Review Submit	
tient Volume - Group (Part	3 of 3)			
) has the following informatio	n on the locations in wh	ich vou practice.		
ase select the check box for	r locations where you an	e meeting Medicaid patient v	olume requirements and/or utilizing	g certified EHR
chnology. If you wish to repo ou must select at least one	ort patient volumes for a <b>location for meeting p</b>	location or site that is not lis <b>Datient volumes and at leas</b>	ited, click Add Location. t one location for utilizing certi	fied EHR
chnology.	<i>,</i>		<b>------</b>	
When ready clic	ck the Save & Continue	button to review your selec	tion, click <b>Previous</b> to go back of	r click
	a <b>b</b> to undate the list hal		is search the three structures are into	
Refres	<b>SH</b> to update the list bei	OW. CIICK <b>Reset</b> to restore tr	is panel to the starting point.	
Refre	(*) Red	asterisk indicates a requin	ed field.	
Refre	(*) Red	ow. Click <b>Reset</b> to restore the	is panel to the starting point.	•
Refree *Utilizing Certified EHR Technology (Must Select One)	(*) Red	asterisk indicates a require Location Name	ed field. Address	Available     Actions
Refres       *Utilizing Certified       EHR Technology       (Must Select One)          • Yes	(*) Red (*) Red Provider ID 9999999999999999	Location Name	Address 123 First Street Anytown, PA 12345-1234	Available     Actions
Refres         *Utilizing Certified         EHR Technology         (Must Select One)            • Yes         • No            • Yes         • No	(*) Red (*) Red Provider ID 9999999999999 N/A	Location Name Doctor Office New Location	Address  123 First Street Anytown, PA 12345-1234  123 Main Street Anytown, AL 12345	Available     Actions     Edit     Delete
Refres       *Utilizing Certified       EHR Technology       (Must Select One)          • Yes        Yes        Yes	(*) Red (*) Red Provider ID 99999999999999	Add Location       Refrest	Address          123 First Street         Anytown, PA 12345-1234         123 Main Street         Anytown, AL 12345	Available     Actions     Edit     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/patVolSplashGroupInclude.xhtml]

	Print Contact Us	<u>Exit</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year	
Get Started R&A/Contact Info	Patient Volumes Attestation Review Submit	
		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.

Name Perso Paymo Get Started	nal TIN/SSN ent Year R&A/Contact Info	D 🛛 🕶 Eligibility	Patient	Applican Payee T Program Volumes ☑	nt NPI IN I Year Attestation	Review St	ubmit	
atient Volu	- me - Group (Part 3	of 3)						
Please indica e <b>nter at lea</b>	te in the box(es) pr <i>st one Group Prac</i> i	ovided, the Group : <b>ice Provider ID.</b>	Practice Prov	ider ID(s) you w	vill use to repo	ort patient volume	requirements	. <u>You must</u>
* 1234567	890	2345678901		3456789012		4567890123		0
Please check	the box if more tha	n 4 Group Practice	e Provider IDs	will be used in r	reporting pati	ent volumes. 🔘		
For reporting () The clinic only sees Me () There is a () So long as ()	the box if more tha Group patient volur or group practice's dicare, commercial, n auditable data sou the practice and Ed dividual patient volu actice's patient volu actice's patient volur e), then the clinic/f patient volumes w r is defined as any s	n 4 Group Practice nes: patient volume is a or self-pay patien irce to support the 's decide to use e me for patients se me and not limit it ation year. Furthe rractice level dete 'here indicated. <u>Y</u> ervices that were	appropriate as ts, this is not e clinic's patie one methodol en at the clin in any way. more, if the I rmination incl ou must enter rendered on	will be used in r an appropriate ant volume deter gy in each year ic, while others EP's may attest EP's may attest er volumes in bath udes only those er volumes in a any one day to a	reporting patient me methodoloc calculation); rmination; and (in other wo use the clinic to patient vo use the clinic an encounters a an individual e	ent volumes.	the EP (for ex lot have some clinic or pract lividual calcula c (or with and clinic/practic <b>not apply, en</b> le Medicaid pr	ample, if an E e of the EP's ice must use ation or the outside a e. mter zero. rogram.
Please check for reporting .) The clinic nnly sees Me ?) There is a .) So long as sing their in he entire pra group/clinic p group practic Please enter An Encounter	the box if more tha Group patient volur or group practice's   dicare, commercial, n auditable data sou the practice and E dividual patient volu actice's patient volu actice's patient volu croxy in any particip e), then the clinic/p <b>patient volumes</b> w r is defined as any s <i>When ready cli</i>	n 4 Group Practice nes: patient volume is a or self-pay patien urce to support th or source of the second me for patients se me and not limit it ation year. Furthe matclice level dete where indicated. Y ervices that were ck the Save & Co Click Re:	Provider IDS appropriate as ts, this is not e clinic's patie one methodok en at the clin in any way. more, if the rmination incl ou must enter rendered on ntinue button set to restore	will be used in r an appropriate an appropriate ogy in each year ic, while others P's may attest P's may attest P's may attest P's may attest er volumes in a any one day to a any one day to a to review your this panel to th	reporting patie me methodolo: calculation); rmination; and r (in other wo use the clinic to patient vo a the clinic an encounters a clifields belo an individual e r selection, or he starting po	ent volumes. gy calculation for t grds, clinics could n -level data). The lume under the inin d outside the clinic sociated with the w. if volumes do enrolled in an eligib click <b>Previous</b> to int.	the EP (for ex lot have some clinic or pract lividual calculu c (or with and c clinic/practic <b>not apply, ei</b> le Medicaid pi go back.	ample, if an E e of the EP's ice must use ation or the l outside a re. m <u>ter zero.</u> rogram.
For reporting or reporting ) The clinic only sees Me 2) There is a 3) So long as 3) So long as 3) So long as 3) So long as 3) So long as 5) So long as 1) So lon	the box if more tha Group patient volur or group practice's dicare, commercial, n auditable data sou the practice and E dividual patient volu croxy in any particip e), then the clinic/p <b>patient volumes</b> w r is defined as any s <i>When ready cli</i>	n 4 Group Practice nes: patient volume is : or self-pay patien 's decide to use e me for patients se me and not limit it ation year. Furthe practice level dete where indicated. <u>Y</u> ervices that were <i>ck the Save &amp; Co</i> <i>Click Res</i> (*)	appropriate as ts, this is not e clinic's patie one methodok en at the clini- in any way. more, if the I rmination incl ou must ente rendered on a ntinue buttoo set to restore Red asterisk	will be used in r an appropriate int volume deter gy in each year ic, while others EP's may attest EP's may attest EP works in both udes only those er volumes in a any one day to a to review your e this panel to th indicates a revi	reporting patient me methodoloc calculation); rrmination; and r (in other wo use the clinic to patient vo the clinic an encounters a <b>clifields belo</b> an individual en- r selection, ou he starting poor <b>quired field.</b>	ent volumes. gy calculation for t rds, clinics could n -level data). The lume under the inni ssociated with the w. if volumes do enrolled in an eligib click <b>Previous</b> to int.	the EP (for ex lot have some clinic or pract lividual calcula : (or with and : clinic/practic <b>not apply, er</b> le Medicaid pr <i>go back.</i>	ample, if an E e of the EP's ice must use ation or the outside a e. <b>nter zero.</b> rogram.
Please check for reporting ) The clinic only sees Me 2) There is a 3) So long as sing their in he entire pra- group/clinic p roup/clinic p Please enter An Encounter	the box if more tha Group patient volur or group practice's   dicare, commercial, n auditable data so. the practice and E dividual patient volu actice's patient volu actice's patient voluncy patient volumes w ris defined as any s When ready cli	n 4 Group Practice nes: patient volume is : or self-pay patien irce to support th 's decide to use e me for patients se me and not limit it ation year. Furthe vractice level dete where indicated. <u>Y</u> ervices that were <i>ck the Save &amp; Co</i> <i>Click Res</i> (*)	Provider IDS appropriate as ts, this is not e clinic's patie one methodole in any way. more, if the e mination incl ou must enter rendered on ntinue button set to restore Red asterisk	will be used in r an appropriate ent volume deter ogy in each year ic, while others EP's may attest EP's may attest er volumes in a any one day to a n to review your this panel to the indicates a rece	reporting patient me methodoloc calculation); rmination; and use the clinic to patient vo use the clinic to patient vo the clinic an encounters a <b>cli fields belo</b> an individual en- r selection, of he starting por <b>quired field.</b>	ent volumes. () gy calculation for t rds, clinics could n -level data). The lume under the inn d outside the clinic ssociated with the <i>w, if volumes do</i> enrolled in an eligib <i>c click Previous to</i> <i>int</i> .	the EP (for ex lot have some clinic or pract lividual calcula : (or with and : clinic/practic not apply, en le Medicaid pr go back.	ample, if an E e of the EP's ice must use ation or the joutside a ce. mter zero. rogram.
Please check for reporting () The clinic only sees Me () There is a () So long as () S	the box if more tha Group patient volur or group practice's dicare, commercial, n auditable data sou is the practice and Ei dividual patient volu actice's patient voluror y in any particip e), then the clinic/f <b>patient volumes</b> w ris defined as any s <i>When ready cli</i> Medicaid only (In State	n 4 Group Practice nes: patient volume is : or self-pay patien irce to support th 's decide to use e me and not limit it tion year. Furthe rractice level dete there indicated. <u>Y</u> ervices that were ck the Save & Co Click Res (*) Encounter Volum Numerator)	appropriate as ts, this is not e clinic's patie one methodol en at the clinic in any way. in any way.	will be used in r an appropriate ent volume deter goy in each year ic, while others EP's may attest EP's may attest EP's works in both udes only those er volumes in a any one day to a this panel to the chis panel to the chis panel to the caid Encounter (Total Numera	reporting patient me methodoloc calculation); rmination; and via the clinic to patient vo use the clinic to patient vo use the clinic to patient vo the clinic an encounters a an individual en- r selection, of he starting po quired field.	ent volumes. gy calculation for t dr dr dr, clinics could n -level data). The lume under the inni ssociated with the <i>w, if volumes do</i> enrolled in an eligib <i>c click Previous to</i> <i>int.</i> Total Encount (Denomin	the EP (for ex init have some clinic or pract ividual calcula : (or with and : clinic/practic not apply, en ile Medicaid pr p go back. er Volume pator)	ample, if an E e of the EP's ice must use ation or the outside a e. nter zero. rogram.

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.

Perso			Applicant NPI			
Paym	onal TIN/SSN ient Year		Payee TIN Program Year			
t Started	R&A/Contact Info	Eligibility 🕎	Patient Volumes 📝 Attestation 🔳	Review Subm	it 📄	
nt Volu	ime - Group (Part 3 of	3)				
		-				
patient	volumes and certified El	AR technology site	usage selections you entered are depicte	ed below. Please re	view the cu	urrent
Inacion	to verify what you have	entered is correct				
	When ready	click the Save &	Continue button to continue, or click Pro	e <b>vious</b> to go back.		
						1
	Utilizing Certified EHR Technology?	Provider ID	Location Name	Address		
	Yes	999999999999999	Doctor Office	123 First Street		
				Anytown, PA 12345-	1234	
	Yes	N/A	New Location	123 Main Street Anytown, AL 1234	5-	
						]
	hine TD(-) 10045(700)	J 2345678901	3456789012 4567890123			1
up Pract	tice ID(s) 123456789			Denominator	Total	
up Praci	tice ID(s) 123456789 Sum Medicaid only Volume	Encounter S	um Medicaid Encounter Volumes Total Numerator		%	
up Praci	tice ID(s) 123456789 Sum Medicaid only Volume	Encounter S	um Medicaid Encounter Volumes Total Numerator		%	

# 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 <u>34</u> 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.

Personal TIN/SSN Payment Year		Ap Pa' Pro	plicant NPI yee TIN ogram Year		
Get Started R&A/Cont	act Info 👿 丫 Eligibility 💟	Patient Volumes	Attestation	Review Submit	
tient Volume - FQHC/	RHC Individual (Part 3 of	3)			
<u>u must select at least</u>	one location for meeting	patient volumes ar	nd at least one location	on for utilizing certified EH	<u>R technolog</u>
When read R	y click the <b>Save &amp; Contin</b> efresh to update the list t (*) Ra	<b>ue</b> button to review below. Click <b>Reset</b> to <b>ed asterisk indicate</b>	your selection, click <b>Pr</b> restore this panel to t s a required field.	<b>evious</b> to go back or click he starting point.	
When read R	y click the <b>Save &amp; Contin</b> e <b>fresh</b> to update the list <i>t</i> (*) Ro (*)	ue button to review below. Click Reset to ed asterisk indicate	your selection, click <b>Pr</b> restore this panel to t s a required field.	e <b>vious</b> to go back or click he starting point.	0
When read R *Medicaid Patient Volumes (Must Select One)	y click the Save & Contin efresh to update the list t (*) R *Utilizing Certified EHR Technology (Must Select One)	ue button to review below. Click Reset to ed asterisk indicate @ Provider ID	your selection, click <b>Pr</b> restore this panel to t s a required field. Location Name	evious to go back or click he starting point. Address	© Available Actions
When read R *Medicaid Patient Volumes (Must Select One)	y click the Save & Contin efresh to update the list t (*) Re *Utilizing Certified EHR Technology (Must Select One) ○ Yes ○ No	ue button to review below. Click Reset to ed asterisk indicate Provider ID 9999999999999999	your selection, click <b>Pr</b> restore this panel to t s a required field. Location Name Doctor Office	Address 123 First Street Anytown, PA 12345-1234	Available     Actions

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

Enter the requested practice location information.

		Applicant NPI			
Personal TIN/SSN		Payee TIN			
Payment Year	Eligibility 7 Patient Volum	Program Year Attestation	Review	Submit	
ient Volume - FQHC/RHC Individ	ual (Part 3 of 3)				
se provide the information requeste	ed below to add a location to M	APIR (for this Pavmen	Incentive Appl	ication use o	onlv)
		,,,			
When ready click the	Save & Continue button to r	eview your selection, or	click <b>Previous</b> t	to go back.	
	Click Reset to restore this	parier to the starting po	nit.		
	(*) Red asterisk indic	ates a required field.			
	** ** **	<u></u>			
	*Location Name:	New Location			
	*Address Line 1:	New Location 123 Main Street			
	* Location Name: *Address Line 1: Address Line 2:	New Location 123 Main Street			
	*Location Name: *Address Line 1: Address Line 2: Address Line 3:	New Location 123 Main Street			
	*Location Name: *Address Line 1: Address Line 2: Address Line 3: *City:	New Location 123 Main Street Anytown			
	*Location Name: *Address Line 1: Address Line 2: Address Line 3: *City: *State:	New Location 123 Main Street Anytown Alabama			
	*Location Name: *Address Line 1: Address Line 2: Address Line 3: *City: *State: *Zip (5+4):	New Location 123 Main Street Anytown Alabama 12345			
	*Location Name: *Address Line 1: Address Line 2: Address Line 3: *City: *State: *Zip (5+4):	New Location 123 Main Street Anytown Alabama 12345 -			

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.

Personal TIN/ 55N		A  D:	pplicant NPI		
Payment Year		Pi	rogram Year		
Get Started R&A/Conta	act Info 🛛 🛛 Eligibility 🗹	Patient Volumes	Attestation	Review Submit	
tient Volume - FQHC/R	RHC Individual (Part 3 of	3)			
) has the following inform	ation on the locations in w	hich you practice.			
ase select the check bo	c for locations where you a	are meeting Medicai	d patient volume require	ments and/or utilizing certifi	ed EHR
chnology. If you wish to r	report patient volumes for	a location or site th	nat is not listed, click Ad	ld Location.	
ou must select at least o	one location for meeting	patient volumes a	ind at least one location	on for utilizing certified EH	<u>R technolog</u>
When ready	click the Save & Continue fresh to undate the list h	ue button to review	your selection, click <b>P</b>	revious to go back or click	
	(*) Pe	d actorick indicat	er a required field		
	(*) Ke	cu asterisk indicati	es a required nero.		
0	0	0		-	
*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available     Actions
*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)     • Yes   No	Provider ID           999999999999999	Location Name Doctor Office	Address 123 First Street Anytown, PA 12345-1234	Available     Actions
€ *Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)     • Yes No     • Yes No     • Yes No	Provider ID           9999999999999           N/A	Location Name Doctor Office New Location	Address 123 First Street Anytown, PA 12345-1234 123 Main Street Anytown, AL 12345	Available     Actions     Edit     Delete
*Medicaid Patient Volumes (Must Select One)      ✓     ✓     ✓     ✓     ✓     ✓	*Utilizing Certified EHR Technology (Must Select One)     • Yes No     • Yes No	Provider ID 999999999999999 N/A Add Location	Location Name Doctor Office New Location Refresh	Address         123 First Street         Anytown, PA 12345-1234         123 Main Street         Anytown, AL 12345	Available     Actions     Edit     Delete

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

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

Name	Applicant NPI			
Personal TIN/SSN	Payee TIN			
Payment Year	Program Year			
Get Started 📉 R&A/Contact Info 🕎	Eligibility 🖉 Patient Volumes 📄 Attestation 📄	Review	Submit	

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.

Name			Applicant	NPI		
Person	al TIN/SSN		Payee TIN Program V	(0.7 F		
Get Started	R&A/Contact Info	Eligibility 🔽 Patie	nt Volumes 🔲 🗛	testation Re	view Submit	
atient Volur	ne - FQHC/RHC Individ	ual (Part 3 of 3)				
ease enter p	patient volumes where in	ndicated. <u>You must en</u>	ter volumes in all	fields below. If vo	lumes do not apply,	enter zero.
					0.566-6050	
eedy individu	ual encounters include the	e following:				
Medicaid en	counters for eligible indivi	duals	ما تعن ما به			
Uncompensa	ated care encounters	incounters for eligible in	unnuals			
Sliding scale	encounters					
	When ready click the	Save & Continue but	ton to review your	selection or click PI	<b>revious</b> to go back.	
		CIICK <b>Reset</b> to rest	ore this panel to the	starting point		
		(*) Red asteri	sk indicates a requ	ired field.		
actitioner Pa	anel <*Please select whe	re you practice predomi	inantly:>			
FQHC			*			
RHC						
			0	0	0	0
0		Address	Medicaid and CHIP Encounter Volume	Other Needy Individ Encounter Volume	e Encounter Volume	Total Encounte Volume
🕐 Provider ID	Location Name		* 800	* 1000	* 1800	(Denominator)
Provider ID           999999999999999999999999999999999999	Doctor Office	123 First Street				2000
Provider ID           999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234			- 000	*
Image: Provider ID           99999999999999           N/A	Doctor Office New Location	123 First Street Anytown, PA 12345-1234 123 Main Street Anytown, AL 12345	* 400	* 500	* 900	1500
Provider ID 1999999999999999 N/A	Doctor Office New Location	123 First Street Anytown, PA 12345-1234 123 Main Street Anytown, AL 12345	* 400	* 500	* 900	1500
Provider ID           999999999999           N/A	Doctor Office New Location	123 First Street Anytown, PA 12345-1234 123 Main Street Anytown, AL 12345	* 400	* 500	* 900	1500

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.

Personal TIN/ Payment Yea	SSN r /Contact Info ==	Fligibility 12 Depiced	Applicant Payee TIN Program '	NPI I Year	Daview	Submit	
det Statten Rom				ittestatik	Keviev	Subline _	
atient Volume- FQ	HC/RHC Indivi	dual (Part 3 of 3)					
he patient volumes a ease review the cur	and certified EHF rent information	technology site usage selection to verify what you have en	ctions you enter tered is correct.	ed are	depicted below.		
Wh	en ready click ti	ne Save & Continue button	to review your	selectic	on, or click <b>Prev</b>	<b>ious</b> to go back.	
ractitioner Panel <*	Please select wh	nere you practice predominar	ntly:>				FQHC
Utilizing Certified	Provider TD	Location Name	Address		Encounte	er Volumes	% Volume
EHR Technology?	inomaci ib		, address		Lincounte		(Denominator)
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 1234	5-1234	Medicaid and C Numerator:	<b>HIP</b> 800	90%
					Other Needy N Total Needy Nu	umerator: 1000 Imerator: 1800	
Yes	N/A	New Location	123 Main Street		Denominator: Medicaid and (	2000 <b>HTP</b> 400	60%
			Anytown, AL 12	345	Numerator: Other Needy N	umerator: 500	
					Total Needy Nu Denominator:	<b>Imerator:</b> 900 1500	
Sum Medicaid a	nd Chip olume	Sum Other Needy Indiv Encounter Volume	ridual • E	Sum To Incoun	otal Needy ter Volume	Denominator	r Total %
Encounter Vo		1500		2	2700	3500	77% <
Encounter Vo 1200	100						

## 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 <u>34</u> 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.

Personal TIN/SSN		Applicant NPI	ι .	
		Payee TIN		
Payment Year et Started R&A/Contact I	nfo 🛛 Eligibility 🕅	Program Yea Patient Volumes V	r tation Review Submit	
ont Volumo - EOUC/BUC	Croup (Part 2 of 2)			
has the following informatic	on on the locations in wh	ich vou practice.		
ise select the check hox fr	r locations where you ar	e meeting Medicaid natient vo	lume requirements and/or utilizin	a certified FHR
hnology. If you wish to rep	ort patient volumes for a	location or site that is not lis	ted, click Add Location.	g certined Link
ı must select at least one	e location for utilizing co	ertified EHR technology.		
When ready cli	ck the Save & Continue	button to review your select	ion, click <b>Previous</b> to go back of	r click
Refre	<b>sh</b> to update the list belo	ow. Click <b>Reset</b> to restore thi	is panel to the starting point.	
	(*) Red	asterisk indicates a require	d field.	
	(*) Red	asterisk indicates a require	ed field.	
	(*) Red	asterisk indicates a require	d field.	
0	(*) Red	asterisk indicates a require	ed field.	•
*Utilizing Certified     EUD Tachaplagy	(*) Red	asterisk indicates a require	ed field.	(i) Available
*Utilizing Certified     EHR Technology     (Must Select One)	(*) Red	asterisk indicates a require	Address	() Available Actions
Vtilizing Certified EHR Technology (Must Select One)     Vas	(*) Red  Provider ID  999999999999	Asterisk indicates a require	Address	() Available Actions
EHR Technology (Must Select One)     Yes O No	(*) Red	asterisk indicates a require Location Name Doctor Office	Address  123 First Street Anytown, PA 12345-1234	() Available Actions
EHR Technology     (Must Select One)     Yes O No	(*) Red  Provider ID  999999999999	Location Name	Address 123 First Street Anytown, PA 12345-1234	() Available Actions
EHR Technology     (Must Select One)     Yes ONo	(*) Red  Provider ID  999999999999	Add Location Content of the second se	Address 123 First Street Anytown, PA 12345-1234	Available     Actions

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.

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year			
Get Started R&A/Contact Info  Patient Volume - FQHC/RHC Group	Eligibility Patient Volumes V Attestation Review Submit			
Please provide the information request When ready click the	ed below to add a location to MAPIR <i>(for this Payment Incentive Application)</i> <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go b Click <b>Reset</b> to restore this panel to the starting point.	ack.	only)	
	(*) Red asterisk indicates a required field.			-
	*Location Name: New Location 0 *Address Line 1: 123 Main Street 0			
	Address Line 2: Address Line 3:			
	*State: Alabama *Zip (5+4): 12345 _			
	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.

Payment Year Get Started R&A/Contact In	fo 🛃 🛛 Eligibility 関	Applicant NF Payee TIN Program Yea Patient Volumes 📝 🛛 Atte	or ar Istation Review Submit	
tient Volume - FQHC/RHC (	Group (Part 3 of 3)			
ease select the check box for chnology. If you wish to repo ou must select at least one When ready clic Refres	locations where you ar rt patient volumes for a <b>location for utilizing o</b> k the <b>Save &amp; Continue</b> th to update the list bel	e meeting Medicaid patient v location or site that is not li ertified EHR technology. button to review your selec ow. Click <b>Reset</b> to restore th	olume requirements and/or utilizin sted, click <b>Add Location.</b> tion, click <b>Previous</b> to go back o his panel to the starting point.	g certified EHR r click
	(*) Red	asterisk indicates a requir	ed field.	
0	۲			0
*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
● Y es O No	999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
● Yes ○ No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

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

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

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name	Applicant NPI			
Personal TIN/SSN	Payee TIN			
Payment Year	Program Year			
Get Started R&A/Contact Info 🕎	Eligibility 🛛 Patient Volumes 📝 Attestation 📄 Review	Subm it		
SPLASH PANEL: The text in this section of	the page would be replaced by actual content that the hosting sta Begin	te may specify a	s static HTML.	
			L	JI 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.

Name			Applicant NPI		
Personal TIN/SSN			Payee TIN		
Payment Year		Da Kaat Maker	Program Year	Cubu a	
weet Standed KabA/ Conta		Patient Volum	Attestation Keview	Submit	
atient Volume - FQHC/F	RHC Group (Part 3 of .	3)			
assa indicata in the box(	c) provided the Group	Provider ID(c) you	will use to report patient volume re	quiromonto <b>Vou pur</b>	ct ontor at
ast one Group Practice	Provider ID.	FIONIDEI ID(3) you	will use to report patient volume re	quirements. <u>Tou mus</u>	<u>stenter at</u>
1234567890	2345678901	3456789012	4567890123	0	
lease check the box if mo	re than 4 Group Practi	e Provider IDe will b	e used in reporting patient volumes		
Group Volumes	re man 4 oroup Practi	Le Frovider IDS WIII D	e used in reporting patient volumes		
or reporting Course and	, volument				
) The clinic or group patient	tice's patient volume is	appropriate as a pa	tient volume methodology calculati	on for the EP (for exa	ample, if an EF
nly sees Medicare, comme	ercial, or self-pay patie	nts, this is not an a	ppropriate calculation);		
) There is an auditable da ) So long as the practice	and EP's decide to use	ne clinic s patient vo one methodology in	each year (in other words, clinics)	could not have some	of the EP's
sing their individual patien	t volume for patients	seen at the clinic, w	hile others use the clinic-level data	). The clinic or practi	ice must use
roup/clinic proxy in any pa	articipation year. Furth	ermore, if the EP wo	rks in both the clinic and outside th	he clinic (or with and	outside a
roup practice), then the o	clinic/practice level det	ermination includes	only those encounters associated v	with the clinic/practic	e.
lease enter patient volui	mes where indicated.	You must enter voi	lumes in all fields below, if volum	nes do not apply, en	iter zero.
lease enter <b>patient volu</b> leedy individual encounter	mes where indicated. s include the following	<u>You must enter vol</u>	lumes in all fields below, if volum	nes do not apply, en	nter zero.
lease enter <b>patient volu</b> leedy individual encounter Medicaid encounters for	mes where indicated. s include the following elioible individuals	<u>You must enter voi</u> :	lumes in all fields below, if volum	nes do not apply, en	<u>nter zero.</u>
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lease enter <b>patient volun</b> leedy individual encounter Medicaid encounters for Children's Health Insurand Uncompensated care enc Sliding scale encounters	mes where indicated. s include the following eligible individuals ce Program encounters counters	<u>You must enter vol</u> : for eligible individua	lumes in all fields below, if volum	nes do not apply, en	<u>nter zero.</u>
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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.

Name Personal TIN/SSN Payment Year Get Started R&A/Cont	act Info 👩 Y Eligibility	Patient V	Applicant NPI Payee TIN Program Year /olumes V Attestation	Review Subm it	
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e patient volumes and c ormation to verify what	ertified EHR technology you have entered is cor	site usage selec rect.	ctions you entered are depicted	d below. Please review the	current
Group/Clinic <* Please se	ect where you practice	e predominantly:	>		FQHC
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Yes	N/A		New Location	123 Main S Anytown, AL	treet 12345-
Froup Practice ID(s) 1	234567890 23456789	01 34567890 eedv	12 4567890123	Total Encounter	
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Medicaid & CHIP Encounter Volume (Numerator)	Other N Individual E Volur (Numera	ncounter ne ator)	Encounter Volume (Numerator)	Volume (Denominator)	Total %
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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.

	<u>Print</u> <u>Co</u>	<u>ntact Us</u>	Exit
Name Personal TIN/SSN Payment Year Get Started R&A/Contact Info 🛛 Eli	Applicant NPI Payee TIN Program Year gibility V Patient Volumes V Attestation Review Submit		
	You have now completed the <b>Patient Volumes</b> section of the application. You may revisit the section at any time to make corrections until such time as you actually <b>Submit</b> the application. The <b>Attestation</b> section of the application is now available.		
			UT

# 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	Initial Version

# **Table of Contents**

Introduction	5
Related MAPIR Documentation	6
Step 5 – Attestation	7
Meaningful Use Phase	8
Meaningful Use – Objectives and Measures	11
Meaningful Use General Requirements	13
Modified Stage 2 2018 MU	16
Meaningful Use Objectives (0-9)	17
Meaningful Use Objective List Table	
Objective 0 – ONC Questions	
Objective 1 – Protect Patient Health Information	21
Objective 2 – Clinical Decision Support (CDS)	
Objective 3 – Computerized Provider Order Entry (CPOE)	23
Objective 4 – Electronic Prescribing	24
Objective 5 – Health Information Exchange	25
Objective 6 - Patient Specific Education	
Objective 7– Medication Reconciliation	27
Objective 8 – Patient Electronic Access	
Objective 9 – Secure Electronic Messaging	
Modified Stage 2 2018 Required Public Health Objective	
Required Public Health List Table	
Objective 10 Option 1 – Immunization Registry Reporting	
Objective 10 Option 2 – Syndromic Surveillance Reporting	
Objective 10 Options 3A – Specialized Registry Reporting	
Objective 10 Option 3B – Specialized Registry Reporting	
Meaningful Use Objectives Summary for Modified Stage 2 2018	
Stage 3 MU	
Meaningful Use Objectives	
Attestation Meaningful Use Objectives Navigation Panel	51
Objective 0 – ONC Questions	53
Objective 1 – Protect Patient Health Information	
Objective 2 – Electronic Prescribing	55
Objective 3 – Clinical Decision Support (CDS)	
Objective 4 – Computerized Provider Order Entry (CPOE)	57
Objective 5 – Patient Electronic Access to Health Information	
Objective 6 – Coordination of Care Through Patient Engagement	59
Objective 7 – Health Information Exchange (HIE)	60

Stage 3 Required Public Health Objective (8)	62
Required Public Health List Table	64
Required Public Health Objectives Navigation Panel	65
Objective 8 Option 1 – Immunization Registry Reporting	66
Objective 8 Option 2 – Syndromic Surveillance Reporting	67
Objective 8 Option 3 – Electronic Case Reporting	68
Objective 8 Option 4A – Public Health Registry Reporting	69
Objective 8 Option 4B – Public Health Registry Reporting	70
Objective 8 Option 5A – Clinical Data Registry Reporting	71
Objective 8 Option 5B – Clinical Data Registry Reporting	72
Clinical Quality Measures (CQMs) – Modified Stage 2 2018 and Stage 3	73
Manual Clinical Quality Measures	77
Meaningful Use Clinical Quality Measure Worklist Table	78
Attestation MU Clinical Quality Measure Navigation Panel	79
Meaningful Use Measures Summary	82
Attestation Phase (Part 3 of 3)	87

## 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]

	Print Contact I	<u>Js Exit</u>
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SPLASH PANEL: The text in this section of the page wou	uld be replaced by actual content that the hosting state may specify as static HTML.	
		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.

		<u>Print</u>	<u>Contact Us</u>	Ð
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 1 of 3)				
When ready click the <b>Save &amp;</b> Click	<b>&amp; Continue</b> button to review your selection, or click <b>Previous</b> to go k <b>Reset</b> to restore this panel to the starting point.	back.		
Meaningful Use (90 days) You are capturing meaningful use where at least 50% of the patient	e measures using certified EHR technology at locations t encounters are provided.			
<ul> <li>Meaningful Use (Full Year) ()</li> <li>You are capturing meaningful use where at least 50% of the patient</li> </ul>	e measures using certified EHR technology at locations t encounters are provided.			
[	Previous Reset Save & Continue			
				UI

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 Cont	act Us	<u>Exit</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year		
Get Started R&A/Contact Info	Eligibility Volumes Attestation Review Submit		
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	(*) 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.

	<u>Print</u> <u>Contac</u>	<u>t Us</u>
Name	Applicant NPI	
Personal TIN/SSN	Payee TIN Drogram Year	
Payment real		
Get Started R&A/Contact Info 🗾 Eligit	bility 🛛 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	
Please confirm that the dates displayed below demonstrates meaningful use of certified EHR	$v$ represent the EHR reporting period for the payment year where the Eligible Professional $\xi$ technology.	
Please confirm that the dates displayed below demonstrates meaningful use of certified EHR	v represent the EHR reporting period for the payment year where the Eligible Professional R technology.	
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#### 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 <u>Attestation</u> <u>Meaningful Use Objectives Navigation Panel</u> section of this user manual.

Name	Арр	licant NPI		
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Payment Year	Pro	jram Year		
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ttestation Meaningful L	lse Objectives			
lease complete the followi ne Clinical Quality Measure ompleted.	ng topic areas: General Requirements, Meaningfu ss (CQMs). The following icon will display to the le	l Use Objectives (0-9), Requi ft of the topic name when the	red Public Health Objective e minimum required entrie	: (10) and s are
Please Note: Specific requered of the second s	irements apply to the Required Public Health Objek	ective (10). You may be instr s displayed.	ucted to complete addition	al steps
vailable actions for a topic ntries have been made, se	will be determined by current progress level. To elect the <b>"EDIT"</b> button for a topic to modify any	start a topic, select the <b>"Beg</b> previously entered information	<b>in"</b> button. To modify a to on. Select <b>"Previous"</b> to re	pic where eturn.
Completed?	<u>Topics</u>	<u>Progress</u>	Action	
	General Requirements		Begin	
	Meaningful Use Objectives (0-9)		Begin	
	Required Public Health Objective (10)		Begin	
Custom defined config	urable item >			
	Manual Clinical Quality Measures		Select	
	Electronic Clinical Quality Measures		Select	

Figure 0-1: Stage 2 2018 Measures Topic List

				<u>Print</u>	<u>Contact Us</u>
Name Personal TIN Payment Yea Get Started R&A	/SSN r /Contact Info 🛛 🔽 Eligibility 💟	Applicant NPI Payee TIN Program Year Patient Volumes V Attestation	Review	Submit	
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Please complete the fi the Clinical Quality Me completed. Please Note: Specific depending on exclusic Available actions for a entries have been ma	ollowing topic areas: General R asures (CQMs). The following i requirements apply to the Rec ons taken on completed objection topic will be determined by cu de, select the "EDIT" button f	equirements, Meaningful Use Objective con will display to the left of the topic quired Public Health Objective (8). You ves even though a sis displayed. rrent progress level. To start a topic, s or a topic to modify any previously ent	es (0-7), Require name when the r may be instruct elect the <b>"Begin</b> ered information	d Public Health Obje minimum required e ed to complete addi " button, To modify , Select " <b>Previous</b> "	ective (8) and intries are tional steps v a topic where ' to return.
Completed?	Topics	Pr	ogress	Action	
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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.

		Prin	t <u>Contact Us</u>	<u>Exit</u>
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	our eligibility for the Medicaid EHR Incentive Program.			
When ready	lick the <b>Save &amp; Continue</b> button to review your selec Click <b>Reset</b> to restore this panel to the star	ction, or click <b>Previous</b> to go back. rting point.		
	(*) Red asterisk indicates a require	d field.		
* Please demonstrate that at least 50 encounters occur in a location(s) whe Technology is being utilized.	of all your   Certified EHR  Certified EHR	* Denominator:		
* Please demonstrate that at least 80 patients have their data in the certifie EHR reporting period.	of all unique • Numerator:	* Denominator:		
	Previous Reset Save & Con	tinue		
				l

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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Get Started R&A/	ful Use Objectives	Volumes V Attestation Review	Submit
lease complete the fo he Clinical Quality Me ompleted.	ollowing topic areas: General Requirement easures (CQMs). The following icon will dis	s, Meaningful Use Objectives (0-9), Requi play to the left of the topic name when the	red Public Health Objective (10) and e minimum required entries are ucted to complete additional steps
lepending on exclusio	ons taken on completed objectives even th	ough a $\checkmark$ is displayed.	ucted to complete additional steps
vailable actions for a ntries have been mad	topic will be determined by current progr de, select the <b>"EDIT"</b> button for a topic to	ess level. To start a topic, select the <b>"Beg</b> o modify any previously entered information	in" button. To modify a topic where on. Select " <b>Previous</b> " to return.
Completed?	<u>Topics</u>	Progress	Action
Ø	General Requirements	2/2	EDIT Clear All
Ø	General Requirements Meaningful Use Objectives (0-9	2/2	EDIT Clear All Begin
A      A  A     A     A   A   A   A   A   A   A   A   A   A   A   A   A   A	General Requirements Meaningful Use Objectives (0-9 Required Public Health Objecti	2/2 9) ve (10)	EDIT Clear All Begin Begin
Custom defined co	General Requirements Meaningful Use Objectives (0-9 Required Public Health Objecti onfigurable item >	2/2 9) ve (10)	EDIT Clear All Begin Begin
Custom defined co	General Requirements Meaningful Use Objectives (0-9 Required Public Health Objecti onfigurable item > Manual Clinical Quality Measur	2/2 9) ve (10) es	EDIT Clear All Begin Begin Select

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
Please complete the for the Clinical Quality Me completed.	ollowing topic areas: General Req asures (CQMs). The following ico requirements apply to the Requi ns taken on completed objectives	uirements, Meaningful Use Objecti n will display to the left of the topi ired Public Health Objective (8). Yo s even though a sis displayed.	ves (0-7), Requ c name when th u may be instru	ired Public Health Objective (8) and he minimum required entries are ucted to complete additional steps
Available actions for a antries have been mad Completed?	topic will be determined by curre de, select the "EDIT" button for Topics	ent progress level. To start a topic, a topic to modify any previously er 	select the "Be itered informati rogress	gin" button. To modify a topic where ion. Select "Previous" to return. <u>Action</u>
<b>9</b>	General Requirements	2,	2	EDIT Clear All
	Meaningful Use Objecti	ives (0-7)		Begin
	Required Public Health	Objective (8)		Begin
Custom defined co	onfigurable item >			
	Manual Clinical Quality	Measures		Select
	Electronic Clinical Qual	ity Measures		Select
<b>Note:</b> When all topics are ma	arked as completed, select the "S	Gave & Continue" button to comp	lete the attesta	ition process.

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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Attestation Meaning	ful Use Objectives		
Please complete the fo he Clinical Quality Me	Ilowing topic areas: General Requiremen asures (CQMs). The following icon will di	nts, Meaningful Use Objectives (0-9), Requi splay to the left of the topic name when the	red Public Health Objective (10) and e minimum required entries are
completed.			
Please Note: Specific	requirements apply to the Required Pub	lic Health Objective (10). You may be instr	ucted to complete additional steps
lepending on exclusio	ans taken on completed objectives even t	hough a sis displayed	acted to complete additional steps
iepending on exclusio	· · · · · · · · · · · · · · · · · · ·		
wailable actions for a entries have been ma	de, select the <b>"EDIT"</b> button for a topic t	ress level. To start a topic, select the " <b>Beg</b> to modify any previously entered informatic	Jin" button. To modify a topic where on. Select "Previous" to return.
Completed?	Topics	Progress	Action
	General Requirements	2/2	EDIT Clear All
	Nonpingful Use Objectives (0)	-0)	Ragin
		9)	begin
	Paguired Public Health Object	tive (10)	Pagin
			begin
< Custom defined co	onfigurable item >		
	Manual Clinical Quality Measu	res	Select
	Electronic Clinical Quality Mea	asures	Select
lote:	arked as completed, select the <b>"Save &amp;</b>	Continue" button to complete the attestat	ion process.
When all topics are ma		and a second s	
When all topics are ma			

## 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.

[SPLASH PAGE CODE FILE NAME:

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State Configurable text area for Stage 2.5 I	Meaningful Use Objectives.			
The text in this section of the page would b	e replaced by actual content that the hosting state may specify as	static HTML.		
	Begin			
	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.



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

	maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	anarysis in accountaice 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 164.312(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.	EDT	T
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.	EDI	T
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.	EDI	T
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.	EDI	Т
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.	EDI	T
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.	EDI	T
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.	EDI	T
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.	EDI	T
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.	EDI	T

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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t Started R&A/Contact Info V Eligibility	Patient Yolumes     Attestation     Review     Submit
ctation Moaningful Uco Objectives	
biective 0 - ONC Questions	
Click HERE to review CMS Guidelines for t	this measure.
When ready click the Save & (	Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
) Red asterisk indicates a required field.	
ctivities related to supporting providers	with the performance of Certified EHR Technology:
*1. Do you and your organization a certified under the ONC Health IT C ○ Yes ○ No	acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology Certification Program if a request to assist in ONC direct review is received?
<ul> <li>*2. Did you or your organization re Certification Program?</li> <li>○ Yes ○ No</li> </ul>	sceive a request for an ONC direct review of your health information technology certified under the ONC Health IT
If you answered No on the qu	iestion above, the below question is not applicable and should be left blank.
If yes, did you and your organ ONC Health IT Certification PT meet) the definition of Certifi implemented and used by you O Yes O No	nization cooperate in good faith with ONC direct review of your health information technology certified under the ogram as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to de LFR Technology, including by permitting timely access to such technology and demonstrating its capabilities as u in the field?
*3. In addition, do you and your ou technology certified under the ONC O Yes O No O Decline to answe	rganization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? er
<ul> <li>*4. Did you or your organization re Health IT Certification Program?</li> <li>○ Yes ○ No ○ Decline to answer</li> </ul>	aceive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC er
If you answered No or Decline	e to Answer on the question above, the below question is not applicable and should be left blank.
If yes, did you and your organ ONC Health IT Certification Pr meet) the definition of Certific implemented and used by you O Yes O No O Decline to	inzation cooperate in good faith with ONC-ACB surveillance your health information technology certified under the orgarm as authorized by 45 CFR part 120, subpart E, to the senten that such technology meets (or can be used to ed EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as u in the field? answer
ctions related to supporting information	exchange and the prevention of health information blocking:
<ul> <li>*1. Did you or your organization ki interoperability of Certified EHR Teo</li> <li>Yes</li> <li>No</li> </ul>	nowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or chnology?
<ol> <li>Did you and your organization greatest extent practicable and per</li> </ol>	implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the mitted by law, that the Certified EHR Technology was, at all relevant times:
<ul> <li>(i) Connected in accordance w</li> <li>○ Yes ○ No</li> </ul>	vith applicable law;
(ii) Compliant with all standar certification criteria adopted a ○ Yes ○ No	rds applicable to the exchange of information, including the standards, implementation specifications, and at 45 CFR part 170;
(iii) Implemented in a manner ○ Yes ○ No	r that allowed for timely access by patients to their electronic health information;
<ul> <li>(iv) Implemented in a manne with other health care provide and vendors.</li> <li>○ Yes ○ No</li> </ul>	r that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information ars (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology
*3. Did you and your organization including from patients, health care vendor? O Yes O No	respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology

## **Objective 1 – Protect Patient Health Information**

Enter information in all required fields.

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Name Personal Payment	TIN/SSN Year	Applicant NPI Payee TIN Program Year
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testation Mea	aningful Use Objectives	
Objective 1	- Protect Patient Health Information	
	DE to environ CMC Controlling for this environment	
	<u>RE</u> to review CMS Guidelines for this measure.	
	When ready click the Save & Continue button to review your se	election, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
Objective:	Protect electronic protected health information (ePHI) created o technical capabilities.	or maintained by the Certified EHR Technology through the implementation of appropriate
Measure:	Conduct or review a security risk analysis in accordance with th encryption) of ePHI created or maintained by Certified EHR Tec 164.306(d)(3), and implement security updates as necessary a	ie requirements in 45 CFR 164.308(a)(1), including addressing the security (to include thrology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 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:	
	Data (MM/DD/2002)	
	Name and Title (Person who conducted or reviewed the security	y risk analysis):

# **Objective 2 – Clinical Decision Support (CDS)**

Enter information in all required fields.

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Name Personal Payment	Applicant NPI TIN/SSN Payee TIN Year Program Year
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Attestation Mea	ningful Use Objectives
Objective 2 -	Clinical Decision Support (CDS)
Click HER	RE 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.
Objective.	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 intervention sense to a support of the patient between the patient of the patie
	interventions must be related to high-priority health conditions.
	*Did you meet this measure?
	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

# **Objective 3 – Computerized Provider Order Entry (CPOE)**

Enter information in all required fields.

Name Personal 1 Payment 1	Applicant NPI TIN/SSN Payee TIN Year Program Year
et Started Y	R&A/Contact Info 🛛 Eligibility 🖉 Patient Volumes 💟 Attestation 🗐 Review Submit
estation Mear	ningful Use Objectives
bjective 3 -	Computerized Provider Order Entry (CPOE)
Click HER	<b><u>RE</u></b> 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 aster	risk indicates a required field.
Objective:	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional w 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.
	$\odot$ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology. $\odot$ 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 orde 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 O 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 orde 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
	If 'No', complete entries in the Numerator and Denominator.
	Numerator 3: Denominator 3:

# **Objective 4 – Electronic Prescribing**

Enter information in all required fields.

Personal Payment	Applicant NP1 TIN/SSN Payee TIN Year Program Year				
et Started	R&A/Contact Info 💟 Eligibility 💟 Patient Volumes 💟 Attestation 🔲 Review Submit				
Objective 4 -	Electronic Prescribing				
Click HER	≥ E to review CMS Guidelines for this measure.				
	When ready click the Save & Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.				
(*) Red aster	risk 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.				
	<ul> <li>This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.</li> <li>This data was extracted only from patient records maintained using Certified EHR Technology.</li> </ul>				
	EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.				
	* Does this exclusion apply to you? O Yes O 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 o the EP's practice location at the start of his or her EHR reporting period.				
	* Does this exclusion apply to you? O Yes O 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:				

### **Objective 5 – Health Information Exchange**

Enter information in all required fields.

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Name Personal 1 Payment 1	Applicant NPI TIN/SSN Payee TIN fear Program Year
Get Started F	R&A/Contact Info 🖉 Eligibility 💟 Patient Volumes 🥑 Attestation 🔳 Review Submit
Attestation Mear	hingful Use Objectives
Objective 5 -	Health Information Exchange
Click HER	E to review CMS Guidelines for this measure.
	When ready click the Save & Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aster	isk 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. O Yes O 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:
	Previous Reset Save & Continue

## **Objective 6 - Patient Specific Education**

Enter information in all required fields.

Payment	TIN/SSN Payee TIN Year Program Year
Get Started	R&A/Contact Info 🗹 Eligibility 🖉 Patient Volumes 😰 Attestation 🔳 Review Submit
estation Mea	aningful Use Objectives
Objective 6 -	Patient-Specific Education
Click HE	<b>RE</b> to review CMS Guidelines for this measure.
	When ready click the <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aste	risk 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.
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. <b>EXCLUSION:</b> Any EP who has no office visits during the EHR reporting period.
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 O No
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 O 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.

## **Objective 7– Medication Reconciliation**

Enter information in all required fields.

Personal Payment	Applicant NPI TIN/SSN Payee TIN Year Program Year
Get Started	R&A/Contact Info 💟 Eligibility 💟 Patient Volumes 💟 Attestation 🔳 Review Submit
estation Mea	ningful Use Objectives
Objective 7 -	Medication Reconciliation
Click HEF	<u>RE</u> to review CMS Guidelines for this measure.
	When ready click the Save & Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aster	
, ,	isk indicates a required field.
Objective:	isk indicates a required field. The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
Objective: Measure:	isk indicates a required field. 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.
Objective: Measure:	isk indicates a required field. 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: Any EP who was not the recipient of any transitions of care during the EHR reporting period.
Objective: Measure:	<ul> <li>isk indicates a required field.</li> <li>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</li> <li>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.</li> <li>EXCLUSION: Any EP who was not the recipient of any transitions of care during the EHR reporting period.</li> <li>* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.</li> <li>Yes O No</li> </ul>
Objective: Measure:	<ul> <li>isk indicates a required field.</li> <li>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</li> <li>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.</li> <li>EXCLUSION: Any EP who was not the recipient of any transitions of care during the EHR reporting period.</li> <li>* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.</li> <li>Yes O No</li> <li>Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.</li> <li>Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.</li> </ul>

## **Objective 8 – Patient Electronic Access**

Enter information in all required fields.

Personal Payment	TIN/SSN Payee TIN Year Program Year				
Get Started	R&A/Contact Info 🔽 Eligibility 🛛 Patient Volumes 💟 Attestation 🔳 Review Submit				
estation Mea	ningful Use Objectives				
Objective 8 -	Patient Electronic Access				
	When ready click the Save & Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.				
(*) Red aste	risk 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. O Yes O 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. $\bigcirc$ Yes $\bigcirc$ 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:				

#### **Objective 9 – Secure Electronic Messaging**

Enter information in all required fields.



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

Name Persona Paymen	l TIN/SSN t Year	Applicant NPI Payee TIN Program Year		
Get Started	R&A/Contact Info 🔯 \Upsilon Eligibility 🛃	Patient Volumes V Attestation	Review Submit	
ttestation Me	aningful Use Objectives			
o edit informat	ion, select the "EDIT" button next to	the objective that you would like to	edit. All successfully submitted progr	ess on entry o
easures will be 'hen all objecti	e retained if your session is terminated ves have been edited and you are sati	d. isfied with the entries, select the " <b>R</b>	eturn to Main" button to access the	main
testation topic	list.			
Meaningful	Use Objective List Table			
Objective	Objective	Measure	Entered	Select
Number Objective 0	Activities related to supporting		Activities related to supporting	
	Certified EHR Technology:		Certified EHR Technology:	
	<ol> <li>Do you and your organization acknowledge the requirement to cooperate in good faith with ONC</li> </ol>		Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes	
	direct review of your health information technology certified under the ONC Health IT		Question 4 = Yes Yes Actions related to supporting	
	Certification Program if a request to assist in ONC direct review is received?		information exchange and the prevention of health information blocking:	
	2. Did you or your organization receive a request for an ONC direct		Question 1 = Yes	
	technology certified under the ONC Health IT Certification Program? If		Question 2 = Yes Yes Yes Yes Question 3 = Yes	
	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			
	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			
	Certification Program? If yes, did you and your organization			
	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 EHP			
	Technology, including by permitting timely access to such technology			EDIT
	implemented and used by you in the field?			
	Actions related to supporting information exchange and the			
	prevention of health information blocking:			
	During the EHR Reporting Period, 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 EVP			
	Technology? 2. Did you and your organization implement technologies, standards			
	policies, practices, and agreements reasonably calculated to ensure, to			
	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;			
	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			
	patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and			
1	other persons, regardless of the			

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

	information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	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 164.312(a)(2)(iv) accordance with requirements accordance and accordance accordanc	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 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-phority 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

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.

Name Personal TIN Payment Yea	A /SSN P r P	Applicant NPI Payee TIN Program Year	
Get Started R&A	/Contact Info 🛛 Eligibility 🖉 Patient Volumes 🛛	Attestation 🗐 Review	Submit
ease complete the for e Clinical Quality Me impleted.	prui use objectives ollowing topic areas: General Requirements, Meanin easures (CQMs). The following icon will display to the	gful Use Objectives (0-9), Requi e left of the topic name when th	ired Public Health Objective (10) and e minimum required entries are
ease Note: Specific epending on exclusio vailable actions for a ntries have been ma	c requirements apply to the Required Public Health C ons taken on completed objectives even though a topic will be determined by current progress level. de, select the <b>"EDIT"</b> button for a topic to modify a	bjective (10). You may be instr is displayed. To start a topic, select the <b>"Beg</b> ny previously entered informatio	ucted to complete additional steps jin" button. To modify a topic where on. Select " <b>Previous</b> " to return.
Completed?	<u>Topics</u>	Progress	Action
Ø	General Requirements	2/2	EDIT Clear All
9	Meaningful Use Objectives (0-9)	10/10	EDIT Clear All
	Required Public Health Objective (10)		Begin
Custom defined c	onfigurable item >		
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

# 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]

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name Personal TIN/SSN	Applicant NPI Payee TIN			
Payment Year Get Started R&A/Contact Info 💟	Program Year           Eligibility         Patient Volumes         Attestation         Review         Submit			
State Configurable text area for Stage 2.5 The text in this section of the page would	i Required Public Health Objectives. be replaced by actual content that the hosting state may specify as static HTM <b>Begin</b>	L.		

#### **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.

Personal T Payment Ye	N/SSN 2ar A/Contact Info <b>7</b> Elizibility <b>7</b> Patient V	Applicant NPI Payee TIN Program Year	
estation Mean	ngful Use Objectives		
en all options have the second s	we been edited and you are satisfied with the c Health Objective List Table	entries, select the <b>"Return to Main"</b> button to access t	he main attestatio
<u>Number</u>	<u>Objective</u>	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic pu health data from Certified EHR Technology except where prohibited and in accordance applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	
Objective 10	The EP is in active engagement with a syndi surveillance registry to submit electronic pu health data from Certified EHR Technology except where prohibited and in accordance applicable law and practice	romic Iblic Iblic He EP is in active engagement with a public health agency to submit syndromic surveillance data.	Y
Option 2	applicable law and practice.		
Option 2 Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic pub health data from Certified EHR Techonology except where prohibited and in accordance applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	

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.

Persona Paymen	TIN/SSN t Year R&A/Contact Info 💟 Eligibility 💟	Applicant NPI Payee TIN Program Year Patient Volumes 7 Attestation	Review Submit	
estation Me edit informat entry of mea	aningful Use Objectives ion, select the "EDIT" button next to sures will be retained if your session	the public health Option that you we	ould like to edit. All successfully subm	itted progre
An all public main attesta Required Pr Objective Number	nearth options have been edited and intion topic list. ablic Health Objective List Table Objective	you are satisfied with the entries, sel	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
	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where	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

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.

Name Personal Payment	Applicant NPI TIN/SSN Payee TIN Year Program Year R&A/Contact Info V Eligibility V Patient Volumes V Attestation Review Submit
estation Mea	ningful Use Objectives
Objective 10	Option 1 - Immunization Registry Reporting
Click HEF	3E to review CMS Guidelines for this measure.
	When ready click the Save & Continue button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aster	risk 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? O Yes O 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
	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.
	O Yes O No
	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.

#### **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.

Name Personal Payment Get Started	Applicant NPI FIN/SSN Payee TIN Year Program Year R&A/Contact Info Patient Volumes Attestation Review Submit
testation Mea	ningful Use Objectives
Objective 10	Option 2 - Syndromic Surveillance Reporting
Click HER	LE to review CMS Guidelines for this measure.
	When ready click the <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aster	isk 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? O Yes O 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. O Yes O 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 Techonology definition at the start of the EHR reporting period.
	<ul> <li>Yes O No</li> <li>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.</li> <li>Yes O No</li> </ul>

#### **Objective 10 Options 3A – Specialized Registry Reporting**

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

Personal Payment Set Started	TIN/SSN Payee TIN Year Program Year R&A/Contact Info 💟 Eligibility 💟 Patient Volumes 💟 Attestation 💷 Review Submit
estation Mea	ningful Use Objectives
Objective 10	Option 3A - Specialized Registry Reporting
Click HEI	3E 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 aste	risk indicates a required field.
Objective:	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Techonology 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? O Yes O 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.
	O τes O 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 basic of the EUD granting paid.

#### **Objective 10 Option 3B – Specialized Registry Reporting**

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

Personal	TIN/SSN Payee TN TIN/SS
Payment Get Started	Year Program Year R&A/Contact Info 💟 Eligibility 💟 Patient Volumes 💟 Attestation 🗉 Review Submit
testation Mea	ninaful Use Objectives
Objective 10	Option 3B - Specialized Registry Reporting
	RE to gaving CHC Cuidelings for this managers
	When ready click the <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.
(*) Red aste	risk 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
	Completed registration to submit data Testing and validation

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.

Name Persona Paymen Get Started	l TIN/SSN t Year R&A/Contact Info 💟 Eligibility 💟	Applicant NPI Payee TIN Program Year Patient Volumes 💟 Attestation	Review Submit	
edit informat entry of mea en all public main attesta	ion, select the <b>"EDIT</b> " button next to sures will be retained if your session health options have been edited and ation topic list.	the public health Option that you we is terminated. you are satisfied with the entries, sel	ould like to edit. All successfully subn ect the <b>"Return to Selection List"</b>	nitted progre
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 Techonology 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	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

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.

Personal TJ Payment Yo Get Started	IN/SSN Bar SA/Contact Info 🕅 🗸 Elioibility 🕅 V Patient Volum	Applicant NPI Payee TIN Program Year	
testation Mean	ingful Use Objectives		
take an exclusio hen all options h pic list. Required Publi	n for all 3 options. Note: Option 3 may be atteste ave been edited and you are satisfied with the en c Health Objective List Table	ed to twice, but only 3A can be excluded. tries, select the <b>"Return to Main"</b> button to access th	ne main attestatior
<u>Objective</u> <u>Number</u>	Objective	Measure	<u>Select</u>
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.	Z
Objective 10 Option 2	The EP is in active engagement with a syndrom surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	hic Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Techonology 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. h	
	The EP is in active engagement with a specialized registry to submit electronic public.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a	•

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 <u>Meaningful Use Clinical Quality Measures (Modified Stage 2 2018 and Stage 3)</u> section.

Payment Year	App /SSN Pays r Proc /Contact Info Ø Eligibility Ø Patient Volumes Ø	licant NPI ee TIN gram Year Attestation 🔳 Review	Submit
Attestation Meaning	Iful Use Objectives		
Please complete the for the Clinical Quality Me completed.	ollowing topic areas: General Requirements, Meaningful asures (CQMs). The following icon will display to the lef	Use Objectives (0-9), Requir ft of the topic name when the	ed Public Health Objective (10) and minimum required entries are
Please Note: Specific lepending on exclusio Available actions for a entries have been ma	: requirements apply to the Required Public Health Obje ons taken on completed objectives even though a topic will be determined by current progress level. To de, select the <b>"EDIT"</b> button for a topic to modify any p	ective (10). You may be instru s displayed. start a topic, select the <b>"Begi</b> previously entered information	n" button. To modify a topic where n. Select " <b>Previous</b> " to return.
Completed?	Topics	<u>Progress</u>	Action
<b>9</b>	General Requirements	2/2	EDIT Clear All
		10/10	EDIT Clear All
<b>9</b>	Meaningful Use Objectives (0-9)		
9 9	Meaningful Use Objectives (0-9) Required Public Health Objective (10)	4/4	EDIT Clear All
Custom defined co	Meaningful Use Objectives (0-9) Required Public Health Objective (10)	4/4	EDIT Clear All
Custom defined co	Meaningful Use Objectives (0-9) Required Public Health Objective (10) onfigurable item > Manual Clinical Quality Measures	4/4	EDIT Clear All Select
# 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.

Name Personal TIN/S Payment Year Cet Started R&A/Co	SN	Applicant NPI		
Name Personal TIN/S Payment Year Get Started R&A/Co	SN	Applicant NPI		
Get Started R&A/Co		Payee TIN Program Year		
	ntact Info 🔽 💙 Eligibility 🛛 🏹 Patient Volume	s 🚺 Attestation 🗐 Review	Submit	
Attestation Meaningfu	Il Use Objectives			
Please complete the follo the Clinical Quality Meas	wing topic areas: General Requirements, Mea ures (CQMs). The following icon will display to	ningful Use Objectives (0-9), Require the left of the topic name when the	d Public Health Objec minimum required en	ctive (10) and Itries are
completed.				
depending on exclusions	equirements apply to the Required Public Healt taken on completed objectives even though a	is displayed.	ted to complete addi	tional steps
Available actions for a to entries have been made,	ppic will be determined by current progress lev, select the <b>"EDIT"</b> button for a topic to modif	el. To start a topic, select the <b>"Begir</b> y any previously entered information	n" button. To modify . Select " <b>Previous</b> "	a topic where to return.
Completed?	<u>Topics</u>	<u>Progress</u>	Action	
<b>Ø</b>	General Requirements	2/2	EDIT Clear All	
<b>Ø</b>	Meaningful Use Objectives (0-9)	10/10	EDIT Clear All	
9	Required Public Health Objective (10	) 4/4	EDIT Clear All	
< Custom defined con	figurable item >			
Manual Clinical Qua	ality Measures			
Please select at least reduced number of C	six CQMs from the Clinical Quality Measure se QMs that are required.	t below. The Adult and Pediatric Sets	have been removed	due to the
Click <u>HERE</u> if you wo	ould like to view the CQMs that had been prese	lected for the retired Adult and Pedia	tric Sets.	
	Clinical Quality Measures	6/6	EDIT Clear All	
	Cancel and Choose Electronic		Cancel	
<b>Note:</b> When all topics are mark	xed as completed, select the <b>"Save &amp; Continu</b> <b>Previous</b>	e" button to complete the attestatio	n 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.

				Print Contact Us
Name Personal TI Payment Yo	IN/SSN ear	Appl Paye Prog	icant NPI ee TIN Iram Year	
Get Started Re attestation Meaning the Meaningful Use	kA/Contact Info ₪ ingful Use Measu Measures you hav	Eligibility Patient Volumes res	Attestation	submit submit
he Meaningful Use ; correct. Meaningful Use	Measures you hav e General Require	e attested to are depicted below. Please ements Review Question	e review the current in	formation to verify what you have entered
Please demons Certified EHR	strate that at least Technology is bein	50% of all your encounters occur in a lo g utilized.	ocation(s) where	Numerator = 5 Denominator = 10 Percentage = 50%
Please demons EHR during the	strate that at least e EHR reporting pe	80% of all unique patients have their d riod.	ata in the certified	Numerator = 5 Denominator = 10 Percentage = 50%
Meaningful Use	e Objective Revie	w		
Objective Number		Objective		Entered
Objective 0	personnence of your hundre the ONC in review of your hundre the ONC in request to assist 2. Did you or you be technology certification Proceedings of the ONC in the ONC in the ONC in the ONC in the other of the ONC in the other of the other othe	Sour organization acknowledge the sooperate in good faith with ONC direct ealth information technology certified tealth Ti Certification Program as 5 CFR part 170, subpart E, to the extent Jogy meets (or can be used to meet) tealth Ti Certification Program as 5 CFR part 170, subpart E, to the extent Jogy meets (or can be used to meet) y access to such technology, including by y access to such technology and 4 construction technology and y access to such technology and y occus to such technology access to such technology technology and the such technology the ONC Health TI Certification Program 45 CFR part 170, subpart E, to the technology the ONC Health TI Certification program 45 CFR part 170, subpart E, to the tot on of Certified HTR Technology. The ONC Health TI Certification program 45 CFR part 170, subpart E, to the the once the such the such and your sperate in good faith with ONC-ACB to our health information technology. The ONC Health TI Certification program 45 CFR part 170, subpart E, to the the once the such and your sperate in good faith with once - such the such the functionality to fortified the such the functionality to fortified the supporting information exchange and f health information technology. The patibility or interoperability of certified 7 Patibility or interoperability of the such and the such and permitted by law, that R Technology was, at all relevant times; accordance with applicable law; th all standards applicable to the and	Activities related t performance of C Question 2 = Yes Question 2 = Yes Question 4 = Yes Actions related to the prevention of Question 1 = Yes Question 1 = Yes Question 3 = Yes	to supporting providers with the ertified EHR Technology: Yes supporting information exchange and health information blocking: Yes Yes Yes

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

### MAPIR User Guide for Eligible Professionals Part – 2A Meaningful Use Objectives Summary for Modified Stage 2 2018

Objective 1	created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	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

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 Techonology 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)

NQF	Measure Code	Domain	Title	Entered
0028	CM5138 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	CM5155 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 7 = 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
		Previous Save 8	& Continue	

#### MAPIR User Guide for Eligible Professionals Part – 2A Meaningful Use Objectives Summary for Modified Stage 2 2018

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.

			Print Contact Us
Name Personal TIN/ Payment Year	SSN	Applicant NPI Payee TIN Program Year	
Get Started R&A/	Contact Info 🛛 🛛 Eligibility 💟 Patient Vo	olumes 📝 Attestation 📝 Review	Submit
Attestation Meaning	ful Use Objectives		
Please complete the fo the Clinical Quality Mei completed.	llowing topic areas: General Requirements, asures (CQMs). The following icon will displa	Meaningful Use Objectives (0-7), Requi ay to the left of the topic name when the	ired Public Health Objective (8) and e minimum required entries are
Please Note: Specific depending on exclusion	requirements apply to the Required Public ns taken on completed objectives even thou	Health Objective (8). You may be instru Igh a 🗭 is displayed.	cted to complete additional steps
Available actions for a entries have been mad	topic will be determined by current progres le, select the "EDIT" button for a topic to n	s level. To start a topic, select the <b>"Beg</b> nodify any previously entered informatic	jin" button. To modify a topic where on. Select "Previous" to return.
Completed?	Topics	Progress	Action
<b>Ø</b>	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective	. (8)	Begin
< Custom defined co	onfigurable item >		
	Manual Clinical Quality Measures	;	Select
	Electronic Clinical Quality Measu	res	Select
Note: When all topics are ma	rked as completed, select the <b>"Save &amp; Con Previous</b>	ntinue" button to complete the attestat	tion process.

## 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]

		<u>Print</u>	Contact Us	<u>Exit</u>
Name	Applicant NPI			
Personal TIN/SSN	Payee TIN			
Payment Year	Program Year			
Get Started         R&A/Contact Info         Eligibility           State Configurable text area for Stage 3.1 Meaningf           The text in this section of the page would be replaced	Patient Volumes     Attestation     Review       iul Use Objectives.     ad by actual content that the hosting state may specify as state	Submit 🔲		
			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 <u>62</u> 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.

Personal TIN/S Payment Year	SN	Applicant NPI Payee TIN Program Year
Get Started R&A/Co	ntact Info 🗾 🗌	Eligibility 💟 Patient Volumes 🛛 Attestation 🖓 Review Submit
testation Meaningfu	l Use Objectiv	es
biective 0	Objective 1	- Protect Patient Health Information
Objective 1 🖉	🚹 Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.
Objective 2 🗸		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.
Objective 4	(*) Red aste	erisk indicates a required field.
<u>)bjective 5</u>	Objective:	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Techonology through the implementation of appropriate technical, administrative, and physical safeguards.
<u>Dijective 7</u>	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)(v) 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)

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.

Personal TIN/SS Payment Year Get Started R&A/Con	kt Jafo 🕅 🛛 Eliqibility 🕅	Applicant NPI Payee TIN Program Year Patient Volumes PI AttGetation (7) Review Schmidt [1]
astation Meaningful		
estation Meaningrui	Objective 0 - ONC Question	nc
bjective 0 🗸	Click HERE to review O	MS Guidalines for this massura
biective 2	Click the Sa	in Constantion for time incoder of
bjective 3	Click the Sa	Ve & Continue to proceed. Click Return to Main to access the main attestation topic list. Click Clear An Entries to remove entered data.
bjective 4	(*) Red asterisk indicates	a required field.
bjective 5 🕜	Activitian related to suppo	arting providers with the performance of Cartified EUD Technology
<u>biective 6</u>	*1. Do you and y information techn received? O Yes O No	A rung provide's what we performance of Cerunda Cerun recurring of the recurring of the operation of the review of your health your organization whether the Polyce method in the requirement of the cooperate in good fairh with ONC direct review of your health nology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is
	*2. Did you or yu the ONC Health I O Yes O No	our organization receive a request for an ONC direct review of your health information technology certified under T Certification Program?
	If you answ	vered No on the question above, the below question is not applicable and should be left blank.
	If yes, did y technology extent that permitting f field? O Yes O	rou and your organization cooperate in good faith with ONC direct review of your health information certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart to the such technology mets (or can be used to meet) the definition of Certified HRT (chronogy, including by binely access to such technology and demonstrating its capabilities as implemented and used by you in the No
	*3. In addition, ( your health inform surveillance is rea O Yes O No O	do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of mation technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB ceived? ) Decline to answer
	*4. Did you or y certified under th ○ Yes ○ No ○	our organization receive a request to assist in ONC - ACB surveillance of your health information technology le ONC Health IT Certification Program? ) Decline to answer
	If you answ blank.	vered No or Decline to Answer on the question above, the below question is not applicable and should be left
	If yes, did y technology extent that permitting t O Yes O	rou and your organization cooperate in good faith with OK-ACB surveillance your health information certified under the OK Health IT Certification Program as authorized by 45 CR part 170, subpart 1, to the such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by timely access to such technology and demonstrating capabilities as implemented and used by you in the field? No ○ Decline to answer
	Actions related to support	ting information exchange and the prevention of health information blocking:
	*1. Did you or yı compatibility or iı ○ Yes ○ No	our organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the nteroperability of Certified EHR Technology?
	*2. Did you and to ensure, to the	your organization implement technologies, standards, policies, practices, and agreements reasonably calculated greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:
	(i) Connect O Yes O	ed in accordance with applicable law; No
	(ii) Complia specificatio ○ Yes ○	.nt with all standards applicable to the exchange of information, including the standards, implementation ns, and certification criteria adopted at 45 CFR part 170; No
	(iii) Implem ○ Yes ○	rented in a manner that allowed for timely access by patients to their electronic health information; No
	(iv) Implem electronic h providers, a Ves O	verted in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured wealth information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated and with disparate Certified EHR Technology and vendors. No
	*3. Did you and health informatio regardless of the ○ Yes ○ No	your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic n, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, requestor's affiliation or technology vendor?

# **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.

Name Personal TIN/ Payment Year	/SSN	Applicant NPI Payee TIN Program Year
Get Started R&A/	'Contact Info 🕎 💙	Eligibility 😰 Patient Volumes 💟 Attestation 🖳 Review Submit 🔲
ttestation Meaning	yful Use Objectiv	es
Objective 0 🖌	Objective 1	- Protect Patient Health Information
Objective 1 🗸	Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.
Objective 2		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> Entries to remove entered data.
Objective 3		
Objective 4	(*) Red ast	arisk indicates a required held.
Objective 5	Objective:	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Techonology through the implementation of appropriate technical, administrative, and physical safeguards.
Objective 7	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):

# **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.

Name	
Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
arted R&A/Contact Info	De V Eligibility V Patient Volumes V Attestation V Review Submit
tive 0 🖌 🛛 Obje	ctive 2 - Electronic Prescribing
<u>.tive 1</u>	Click HERE to review CMS Guidelines for this measure.
tive 2 💉	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.
<u>tive 4</u>	Red asterisk indicates a required field.
tive 5 Obje	ctive: Generate and transmit permissible prescriptions electronically (eRx).
tive 7	sure: 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.
	<ul> <li>This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.</li> <li>This data was extracted only from patient records maintained using Certified EHR Technology.</li> </ul>
	EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.
	* Does this exclusion apply to you? O Yes O 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? O Yes O 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

## **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.

Name Personal TIN/S Payment Year	SN	Applicant NPI Payee TIN Program Year
Get Started R&A/Co	ontact Info 🕎	Eligibility 😰 Patient Volumes 💟 Attestation 🥑 Review Submit 🗐
testation Meaningfu	ul Use Objectiv	es
bjective 0 🕢	Objective 3	- Clinical Decision Support
bjective 1	🚺 Click <u>HI</u>	<b>RE</b> to review CMS Guidelines for this measure.
bjective 2 🗸		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.
bjective 4	(*) Red ast	erisk indicates a required field.
bjective 5 🗸		
bjective 6 🗸	Objective:	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
bjective 7		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

# **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.

	Print Contact Us E
Name Personal TIN/S Payment Year	Applicant NPI SN Payee TIN Program Year
Get Started R&A/Con	ntact Info 🗹 👔 Eligibility 🖉 Patient Volumes 😰 Attestation 🖉 Review Submit 🔳
ttestation Meaningfu	l Use Objectives
Objective 0	Objective 4 - Computerized Provider Order Entry
Objective 1	O Click HERE to review CMS Guidelines for this measure.
<u>Objective 2</u>	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.
Objective 4	(*) Red asterisk indicates a required field.
Objective 5	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.
	<ul> <li>This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.</li> <li>This data was extracted only from patient records maintained using Certified EHR Technology.</li> </ul>
	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? O Yes O 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? O Yes O 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? O Yes O No
	If 'No', complete entries in the Numerator and Denominator.
	Numerator 3: Denominator 3:
L	Return to Main         Clear All Entries         Save & Continue

# **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.

Name Personal TIN/S Payment Year	SN	Applicant NPI Payee TIN Program Year	
et Started R&A/Co	ontact Info 👿	Eligibility 🛛 Patient Volumes 💟 Attestation 🖉 Review Submit 🗐	
station Meaningfu	ul Use Objectiv	res	
jective 0 🗸	Objective 5	- Patient Electronic Access to Health Information	
jective 1 🗸	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
iective 2 🗸		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.	
jective 4 🗸	(*) Red aste	erisk indicates a required field.	
jective 5 🞻 jective 6 🏈	Objective:	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and specific education.	patient-
jective 7 🗸		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. $\bigcirc$ Yes $\bigcirc$ 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 per more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the the EHR reporting period may exclude the measure.	arcent or a first day (
		Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2. $\bigcirc$ Yes $\bigcirc$ No	
		Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized repre is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures patient's health information is available for the patient (or patient-authorized representative) to access using any application choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's EHR Technology.	sentative) the of their Certified
		Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely av health information to view online, download, and transmit to a third party and to access using an application of their choice to 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.	ccess to that is
		Numerator 1: Denominator 1:	
		Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educat resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during reporting period.	tional ) the EHR
		Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific education 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.	al
		Numerator 2: Denominator 2:	
		Return to Main Clear All Entries Save & Continue	

# **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.

Name Personal TIN/SS Payment Year	Applicant NPI Payee TIN Program Year	
Get Started R&A/Cor	t Info 😰 Eligibility 😰 Patient Volumes 😰 Attestation 😨 Review Submit 🗐	
testation Meaningfu	se Objectives	
bjective 0 🝼	bjective 6 - Coordination of Care Through Patient Engagement	
bjective 1 🝼	Click <u>HERE</u> to review CMS Guidelines for this measure.	
bjective 2 🔗	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear</b> <b>Entries</b> to remove entered data.	All
bjective 4 🍼	*) Red asterisk indicates a required field.	
<u>bjective 5</u> 🟈 bjective 6 🏈	bjective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Pr to all three measures and must meet the thresholds for at least two measures to meet the objective.	roviders must attest
bjective 7 🝼	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. $\bigcirc$ Yes $\bigcirc$ No	
	Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not hat more of its housing units with 4Mbps broadband availability according to the latest information available from the FC the EHR reporting period may exclude the measure.	ve 50 percent or C on the first day of
	Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3. $\bigcirc$ Yes $\bigcirc$ No	
	<b>Measure 1:</b> During the EHR reporting period, more than 5 percent of all unique patients (or their authorized represe the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, downl a third party their health information; or (2) Access their health information through the use of an API that can be us chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of	entatives) seen by load or transmit to sed by applications (1) and (2).
	Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have vie downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the patients (or their authorized representatives) in the denominator who have accessed their health information througi during the EHR reporting period. Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.	ewed online, number of unique h the use of an API
	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 using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized represe response to a secure message sent by the patient or their authorized representative.	e message was sent entative), or in
	Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patie authorized representative) or in response to a secure message sent by the patient (or patient-authorized represental EHR reporting period. Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.	ent (or patient- tive), during the
	Numerator 2: Denominator 2:	
	Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR T than 5 percent of all unique patients seen by the EP during the EHR reporting period.	Fechnology for more
	Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may inclu generated health data, is captured through the Certified EHR Technology into the patient record during the EHR repo Denominator 3: Number of unique patients seen by the EP during the EHR reporting period.	ude patient- orting period.
	Numerator 3: Denominator 3:	
L		

## **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 <u>48</u> of this manual.

Name Personal TIN/SSN Payment Year et Started R&A/Contact Ir	Applicant NPI Payee TIN Program Year
estation Meaningful Use	Objectives
ojective 0 🗸 🛛 Obj	ective 7 - Health Information Exchange (HIE)
pjective 1 🕥 🚺	Click HERE to review CMS Guidelines for this measure.
viective 2	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.
pjective 4	Red asterisk indicates a required field.
jective 5	
Base Base	ed on the selections you make below you may be required to provide more information.
jective 7 🔗	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

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.

Name Personal TIN/SS Payment Year	Applicant NPI N Payee TIN Program Year
Get Started R&A/Con	tact Info 🗹 Eligibility 🗹 Patient Volumes 🗹 Attestation 🕖 Review Submit 🗐
testation Meaningful	Use Objectives
bioctivo 0	Objective 7 - Health Information Exchange (HIE)
Objective 1	() Click HERE to review CMS Guidelines for this measure.
Objective 2	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.
Dijective 4	(*) Red asterisk indicates a required field.
bjective 5	
objective 6	Based on your exclusion selections from the previous screen you are required to provide the following information.
objective 7 🝼	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:
L	

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.

Name Personal TIN Payment Yea	/SSN Pa Ir Pi	pplicant NPI ayee TIN rogram Year	
Get Started R&A	/Contact Info 🛛 Eligibility 💟 Patient Volumes 💟	Attestation 📝 Review	Submit
lease complete the f he Clinical Quality M ompleted.	ollowing topic areas: General Requirements, Meaning easures (CQMs). The following icon will display to the	ful Use Objectives (0-7), Requi left of the topic name when th	ired Public Health Objective (8) and e minimum required entries are
Please Note: Specifi epending on exclusion vailable actions for a ntries have been ma	c requirements apply to the Required Public Health O ons taken on completed objectives even though a a topic will be determined by current progress level. T ide, select the "EDIT" button for a topic to modify ar	bjective (8). You may be instru is displayed. To start a topic, select the <b>"Beg</b> by previously entered information	icted to complete additional steps gin" button. To modify a topic where on. Select " <b>Previous</b> " to return.
Completed?	Topics	Progress	Action
Ø	General Requirements	2/2	EDIT Clear All
9	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
	Required Public Health Objective (8)		Begin
Custom defined of	onfigurable item >		
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select
lote: /hen all topics are m	arked as completed, select the "Save & Continue"	button to complete the attestat	tion process.

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]

	Print Contact	<u>Us</u> <u>Exit</u>
Name	Applicant NPI	
Personal TIN/SSN	Payee TIN	
Payment Year	Program Year	
Get Started R&A/Contact Info C Eligibility State Configurable text area for Stage 3.1 Required Pu The text in this section of the page would be replaced	Patient Volumes       Attestation       Review       Submit         blic Health Objectives.       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.

Name Personal TI Payment Ye	N/SSN ar	Applicant NPI Payee TIN Program Year	
Get Started R&	A/Contact Info 👿 Y Eligibility 👿 Y Patient Volumes	Attestation 🛛 Review Submit 🔳	
estation Meanin oviders are requir shout taking an ex	ngful Use Objectives ed to successfully attest to two Public Health Option xclusion. Options 4 and 5 may be used twice to atte	ns without taking an exclusion. Select two Options f st. If you cannot successfully attest to any Option,	or attestation or can only
ccessfully attest t tion 4B or 5B. Yo	o one Option, then select Options 1, 2, 3, 4A and 5 u cannot attest to Option 4B or 5B if you take an e	A. Depending on your attestations, you may be req xclusion for Option 4A or 5A respectively.	uired to answer
te: selecting all e	xclusions does not mean the Objective fails.		
ien all options ha	ve been edited and you are satisfied with the entrie	as, select the "Return to Main" button to access the	e main attestation
Required Public	: Health Objective List Table		
<u>Objective</u> <u>Number</u>	Objective	<u>Measure</u>	<u>Select</u>
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 information system (IIS).	V
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.	Y
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.	V
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.	V
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.	V
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.	V
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	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	V

The measures you select to attest to will display on the <u>Required Public Health Objectives Navigation Panel</u> 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 <u>73</u> 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 <u>62</u> 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.

Name Personal TIN/SSN Payment Year	ı	Applicant NPI Payee TIN Program Year
Get Started R&A/Conta	act Info 🛛	Eligibility 🗹 Patient Volumes 😰 Attestation 🖳 Review Submit 🔲
testation Meaningful U	Jse Objectiv	es
bjective 8	Objective 8	Option 1 - Immunization Registry Reporting
bjective 8	🚹 Click <u>HE</u>	ERE to review CMS Guidelines for this measure.
Deption 2 Deption 2 Option 3		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.
Designment of the second secon	(*) Red acts	aviek indicator a somulard field
bjective 8	(*) Keu aste	ensk multates a requireu nelu.
Detion 5A	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.
Deption 5B	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?
		O Yes O No
		If 'Yes', enter the name of the immunization registry used below.
		Active Engagement Options: If you have approved 'You' above places select one of the options listed below
		Active engagement options. In you have answered restably please select one of the options listed below.
		Completed registration to submit data     Testing and validation
		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.
		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.
		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 O No

## **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.

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year	
Get Started R&A/Contact I	nfo 🔽 Eligibility 🔃 Patient Volumes 💟 Attestation 🧭 Review Submit 🔲	
ttestation Meaningful Use	Objectives	_
Objective 8 Option 1	jective 8 Option 2 - Syndromic Surveillance Reporting	
Objective 8 🕜 🊺 Option 2	Click HERE to review CMS Guidelines for this measure.	
Objective 8 Option 3	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.	
Objective 8 Option 4A Objective 8 (*)	Red asterisk indicates a required field.	_
Option 4B		
Objective 8 Option 5A	jective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way usin Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	g
Objective 8 Option 5B S Me	asure: 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? O Yes O 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.	
	O Yes O 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. O Yes O No	
	Previous         Return to Main         Clear All Entries         Save & Continue	
		_

### **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.

Personal TIN/ Payment Year	/SSN	Applicant NPI Payee TIN Program Year
Get Started R&A/	Contact Info 🔽	Eligibility 🗹 Patient Volumes 💟 Attestation 🖗 Review Submit 🗐
Distinctive 8	Objective 8	Option 3 - Electronic Case Reporting
Objective 8	Click H	ERE to review CMS Guidelines for this measure.
Objective 8 Option 3		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.
Objective 8     Image: Control of the second s	(*) Red ast	erisk indicates a required field.
Deption 5A	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.
Objective 8 Option 5B	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?
		If 'Yes', enter the name of the electronic case reporting registry used below.
		Artive Engagement Ontions: If you have answered 'Yes' above inlease select one of the ontions listed below
		Completed registration to submit data
		Testing and validation
		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 treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
		Yes O 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. O Yes O 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. O Yes O No

## **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.

Name Personal TIN/SS Payment Year	īN	Applicant NPI Payee TIN Program Year
Get Started R&A/Con	tact Info 🛛 🏹	Eligibility 🛛 Patient Volumes 🗊 Attestation 🗑 Review Submit 🗐
testation Meaningrui	Objective 8	es Ontion 44 - Dublic Vosth Donictor Donorting
option 1	objective o	
Objective 8	🚺 Click <u>HE</u>	<u><b>RE</b></u> to review CMS Guidelines for this measure.
Dijective 8 Option 3		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.
Objective 8     Image: Colored state       Option 4A     Image: Colored state       Objective 8     Image: Colored state	(*) Red aste	erisk indicates a required field.
Option 4B         V           Objective 8         Image: Control of the second sec	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.
Depiective 8 Option 5B	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.
		<ul> <li>res O NO</li> <li>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.</li> <li>Yes O No</li> </ul>
L		

## **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.

		<u>Print</u> <u>Contact Us</u>	<u>E</u>
Name Personal TIN/SSN Payment Year		Applicant NPI Payee TIN Program Year	
Get Started R&A/Contac	ct Info 🔽	Eligibility 🛛 Patient Volumes 🖾 Attestation 📝 Review Submit 🗐	
Attestation Meaningful U	se Objectiv	es	
Objective 8 Option 1	Objective 8	Option 4B - Public Health Registry Reporting	
Objective 8 Option 2	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.	
Objective 8 Objective 8	(*) Red aste	erisk indicates a required field.	-
Option 4B Objective 8 Option 5A	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.	
Objective 8 Option 5B	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. O Yes O No	
		Previous         Return to Main         Clear All Entries         Save & Continue	
			_

## **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.

Name Personal TIN, Payment Yea	/SSN r	Applicant NPI Payee TIN Program Year
Get Started R&A/	/Contact Info 👿	Eligibility 😰 Patient Volumes 💟 Attestation 🕜 Review Submit 🔲
Diective 8	Objective 8	ves 3 Option 5A - Clinical Data Registry Reporting
Deption 1	Click <u>H</u>	ERE to review CMS Guidelines for this measure.
Designed by the second		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.
Objective 8       Option 4A       Objective 8       Objective 8	(*) Red as	terisk indicates a required field.
Dbjective 8	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.
Deption 5B	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? <ul> <li>Yes</li> <li>No</li> </ul>
		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
		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.
		<ul> <li>&gt; res ⊂ re</li></ul>

## **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.

Payment Year	SSN	Payee TIN Program Year
Get Started R&A/C	Contact Info 🛛	Eligibility 🔽 Patient Volumes 🖾 Attestation 📝 Review Submit 🔲
testation Meaningf	ul Use Objectiv	
Objective 8 Option 1	Objective 8	Option 58 - Clinical Data Registry Reporting
Objective 8	🚹 Click <u>H</u>	ERE to review CMS Guidelines for this measure.
Objective 8 Option 3		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.
Objective 8 Option 4A	(*) Red act	aviek indicator a nominal field
Objective 8	(*) Keu asu	erisk multates a required held.
Dispective 8 Option 5A	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.
Objective 8	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? O Yes O 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.
		O Yes O No Operates is a jurisdiction for which no eligical data conjuter is constille of acception electronic conjuter transactions in the consider
		standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
		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.

# 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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ttestation Meaning	ful Use Objectives		
lease complete the fol ne Clinical Quality Mea ompleted.	llowing topic areas: General Requirements, Meaning ssures (CQMs). The following icon will display to the	oful Use Objectives (0-7), Require left of the topic name when the	ed Public Health Objective (8) and minimum required entries are
lease Note: Specific	requirements apply to the Required Public Health O	bjective (8). You may be instruct	ted to complete additional steps
epending on exclusion	15 taken on completed objectives even though a 💙	is displayed.	
vailable actions for a t ntries have been mad	topic will be determined by current progress level. 1 e, select the "EDIT" button for a topic to modify ar	To start a topic, select the "Begin ny previously entered information	n" button. To modify a topic where n. Select "Previous" to return.
0l-t-dD	<b>T</b> !	D	A - 12
Completed?		Progress	Action
9	General Requirements	2/2	EDIT Clear All
<b>9</b>	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
	Required Public Health Objective (8)	2/2	EDIT Clear All
9			
Custom defined co	nfigurable item >		
Custom defined co	nfigurable item > Manual Clinical Quality Measures		Select
Custom defined co	nfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measures		Select

If Electronic Clinical Quality Measures is selected a 🤍 will appear on t	he Measures Topic List.
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Personal TIN/ Payment Year	Ap /SSN Pa . Pr	ıplicant NPI ıyee TIN ogram Year	
Get Started R&A/	Contact Info 🛛 Eligibility 🖾 Patient Volumes 🕅 ful Use Objectives	Attestation 📝 Review	Submit
he Clinical Quality Me ompleted. Nease Note: Specific lepending on exclusio	asures (CQMs). The following icon will display to the requirements apply to the Required Public Health Ob ns taken on completed objectives even though a	left of the topic name when the ojective (8). You may be instruct is displayed.	minimum required entries are ted to complete additional steps
vailable actions for a ntries have been mad Completed?	topic will be determined by current progress level. Ti Je, select the "EDIT" button for a topic to modify an Topics	<ul> <li>start a topic, select the "Beging previously entered information</li> <li>Progress</li> </ul>	n" button. To modify a topic where n. Select " <b>Previous</b> " to return. <u>Action</u>
0	General Requirements	2/2	EDIT Clear All
<b>9</b>	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
		2/2	EDIT Clear All
Ø	Required Public Health Objective (8)		
Custom defined co	Required Public Health Objective (8)		
Custom defined co	Required Public Health Objective (8) onfigurable item > Electronic Clinical Quality Measures (Sele	ct Cancel to choose Manual)	Cancel

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.

>>				<u>Print</u>	<u>Contact Us</u>
Name Personal TIN, Payment Year	/SSN	Ap Pa Pr	plicant NPI yee TIN ogram Year		
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Attestation Meaning	ful Use Objectives				
Please complete the fo the Clinical Quality Me completed.	ollowing topic areas: G asures (CQMs). The fe	eneral Requirements, Meaning ollowing icon will display to the	ul Use Objectives (0-7), Requi left of the topic name when th	ired Public Health Obj e minimum required e	ective (8) and entries are
Please Note: Specific depending on exclusio	requirements apply t ns taken on complete	o the Required Public Health Ot d objectives even though a 🗸	jective (8). You may be instru is displayed.	cted to complete addi	tional steps
Available actions for a entries have been ma	topic will be determir de, select the <b>"EDIT</b> "	ed by current progress level. To button for a topic to modify an	o start a topic, select the " <b>Beg</b> y previously entered information	gin" button. To modify on. Select " <b>Previous</b> "	/ a topic where ' to return.
Completed?	Topics	age from webpage	Descent of	Action	
<b>9</b>	Genera	WARNING - All measure da	ata will be cleared for this topic.	EDIT Clear All	]
<b>9</b>	Meanin	Select OK to clear measure	data.	EDIT Clear All	]
<b>9</b>	Require	de Nación Cópeciae (C)	OK Cancel	EDIT Clear All	]
< Custom defined c	onfigurable item >				
Manual Clinical Q Please select at lea reduced number of	uality Measures st six CQMs from the CQMs that are requir	Clinical Quality Measure set bel ed.	ow. The Adult and Pediatric Se	ets have been removed	d due to the
Click <u>HERE</u> if you	would like to view the	CQMs that had been preselecte	d for the retired Adult and Peo	diatric Sets.	
	Clinical Qu	ality Measures		Begin	
	Cancel and	Choose Electronic		Cancel	
<b>Note:</b> When all topics are ma	arked as completed, s	elect the "Save & Continue" t	utton to complete the attestat	tion process.	

To select Manual Clinical Quality Measures, click the **Begin** button.

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Get Started R&A/	Contact Info 👿 \Upsilon Eligibility 👿	Patient Volumes 🔽 🛛 Att	testation 📝 Review	Submit 📃	
Attestation Meaning	ful Use Objectives				
Vlease complete the for he Clinical Quality Me completed.	ollowing topic areas: General Requasures (CQMs). The following ico	uirements, Meaningful Use n will display to the left of t	Objectives (0-7), Requi	ired Public Health Objec e minimum required en	tive (8) and tries are
Please Note: Specific depending on exclusio	requirements apply to the Requins taken on completed objectives	s even though a 💙 is disp	(8). You may be instru laved.	cted to complete addition	onal steps
Available actions for a entries have been made	topic will be determined by curre de, select the "EDIT" button for a	ent progress level. To start a a topic to modify any previo	a topic, select the <b>"Beg</b> ously entered information	<b>in"</b> button. To modify a on. Select <b>"Previous"</b> t	a topic where to return.
Completed?	Topics		Progress	Action	
Ø	General Requirements		2/2	EDIT Clear All	
0	Meaningful Use Objecti	ives (0-7)	8/8	EDIT Clear All	
0	Required Public Health	Objective (8)	2/2	EDIT Clear All	
Custom defined co	onfigurable item >				
Manual Clinical Q	uality Measures				
Please select at lea reduced number of	st six CQMs from the Clinical Qua CQMs that are required.	anty Measure set below. The	e Adult and Pediatric Se	ts have been removed	due to the
Click HERE if you	would like to view the CQMs that	had been preselected for th	he retired Adult and Ped	liatric Sets.	
	Clinical Quality Measu	ures		Begin	
	Cancel and Choose El	ectronic		Cancel	
<b>lote:</b> Vhen all topics are ma	arked as completed, select the "S	Save & Continue" button t Previous Save & Con	tinue	ion process.	

### 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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Name Ap	oplicant NPI			
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Payment Year Pro	ogram Year			
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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	he hosting state may specify as static HTML —			
Begin				

[CORE SPLASH PAGE CODE FILE NAME: /mapir-public/prof/attestation/ cqmGeneralSplashStage3\_1Include.xhtml]

Name Applicant NPI Personal TIN/SSN Payee TIN Payment Year Program Year Get Started R&A/Contact Info V Eligibility V Patient Volumes V Attestation V Review Submit			Print	Contact Us	<u>Exit</u>
Name     Applicant NPI       Personal TIN/SSN     Payee TIN       Payment Year     Program Year       Get Started     R&A/Contact Info     Eligibility       Patient Volumes     Attestation     Review					
Personal TIN/SSN Payee TIN Payment Year Program Year  Get Started R&A/Contact Info I Eligibility Patient Volumes Attestation I Review Submit	Name	Applicant NPI			
Payment Year     Program Year       Get Started     R&A/Contact Info     Eligibility     Patient Volumes     Attestation     Review     Submit	Personal TIN/SSN	Payee TIN			
Get Started R&A/Contact Info 🛛 Eligibility 💟 Patient Volumes 💟 Attestation 💟 Review Submit 🔲	Payment Year	Program Year			
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	Get Started R&A/Contact Info I Eligibility State Configurable text area for Stage 3.1 CQM. The text in this section of the page would be replaced	Patient Volumes     Attestation     Review     Submit      d by actual content that the hosting state may specify as static HTI      Begin	<b>□</b> 1L.		
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.

ation Mean			ion 📝 🛛 Review 🚽 Submit 🔳	
ution mean	inaful lleo Moacu	roc		
aningful Us	e Clinical Quality	Measure Worklist Table		
must select ct the <b>"Ret</b> ase Note: CQ the sort arro	a minimum of six urn to Main" butto Ms below are listeo ws below.	(6) CQMs in order to proceed. When all CQMs have on to access the main attestation topic list. If by NQF number. You have the ability to sort and	ve been edited and you are satisfie d view the CQMs by NQF or CMS n	d with the en
Ilinical Qua	ality Measure list	Table	Domain	Selection
0004	CMS137 v6.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Effective Clinical Care	
0018	CMS165 v6.2.000	Controlling High Blood Pressure	Effective Clinical Care	
0022	CMS156 v6.4.000	Use of High-Risk Medications in the Elderly	Patient Safety	
0024	CMS155 v6.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Community/Population Health	
0028	CMS138 v6.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	
0032	CMS124 v6.1.000	Cervical Cancer Screening	Effective Clinical Care	
0022	CMS153 v6.2.000	Chlamydia Screening for Women	Community/Population Health	
0033		Colorectal Cancer Screening	Effective Clinical Care	
0033	CMS130 v6.1.000			
0034	CMS130 v6.1.000 CMS117 v6.2.000	Childhood Immunization Status	Community/Population Health	
0034 0038 0041	CMS130 v6.1.000 CMS117 v6.2.000 CMS147 v7.2.000	Childhood Immunization Status Preventive Care and Screening: Influenza Immunization	Community/Population Health Community/Population Health	
0033 0034 0038 0041 0052	CMS130 v6.1.000 CMS117 v6.2.000 CMS147 v7.2.000 CMS166 v7.1.000	Childhood Immunization Status Preventive Care and Screening: Influenza Immunization Use of Imaging Studies for Low Back Pain	Community/Population Health Community/Population Health Efficiency and Cost Reduction	
0033 0034 0038 0041 0052 0055	CMS130 v6.1.000 CMS117 v6.2.000 CMS147 v7.2.000 CMS166 v7.1.000 CMS131 v6.2.000	Childhood Immunization Status Preventive Care and Screening: Influenza Immunization Use of Imaging Studies for Low Back Pain Diabetes: Eye Exam	Community/Population Health Community/Population Health Efficiency and Cost Reduction Effective Clinical Care	

### **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 <u>16</u>, for Modified Stage 2 2018, and page <u>49</u>, 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 <u>16</u>, for Modified Stage 2 2018, and page <u>49</u>, 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.

			<u>Print</u> <u>Contact U</u>
Name Personal TIN/ Payment Year	SSN	Applicant NPI Payee TIN Program Year	
Get Started R&A/	Contact Info 🗹 🛛 Eligibility 🗹 💙 Patient Volus	mes 🗹 Attestation 📝 Review	Submit
Attestation Meaning	ful Use Objectives		
Please complete the fo he Clinical Quality Me completed.	llowing topic areas: General Requirements, M asures (CQMs). The following icon will display	eaningful Use Objectives (0-7), Requi to the left of the topic name when th	ired Public Health Objective (8) and e minimum required entries are
Please Note: Specific	requirements apply to the Required Public He	alth Objective (8). You may be instru	cted to complete additional steps
Available actions for a entries have been mad	topic will be determined by current progress I le, select the "EDIT" button for a topic to mo	evel. To start a topic, select the <b>"Beg</b> dify any previously entered information	jin" button. To modify a topic whe on. Select " <b>Previous</b> " to return.
Completed?	Topics	Progress	Action
Ø	General Requirements	2/2	EDIT Clear All
0	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
Ø	Required Public Health Objective (	8) 2/2	EDIT Clear All
Custom defined co	onfigurable item > uality Measures		
Please select at lease reduced number of	st six CQMs from the Clinical Quality Measure CQMs that are required.	set below. The Adult and Pediatric Se	ts have been removed due to the
Click <u>HERE</u> if you v	would like to view the CQMs that had been pre	selected for the retired Adult and Peo	diatric Sets.
<b>Ø</b>	Clinical Quality Measures	6/6	EDIT Clear All
	Cancel and Choose Electronic		Cancel
<b>lote:</b> Vhen all topics are ma	rked as completed, select the <b>"Save &amp; Conti</b>	nue" button to complete the attestat	ion process.

## **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 <u>Part 3 of 3</u> of the Attestation Phase.

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estation Meani	A/Contact Info I Eligibility I Patient Volume	Attestation      Review	Submit 🔲	u have enter
Meaningful Use	e General Requirements Review			
	Question		Entered	
Please demon Certified EHR	strate that at least 50% of all your encounters occu Technology is being utilized.	r in a location(s) where	umerator = 500 enominator = 1000 ercentage = 50%	
Please demon EHR during th	strate that at least 80% of all unique patients have e EHR reporting period.	their data in the certified	umerator = 500 enominator = 1000 ercentage = 50%	
Meaningful Uso Objective Number	e Objective Review Objective		Entered	
	Activities related to supporting providers with th performance of Certified EHR Technology: 1. Do you and your organization acknowledge th requirement to cooperate in good faith with ONC review of your health information technology ceu under the ONC Health IT Certification Program in request to assist in ONC direct review is receiver 2. Did you or your organization receive a reques 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 d review of your health information technology ce under the ONC Health IT Certification Program a authorized by 45 CFR part 170, subpart E, to th that such technology meets (or can be used to r the definition of Certified EHR Technology, inclu-	e direct tified a ? : for an rect tified s extent ieet) ing by		

Figure 0-13: Meaningful Use Measures Summary (Part 1 of 5)

Objective 0	<ol> <li>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?</li> <li>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?</li> <li>Actions related to supporting information exchange and the prevention of health information blocking:</li> <li>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?</li> <li>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:</li> <li>Connected in accordance with applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</li> <li>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.</li></ol>	Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes		
Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Techonology 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
equired Publi	c 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	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	Objective 8 Option 5B = Yes Registry Name = state

Figure 0-15: Meaningful Use Measures Summary continued (Part 3 of 5)

NQF	Measure Code	Domain	Title	Entered
0028	CM5138 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	CM5155 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 7 = 1000           Performance Rate 6 (%) =           1.0           Exclusion 6 = 1           Total           Numerator 7 = 500           Denominator 8 = 1000           Performance Rate 8 (%) =           1.0           Exclusion 7 = 1           Numerator 8 = 500 <tr< td=""></tr<>

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
			_	
		Previous Save 8	& Continue	

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.

			<u>Print</u>	<u>Contact Us</u>	
Name Personal TIN/SSN Payment Year	Appli Payer Progr	cant NPI e TIN ram Year			
Get Started R&A/Contact Info 📝 Eligi	bility 🔽 🛛 Patient Volumes 🕎	Attestation V Review	v Submit 🔲		
Attestation Phase (Part 3 of 3)					
lease answer the following questions so that	t we can determine your eligibility	for the program			
rease answer the following questions so that	t we can determine your eligibility	for the program.			
When ready click the Save	& Continue button to review you Reset to restore this panel to t	ir selection, or click <b>Prev</b> the starting point.	<b>rious</b> to go back. Click		
	(*) Red asterisk indicates a	required field			
	(*) Red asterisk indicates a	required neid.			_
* Based on the information received from the your incentive payment to the entity above that you are receiving that payment as the pare are assigning this payment voluntarily to the have a contractual relationship that allows to to bill for your services.	ne R&A, you requested to assign (Payee TIN). Please confirm Dayee indicated above or you a payee above and that you he assigned employer or entity	C	Yes No	Ø	
NOTE: If you wish to assign your payme	nt and did not indicate this wl	hen you applied to the	R&A then you must re	eturn to the	
Raa to correct this mormation.					
	Previous Reset Sa	ve & Continue			-
					_

This screen confirms you successfully completed the Attestation section.

Note the check box in the Attestation tab.

Click Continue to proceed to the Review tab.

	Print	Contact Us	<u>Exit</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year		
Get Started REA/Contact Info	Image: Parter 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		

# 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	Initial version.

# **Table of Contents**

Introduction	4
Related MAPIR Documentation	5
Step 5 – Attestation	6
Meaningful Use Phase	7
Meaningful Use – Objectives and Measures	10
Meaningful Use General Requirements	11
Stage 3 MU	13
Meaningful Use Objectives	14
Attestation Meaningful Use Objectives Navigation Panel	15
Objective 0 – ONC Questions	16
Objective 1 – Protect Patient Health Information	17
Objective 2 – Electronic Prescribing	18
Objective 3 – Clinical Decision Support (CDS)	19
Objective 4 – Computerized Provider Order Entry (CPOE)	20
Objective 5 – Patient Electronic Access to Health Information	21
Objective 6 – Coordination of Care Through Patient Engagement	22
Objective 7 – Health Information Exchange (HIE)	23
Stage 3 Required Public Health Objective (8)	25
Required Public Health List Table	27
Required Public Health Objectives Navigation Panel	28
Objective 8 Option 1 – Immunization Registry Reporting	29
Objective 8 Option 2 – Syndromic Surveillance Reporting	30
Objective 8 Option 3 – Electronic Case Reporting	31
Objective 8 Option 4A – Public Health Registry Reporting	32
Objective 8 Option 4B – Public Health Registry Reporting	33
Objective 8 Option 5A – Clinical Data Registry Reporting	34
Objective 8 Option 5B – Clinical Data Registry Reporting	35
Clinical Quality Measures (CQMs) – Stage 3	36
Manual Clinical Quality Measures	40
Meaningful Use Clinical Quality Measure Worklist	40
Attestation MU Clinical Quality Measure Navigation Panel	44
Meaningful Use Measures Summary	46
Attestation Phase (Part 3 of 3)	51

## 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 I	<u>Js Exit</u>
Name Personal TIN/SSN	Applicant NPI Payee TIN	
Payment Year Get Started R&A/Contact Info 💟 Eligibility 💟	Program Year           Patient Volumes         V         Attestation         V         Review         Submit         I	
SPLASH PANEL: The text in this section of the page wou	uld be replaced by actual content that the hosting state may specify as static HTML.	
		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.

	<u>Prin</u>	<u>t</u> <u>Contact Us</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year	
Get Started R&A/Contact Info 💟	Eligibility 🛛 Patient Volumes 💟 Attestation 📝 Review Submit 🔲	
ttestation Phase (Part 1 of 3)		
When ready click to	he <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.	
Meaningful Use (90 day You are capturing mean where at least 50% of the	s) 🕡 ingful use measures using certified EHR technology at locations he patient encounters are provided.	
<ul> <li>Meaningful Use (Full Ye You are capturing mean where at least 50% of the</li> </ul>	ar) 🕡 ingful use measures using certified EHR technology at locations he patient encounters are provided.	
	Previous Reset Save & Continue	

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.

			<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Na Pe Pa Get Star	me rsonal TIN/SSN yment Year red R&A/Contact Info 🛛	Applicant NPI Payee TIN Program Year Eligibility V Patient Volumes Attestation Review Submit			
Attestati Please en in which a Note: Th	on EHR Reporting Period (f ter the <b>Start Date</b> of the EH an Eligible Professional demon e end date of the continuous	art 1 of 3) R Reporting Period. The EHR Reporting Period is any continuous 90-day period strates meaningful use of certified EHR technology. 90-day period will be calculated based on the start date entered.	)ithin a	payment year	
	When ready click th	<ul> <li>Save &amp; Continue button to review your selection, or click Previous to go Click Reset to restore this panel to the starting point.</li> <li>(*) Red asterisk indicates a required field.</li> </ul>	back.		
		*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 Contac	<u>et Us</u> 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)	
	1013	
Please confirm that the dates displayed be	alow represent the FHR reporting period for the payment year where the Fligible Professional	
demonstrates meaningful use of certified E	HR technology.	'
When ready click the Sa	we & 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 <u>Attestation</u> <u>Meaningful Use Objectives Navigation Panel</u> section of this user manual.

				<u>Print</u>	<u>Contact Us</u>
Name Personal TIN, Payment Year	/SSN	Applicant NPI Payee TIN Program Year	7		
Attestation Meaning	ful Use Objectives	Attestation	Z Review Si	ubmit 🔳	
Please complete the for the Clinical Quality Me completed. <b>O</b> <b>Please Note:</b> Specific depending on exclusio Available actions for a entries have been mar	ollowing topic areas: General Require asures (CQMs). The following icon w requirements apply to the Required ns taken on completed objectives ev topic will be determined by current de, select the "EDIT" button for a to	ements, Meaningful Use Objective ill display to the left of the topic Public Health Objective (8). You ren though a sis displayed. progress level. To start a topic, s pic to modify any previously ent	is (0-7), Required P name when the min may be instructed f elect the <b>"Begin"</b> t ered information. St	ublic Health Obje iimum required e to complete addi button. To modify elect <b>"Previous</b> "	ective (8) and entries are tional steps y a topic where ' to return.
Completed?	Topics	Pro	ogress	Action	
	General Requirements			Begin	
	Meaningful Use Objective	s (0-7)		Begin	
	Required Public Health Ob	jective (8)		Begin	
< Custom defined co	onfigurable item >				
	Manual Clinical Quality Me	easures		Select	
	Electronic Clinical Quality	Measures		Select	
<b>Note:</b> When all topics are ma	arked as completed, select the "Sav	e & Continue" button to comple vious Save & Continue	te the attestation p	rocess.	

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.

	Print	<u>Contact Us</u>	<u>Exit</u>
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 o	eligibility for the Medicaid EHR Incentive Program.		
When ready click	the <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click <b>Reset</b> to restore this panel to the starting point.		
	(*) Red asterisk indicates a required field.		
* Please demonstrate that at least 50% of a encounters occur in a location(s) where Cerr Technology is being utilized.	all your  Numerator: * Denominator:		
* Please demonstrate that at least 80% of a patients have their data in the certified EHR EHR reporting period.	all unique * Numerator: * Denominator:		
	Previous Reset Save & Continue		

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.

reisonai IIN/	/SSN	Applicant NPI Payee TIN	
Payment Year		Program Year	
Get Started R&A/			
ttestation Meaning	jtul Use Objectives		
ease complete the fo e Clinical Quality Me	ollowing topic areas: General Requirements, N aasures (CQMs). The following icon will display	leaningful Use Objectives (0-7), Requin to the left of the topic name when the	red Public Health Objective (8) and minimum required entries are
impleted. 🎔	in		to data anno 1. ta a dditae al ataan
ease Note: Specific epending on exclusio	c requirements apply to the Required Public He ons taken on completed objectives even thoug	ealth Objective (8). You may be instruc h a 🖤 is displayed.	ted to complete additional steps
vailable actions for a atries have been mad	topic will be determined by current progress de, select the <b>"EDIT"</b> button for a topic to mo	level. To start a topic, select the <b>"Beg</b> odify any previously entered informatio	in" button. To modify a topic when n. Select "Previous" to return.
Completed?	Topics	Progress	Action
	General Requirements	2/2	EDIT Clear All
			$\frown$
	Meaningful Use Objectives (0-7)		Begin
·····	Meaningful Use Objectives (0-7) Required Public Health Objective (	(8)	Begin
Custom defined co	Meaningful Use Objectives (0-7) Required Public Health Objective ( onfigurable item >	(8)	Begin
Custom defined co	Meaningful Use Objectives (0-7) Required Public Health Objective ( onfigurable item > Manual Clinical Quality Measures	(8)	Begin Begin Select
Custom defined co	Meaningful Use Objectives (0-7) Required Public Health Objective ( onfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measure	25	Begin Begin Select Select

## 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.

			•
Name Personal TIN Payment Yea	/SSN	Applicant NPI Payee TIN Program Year	
Get Started R&A/	Contact Info 🛛 Y Eligibility 🖉 Y Patient Volume	S Attestation 🕢 Review	Submit
ttestation Meaning	iful Use Objectives		
lease complete the fo he Clinical Quality Me ompleted.	ollowing topic areas: General Requirements, Mea asures (CQMs). The following icon will display to	ningful Use Objectives (0-7), Requi the left of the topic name when the	red Public Health Objective (8) and e minimum required entries are
lease Note: Specific epending on exclusio	requirements apply to the Required Public Healt ons taken on completed objectives even though a	h Objective (8). You may be instruction of the instruction of the second s	cted to complete additional steps
vailable actions for a ntries have been ma	topic will be determined by current progress lev de, select the "EDIT" button for a topic to modif	el. To start a topic, select the <b>"Beg</b> y any previously entered information	in" button. To modify a topic where on. Select "Previous" to return.
Completed?	Topics	Progress	Action
<b>9</b>	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
Custom defined c	onfigurable item >		
Custom defined c	onfigurable item > Manual Clinical Quality Measures		Select
: Custom defined c	onfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measures		Select
Custom defined of Custom defin	onfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measures arked as completed, select the "Save & Continu	<b>ue"</b> button to complete the attestati	Select Select

## 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]

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name	Applicant NPI			
Personal TIN/SSN	Payee TIN			
Payment Year	Program Year			
Get Started 🛛 R&A/Contact In fo 🕎 Y Eligibility 🕎 Y Pat	tient Volumes 🖉 🛛 Attestation 🔲 🔲	Review Submit		
State Configurable text area for Stage 3.2 Meaningful Use Object	ctives.			
The text in this section of the page would be replaced by actua	al content that the hosting state may s	specify as static HTML.		
	Begin			
	- Sugar			
			UI	819-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 <u>13</u> 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.

Name Personal TIN/SSN Payment Year		Applicant NPI Payee TIN Program Year
Get Started R&A/Contact	Info 🗾 🗌	Eligibility 🛛 Patient Volumes 💟 Attestation 📝 Review Submit 🔲
testation Meaningful Us	e Objectiv	es
biective 0	bjective 1	- Protect Patient Health Information
Objective 1	Click HE	<b>RE</b> to review CMS Guidelines for this measure.
Dbjective 2 🕜		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.
Objective 4	*) Red aste	risk indicates a required field.
Diffective 5     C       Diffective 6     C       Diffective 7     C	bjective: leasure:	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Techonology through the implementation of appropriate technical, administrative, and physical safeguards. 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)(v) and 45 CFR 164.308(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):

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.

Name Personal TIN/SS Payment Year Get Started R&A/Con	N tact Info 🔽	Applicant NPI Payee TIN Program Year	
testation Meaningful	Use Object		
	Objective	0 - ONC Questions	
bjective U	Click	IFRE to review CMS Guidelines for this measure	
bjective 2		Click the Saue & Continue to proceed. Click Bature to Main to procee the main attentation tonic list. Click Class All	
bjective 3 🗸		Entries to remove entered data.	
bjective 4 🟈	(*) Red as	terisk indicates a required field.	_
bjective 5 🗸	Activities	related to supporting providers with the performance of Certified EHR Technology:	
biective 6		*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? Ves O 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 and 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? O Yes O 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 surveigntaince your health information technology certified under the ONC Health Ti Certification Program as authorized by 45 CFR pat 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? O Yes $O$ No $O$ Decline to answer	
	Actions re	lated 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? O Yes O 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; O Yes O 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; $\odot~\rm Yes~\odot~No$	
		(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. O Yes O 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? O yes O No	
L		Return to Main         Clear All Entries         Save & Continue	

## **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.

Name Personal TIN Payment Ye Get Started	I/SSN ār A/ContactInfo ☑	Applicant NPI Payee TIN Program Year Eligibility Patient Volumes Attestation Review Submit
Attestation Meanir	ıgful Use Objective	25
<u>Objective 0</u>	Objective 1	- Protect Patient Health Information
Objective 1	Click HE	RE to review CMS Guidelines for this measure.
Objective 2		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> Entries to remove entered data.
Objective 3		
Objective 4	(*) Red aste	erisk indicates a required field.
<u>Objective 6</u> Objective 7	Objective: Measure:	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. 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)), 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 (Demon who conducted or reviewed the socurity rick analysis)

# **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.

$\geq$	Print Contact Us
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year
restation Meaningful Use Object	
bjective 0	2 - Electronic Prescribing
bjective 1 🗸 🚺 Click	HERE to review CMS Guidelines for this measure.
bjective 2 🕥	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.
bjective 4 🕢 (*) Red a	sterisk indicates a required field.
bjective 5 🗸	Generate and transmit normissible processing electronically (APV)
bjective 6 Measure:	More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically
bjective 7	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.
	O This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
	$\odot$ 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? O Yes O 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

### **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.

		Print Contact Us
Name Personal TIN/SSN Payment Year	I	Applicant NPI Payee TIN Program Year
Get Started R&A/Conta	ect Info 🕎	Eligibility 🛛 Patient Volumes 🖳 Attestation 📝 Review Submit 🔲
testation Meaningful L	Jse Objectiv	8
Objective 0 🕢 📃	Objective 3	- Clinical Decision Support
Objective 1	1 Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.
<u>Dbjective 2</u>		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.
Objective 4	(*) Red aste	risk indicates a required field.
<u>Objective 5</u>	Objectives	Implement clinical decision support (CDC) interventions focused on improving performance on high priority health conditions
<u>Objective 6</u>	Objective.	Implement clinical decision support (CDS) interventions rocused on improving performance on high-phonty reach conditions.
<u>Objective 7</u>		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? O Yes O No
		Return to Main     Clear All Entries     Save & Continue

## **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.

			Print Contact Us	Exi
Name Personal TIN/S Payment Year	5N		Applicant NPI Payee TIN Program Year	
Get Started R&A/Co	ntact Info 🛛 🛛 Eligibility 🕅	Patient Volumes 🔽 🛛 Atte	estation 🖉 Review Submit 🗐	
Attestation Meaningfu	l Use Objectives			
Objective 0	Objective 4 - Computer	zed Provider Order Entry		
<u>Objective 1</u>	Click HERE to review	CMS Guidelines for this meas	sure.	
Objective 2	Click the	Save & Continue to proceed.	I. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.	
Objective 4 🗸	(*) Red asterisk indicat	es a required field.		—
Objective 5  Objective 6 Objective 7	Objective: Use comp licensed h equivalent guidelines	iterized provider order entry ( salthcare professional, credent duties of a credentialed medio	(CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any tialed medical assistant, or a medical staff member credentialed to and performing the cal assistant, who can enter orders into the medical record per state, local, and professional	
	* PATIEN from patie	T RECORDS: Please select wh nt records maintained using C	hether the data used to support the measure was extracted from ALL patient records or only lertified EHR Technology.	
	○ This o ○ This o	ata was extracted from ALL pa ata was extracted only from p	atient records not just those maintained using Certified EHR Technology. patient records maintained using Certified EHR Technology.	
	Measure computer	1: More than 60 percent of me zed provider order entry.	edication orders created by the EP during the EHR reporting period are recorded using	
	Numerat Denomin Exclusion	or 1: The number of orders in ator 1: Number of medication 1: Any EP who writes fewer t	the denominator recorded using CPOE. 1 orders created by the EP during the EHR reporting period. than 100 medication orders during the EHR reporting period.	
	* Does th O Yes (	s exclusion apply to you? No		
	If 'No', co	nplete entries in the Numerate	or and Denominator.	
	Numerat	or 1:	Denominator 1:	
	<b>Measure</b> computer	2: More than 60 percent of lab zed provider order entry.	boratory orders created by the EP during the EHR reporting period are recorded using	
	Numerat Denomin Exclusion	or 2: The number of orders in ator 2: Number of laboratory 2: Any EP who writes fewer t	t the denominator recorded using CPOE. orders created by the EP during the EHR reporting period. than 100 laboratory orders during the EHR reporting period.	
	* Does th	s exclusion apply to you? No		
	If 'No', co	nplete entries in the Numerate	tor and Denominator.	
	Numerat	or 2:	Denominator 2:	
	Measure computer	3: More than 60 percent of dia zed provider order entry.	agnostic imaging orders created by the EP during the EHR reporting period are recorded using	,
	Numerat Denomin Exclusion	or 3: The number of orders in ator 3: Number of diagnostic 3: Any EP who writes fewer t	the denominator recorded using CPOE. imaging orders created by the EP during the EHR reporting period. than 100 diagnostic imaging orders during the EHR reporting period.	
	* Does th O Yes	s exclusion apply to you? No		
	If 'No', co	nplete entries in the Numerat	tor and Denominator.	
	Numerat	or 3:	Denominator 3:	
l		Return to Main Cl	lear All Entries Save & Continue	

## **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.

Name Personal TIN/S Payment Year	SN	Applicant NPI Payee TIN Program Year	
et Started R&A/Co	ontact Info 👿	Eligibility 😰 Patient Volumes 😰 Attestation 😨 Review Submit 🗐	
station Meaningfu	ul Use Objectiv	ves	
jective 0 🗸	Objective 5	- Patient Electronic Access to Health Information	
iective 1 🗸	🚹 Click <u>H</u>	ERE to review CMS Guidelines for this measure.	
iective 2 🗸		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.	
jective 4 🗸	(*) Red ast	erisk indicates a required field.	
jective 5 🞻 jective 6 🏈	Objective:	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and pa specific education.	tient-
jective 7 🗸		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. $\odot$ Yes $\odot$ 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 fit the EHR reporting period may exclude the measure.	ent or rst day (
		Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2. $\bigcirc$ Yes $\bigcirc$ No	
		Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized represe is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures th patient's health information is available for the patient (or patient-authorized representative) to access using any application of choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's C EHR Technology.	ntative) e their ertified
		Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely acce health information to view online, download, and transmit to a third party and to access using an application of their choice tha 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.	ss to t is
		Numerator 1: Denominator 1:	
		Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during th reporting period.	1al Ie EHR
		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	

#### **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.

Name Personal TIN/S Payment Year	5N		Applican Payee Ti Program	t NPI N Year	
Get Started R&A/Co	ntact Info 🖉 🍸 Eligibility	Patient Volumes 🛛	Attestation 🛛 Revi	ew Submit 🔳	
estation Meaningfu	l Use Objectives				
biective 0 🗸	Objective 6 - Coordin	ation of Care Through Pa	tient Engagement		
bjective 1 🗸	Click <u>HERE</u> to rev	riew CMS Guidelines for this	measure.		
bjective 2 🗸	Click	he <b>Save &amp; Continue</b> to pro	ceed. Click <b>Return to I</b> Entries to rem	<b>fain</b> to access the main ove entered data.	attestation topic list. Click Clear All
bjective 4 🝼	(*) Red asterisk indi	cates a required field.			
<u>bjective 5</u> 🟈 bjective 6 🏈	Objective: Use Cer to all th	tified EHR Technology to eng ree measures and must mee	gage with patients or th at the thresholds for at I	eir authorized represent east two measures to m	atives about the patient's care. Providers must attes eet the objective.
bjective 7 🝼	Exclusi	on 1: An EP may exclude fro	om the measure if they	have no office visits dur	ing the EHR reporting period.
	* Does 〇 Yes	this Exclusion apply to you? O No	If 'Yes', do not complet	e Measure 1, 2 or 3. If '	No', complete Exclusion 2.
	Exclusion more of the EHR	on 2: Any EP that conducts its housing units with 4Mbp reporting period may exclu	50 percent or more of h s broadband availability de the measure.	is or her patient encour according to the latest	ters in a county that does not have 50 percent or information available from the FCC on the first day of
	Does th 〇 Yes	is Exclusion apply to you? If O No	'Yes', do not complete	Measure 1, 2 or 3. If 'No	', complete Measure 1, 2 and 3.
	<b>Measu</b> the EP a third chosen	e 1: During the EHR reporting the EHR reporting the HR reporting the regage with the electronarty their health information by the patient and configure	ng period, more than 5 stronic health record ma n; or (2) Access their he d to the API in the prov	percent of all unique pa de accessible by the pro alth information throug ider's Certified EHR Tecl	tients (or their authorized representatives) seen by wider and either: (1) View, download or transmit to h the use of an API that can be used by applications nology; or (3) A combination of (1) and (2).
	Numer downloa patients during t Denom	ator 1: The number of uniqued ded, or transmitted to a thin (or their authorized represe he EHR reporting period. inator 1: Number of unique	ue patients (or their aut of party the patient's he entatives) in the denom e patients seen by the E	horized representatives) alth information during nator who have accesse during the EHR reporti	in the denominator who have viewed online, the EHR reporting period and the number of unique d their health information through the use of an API ng period.
	Numer	ator 1:	Denominator 1:		]
	Measu using th respons Numer authorin	e 2: For more than 5 percer e electronic messaging func e to a secure message sent ator 2: The number of patie ed representative) or in resp	nt of all unique patients tion of Certified EHR Te by the patient or their a ents in the denominator ponse to a secure mess	seen by the EP during t chnology to the patient uthorized representativ for whom a secure elect age sent by the patient	he EHR reporting period, a secure message was sen (or the patient-authorized representative), or in e. ronic message is sent to the patient (or patient- (or patient-authorized representative), during the
	Denom	inator 2: Number of unique	patients seen by the E	oduring the EHR reporti	ng period.
	Numer	ator 2:	Denominator 2:		]
	Measu than 5 Numer	e 3: Patient generated healt percent of all unique patients ator 3: The number of patie	th data or data from a r s seen by the EP during ints in the denominator	on-clinical setting is inc the EHR reporting perio for whom data from nor	orporated into the Certified EHR Technology for mor d. dinical settings, which may include patient-
	generat Denom Numer	ator 3:	Denominator 3:	A reciniciogy into the p during the EHR reporti	avent record during the EHK reporting period. ng period. ]
					-
		Return to Main	Clear All Entries	Save & Continue	

#### **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.

Name Personal TIN/SS Payment Year et Started R&A/Cont	Applicant NPI Payee TIN Program Year
estation Meaningful	Use Objectives
jective 0 🕜	Objective 7 - Health Information Exchange (HIE)
pjective 1	Click HERE to review CMS Guidelines for this measure.
pjective 2	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.
vjective 4	(*) Red asterisk indicates a required field.
pjective 5	
piective 6	Based on the selections you make below you may be required to provide more information.
jective 7 🏈	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

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.

Name Personal TIN/S Payment Year	Applicant NPI SSN Payee TIN Program Year
Get Started R&A/C	ontact Info 🔽 Eligibility 😰 Patient Volumes 🦉 Attestation 🖉 Review Submit 🔲
ttestation Meaningf	ul Use Objectives
	Objective 7 - Health Information Exchange (HIE)
Objective 1	Click HERE to review CMS Guidelines for this measure.
Objective 2	
Objective 3	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go back. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.
Objective 4	(*) Red acterisk indicates a required field
Objective 5	
Objective 6	Based on your exclusion selections from the previous screen you are required to provide the following information.
Objective 7 √	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:

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.

>>			<u>Print</u>	<u>Contact Us</u>
Name Personal TIN Payment Yea	/SSN P. r P.	pplicant NPI ayee TIN rogram Year		
Get Started R&A	/Contact Info 🖬 🛛 Eligibility 🖬 🔪 Patient Volumes 🖬 Iful Use Objectives	Attestation V Review	Submit	
Please complete the finite of the finite of the clinical Quality Me completed. <b>One of the clinical Quality Me</b> <b>Please Note:</b> Specific lepending on exclusion available actions for a	ollowing topic areas: General Requirements, Meaning easures (CQMs). The following icon will display to the c requirements apply to the Required Public Health O ons taken on completed objectives even though a	ful Use Objectives (0-7), Requi left of the topic name when the bjective (8). You may be instru is displayed. To start a topic, select the <b>"Beo</b>	ired Public Health Obje e minimum required e cted to complete addi in" button. To modify	ective (8) and entries are tional steps
Completed?	de, select the "EDIT" button for a topic to modify ar Iopics	Progress	Action	' to return.
<b>Ø</b>	General Requirements	2/2	EDIT Clear All	]
Ø	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All	]
	Required Public Health Objective (8)		Begin	
< Custom defined c	onfigurable item >			
	Manual Clinical Quality Measures		Select	
	Electronic Clinical Quality Measures		Select	
Note: Vhen all topics are m	arked as completed, select the <b>"Save &amp; Continue"</b> Previous    Save	button to complete the attestat	ion process.	

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]

		<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name Personal TIN/SSN	Applicant NPI Payee TIN			
Payment Year	Program Year			
Get Started R&A/Contact In fo 🖉 🛛 Eligibility	Patient Volumes 🖉 Attestation 🔲 Review S	ubm it		
State Configurable text area for Stage 3.2 Required The text in this section of the page would be replac	Public Health Objectives. ed by actual content that the hosting state may specify as st Begin	tatic HTML		
			UI	820-0

#### **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.

Name Personal TI Payment Ye	N/SSN ear	Applicant NPI Payee TIN Program Year	
et Started R	&A/Contact In fo 🛛 Y Eligibility 🛛 Y Patient \	/olumes 🔽 Attestation 🗐 Review Submit 🗌	
estation Meani viders are requi ions, you may t cion 4B or 5B if y re: Taking all ex en all options ha ic list.	ngful Use Objectives red to successfully attest to two Public Health ake exclusions for all options you cannot meet you can take an exclusion for Option 4A or 5A clusions does not mean the Objective fails. ave been edited and you are satisfied with the	Options without taking an exclusion. If you cannot sa . You may be required to answer Option 4B or 5B. You respectively. e entries, select <b>"Return to Main</b> " button to access th	tisfy at least two cannot attest to e main attestation
Required Public	: Health Objective List Table		
<u>Objective</u> <u>Number</u>	<u>Objective</u>	Measure	<u>Select</u>
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic put health data in a meaningful way using Certif EHR Technology, except where prohibited, a in accordance with applicable law and pract	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health is agency to submit immunization data and receive immunization forecasts and histories ind from the public health immunization e. registry/immunization information system (IIS).	V
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.	V
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public he data in a meaningful way using Certified EHR Technology, except where prohibited, and ir accordance with applicable law and practice	<ul> <li>Option 3 - Electronic Case Reporting: The EP is saith in active engagement with a public health agency to submit case reporting of reportable on conditions.</li> </ul>	V
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public he data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice	<ul> <li>Option 4 - Public Health Registry Reporting: The salth EP is in active engagement with a public health agency to submit data to public health registries.</li> </ul>	V
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public he data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice	<ul> <li>Option 4 - Public Health Registry Reporting: The salth EP is in active engagement with a public health agency to submit data to public health n registries.</li> </ul>	<b>v</b>
Objective 8 Option 5A	The EP is in active engagement with a clinic data registry to submit electronic public hea data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice	al Option 5 - Clinical Data Registry Reporting: The Ith EP is in active engagement to submit data to a clinical data registry.	V
Objective 8 Option 5B	The EP is in active engagement with a clinic data registry to submit electronic public hea data in a meaningful way using Certified EHR Technology, except where prohibited, and in	al Option 5 - Clinical Data Registry Reporting: The the EP is in active engagement to submit data to a clinical data registry.	V

The measures you select to attest to will display on the <u>Required Public Health Objectives Navigation Panel</u> 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 <u>36</u> 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 <u>25</u> 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 25 of this manual.

Click Previous to navigate to the Required Public Health Objectives Selection screen.

Name Personal TIN/SSI Payment Year	N	Applicant NPI Payee TIN Program Year
Get Started R&A/Cont	act Info 🛛 🏹	Eligibility 😰 Patient Volumes 🕎 Attestation 🔲 Review Submit
Attestation Meaningful	Use Objectiv	es
Objective 8 Option	Objective 8	Option 1 - Immunization Registry Reporting
Objective 8 Option	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.
<u>Objective 8 Option</u> <u>3</u>		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.
Objective 8 Option 4A Objective 8 Option	(*) Red aste	erisk indicates a required field.
<u>4B</u> Objective 8 Option <u>5A</u>	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.
Objective 8 Option 5B	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
		I esting and validation     Incompare the second seco
		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.
		O res O 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.
		<ul> <li>Yes</li> <li>No</li> <li>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.</li> <li>Yes</li> <li>No</li> </ul>
		Previous         Return to Main         Clear All Entries         Save & Continue

# **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.

Name Personal TIN, Payment Yea	/SSN r	Applicant NPI Payee TIN Program Year
Get Started R&A/	/Contact Info 🕎	Eligibility 🕎 Patient Volumes 📝 Attestation 🔳 Review Submit
testation Meaning	yful Use Objectiv	85
Objective 8	Objective 8	Option 2 - Syndromic Surveillance Reporting
Objective 8	🚺 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.
Dbjective 8 Option 3		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.
<u>Objective 8</u> Option 4A Objective 8	(*) Red aste	risk indicates a required field.
<u>Objective 8</u> Option 5A	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.
<u>Objective 8</u> Option 5B	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.
		$\Box$ Completed registration to submit data
		□ Testing and validation
		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 O 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.
		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
	L	Previous Return to Main Clear All Entries Save & Continue

## **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.

		Print Contact Us Ex
Name Personal TIN/S Payment Year	SSN	Applicant NPI Payee TIN Program Year
Get Started R&A/Co	ontact Info 🗾	Eligibility 🖉 Patient Volumes 🖉 Attestation 🝙 Review Submit
Attestation Meaningfo	ul Use Objectiv	ves
Objective 8	Objective 8	Option 3 - Electronic Case Reporting
Objective 8 Option 2	🚺 Click <u>H</u>	ERE to review CMS Guidelines for this measure.
Objective 8 Option 3		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.
Objective 8 Option 4A Objective 8	(*) Red ast	erisk indicates a required field.
Option 4B Objective 8 Option 5A	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.
Objective 8 Option 5B	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? O Yes O 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.
		$\Box$ 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.
		<ul> <li>Yes</li> <li>No</li> <li>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.</li> <li>Yes</li> <li>No</li> </ul>
	L	Previous         Return to Main         Clear All Entries         Save & Continue

# **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.

Name Personal TIN/SS Payment Year	N	Applicant NPI Payee TIN Program Year	
Get Started R&A/Cont	tact Info 🗾	Eligibility 💟 Patient Volumes 🕎 Attestation 🔳 Review Submit	
Attestation Meaningful	Use Objectiv	25	
Objective 8	Objective 8	Option 4A - Public Health Registry Reporting	
Objective 8 Option 2	() Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.	
Objective 8 Option 4A Objective 8	(*) Red aste	risk indicates a required field.	—
Option 4B Objective 8 Option 5A	Objective:	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certifie EHR Technology, except where prohibited, and in accordance with applicable law and practice.	d
Objective 8 Option 5B	Measure:	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public heal registries.	th
		*Does this option apply to you? ○ Yes ○ No	
		If 'Yes', select the name of the public health registry.	
		If 'Other' is selected, 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.	
		$\Box$ 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 EH reporting period.	IR
		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. $\bigcirc$ Yes $\bigcirc$ 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. $\bigcirc$ Yes $\bigcirc$ No	
L		Previous         Return to Main         Clear All Entries         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.

		Print Contact Us	E
Name Personal TIN/SSI Payment Year	N	Applicant NPI Payee TIN Program Year	
Get Started R&A/Cont	tact Info 🗾 🗌	Eligibility 🕎 Patient Volumes 🕎 Attestation 📷 Review Submit	
Attestation Meaningful	Use Objectiv	es	
Objective 8 Option 1	Objective 8	Option 4B - Public Health Registry Reporting	
Objective 8 Option 2	1 Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		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.	
Objective 8 Option 4A Objective 8	(*) Red aste	erisk indicates a required field.	-
Option 4B Objective 8 Option 5A	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.	
Objective 8 Option 5B	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.	h
		*Does this option apply to you? O Yes O No	
		If 'Yes', select the name of the public health registry.	
		If 'Other' is selected, 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.	
		$\Box$ 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 EHF reporting period.	٤
		○ 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.	
		<ul> <li>Yes</li> <li>No</li> <li>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.</li> <li>Yes</li> <li>No</li> </ul>	
		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 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.

Name Personal TIN/SSN Payment Year Cet Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit Attestation Cobjectives Objectives Objective 8 Objective 8 Objecti	
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 8       Objective 8       Objective 8       Objective 6	
Get Started       R&A/Contact Info       Eligibility       Patient Volumes       Attestation       Review       Submit         Attestation Meaningful Use Objectives       Objective 8       Objective 8 Objective 8 Option 5A - Clinical Data Registry Reporting       Objective 8 Objective 8 Option 5A - Clinical Data Registry Reporting	
Attestation Meaningful Use Objectives       Objective 8     Objective 8 Option 5A - Clinical Data Registry Reporting	
Objective 8 Option 5A - Clinical Data Registry Reporting	
Service and a Click UEDE to review CMC Cuidelines for this manuful	
Objective 3 O Circk TEXE to review CPIS Guidelines for this measure.	
Objective 8 Option 3         Ociac 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.	
Objective 8       (*) Red asterisk indicates a required field.         Objective 8       (*)	
Option 48         Objective:         The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Certified
Objective 8 Option 5B 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	
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.	I
Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during reporting period.	the EHR
Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the spectra standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.	ific
<ul> <li>○ Yes ○ NO</li> <li>Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electron registry transactions as of 6 months prior to the start of the EHR reporting period.</li> <li>○ Yes ○ No</li> </ul>	ilc
Previous         Return to Main         Clear All Entries         Save & Continue	

## **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 <u>25</u> of this manual.

Click Previous to navigate to the Required Public Health Objectives Selection screen.

Name Personal TIN/SSN Payment Year		Applicant NPI Payee TIN Program Year	
Get Started R&A/Conta	ct Info 🗾 🍸	Eligibility 😰 Patient Volumes 😰 Attestation 🗑 Review Submit	
ttestation Meaningful U	se Objectiv	25	
Objective 8	Objective 8	Option 5B - Clinical Data Registry Reporting	
Objective 8	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.	
Objective 8 Option 4A Objective 8	(*) Red aste	risk indicates a required field.	
Option 4B Objective 8 Option 5A	Objective:	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certific EHR Technology, except where prohibited, and in accordance with applicable law and practice.	ed
Objective 8 Option 5B	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.	
		V	
		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.	
		$\Box$ 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 EF reporting period.	HR
		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.	
		<ul> <li>Yes O No</li> <li>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.</li> <li>Yes O No</li> </ul>	
		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.

Name Personal TIN Payment Yea Get Started R&A/	/SSN P	Applicant NPI	
Get Started R&A	•	Payee TIN Program Year	
	Contact Info 👿 🛛 Eligibility 👿 🔹 Patient Volumes 👔	Attestation Review	Submit
testation Meaning	ful Use Objectives		
ase complete the fore e Clinical Quality Me mpleted.	ollowing topic areas: General Requirements, Meanin asures (CQMs). The following icon will display to the	gful Use Objectives (0-7), Requir e left of the topic name when the	ed Public Health Objective (8) and minimum required entries are
ease Note: Specific pending on exclusio vailable actions for a	: requirements apply to the Required Public Health C ons taken on completed objectives even though a topic will be determined by current progress level.	bjective (8). You may be instruct is displayed. To start a topic, select the <b>"Beg</b>	ted to complete additional steps in" button. To modify a topic where a Caloct "Designer" to sturp
completed?	Topics	Progress	Action
9	General Requirements	2/2	EDIT Clear All
0	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
0	Required Public Health Objective (8)	7/7	EDIT Clear All
ase select at least : duced number of CC	six CQMs from the Clinical Quality Measure set belov QMs that are required.	w. The Adult and Pediatric Sets h	ave been removed due to the
ick <u>HERE</u> if you wo	uld like to view the CQMs that had been preselected	for the retired Adult and Pediatri	ic Sets.
	Clinical Quality Measures		Begin
<b>)te:</b> nen all topics are m	arked as completed, select the "Save & Continue" Previous Sav	button to complete the attestation <b>e &amp; Continue</b>	on process.

If Electronic Clinical Quality Measures is selected a 🗸 will appear on the Measures Topic List.

Name Personal TIN Payment Yea Get Started R&A	/SSN Pa r Pr /Contact Info V Eligibility V Patient Volumes V	oplicant NPI syee TIN ogram Year Attestation 📝 Review	Submit
Itestation Meaning	ful Use Objectives ollowing topic areas: General Requirements, Meaning assures (CQMs). The following icon will display to the	ful Use Objectives (0-7), Requir left of the topic name when the	ed Public Health Objective (8) and minimum required entries are
Please Note: Specific epending on exclusio vailable actions for a ntries have been ma	requirements apply to the Required Public Health Ob ons taken on completed objectives even though a topic will be determined by current progress level. To de, select the "EDIT" button for a topic to modify an Topics	ojective (8). You may be instruct is displayed. io start a topic, select the <b>"Begi</b> y previously entered information <b>Propress</b>	ted to complete additional steps in" button. To modify a topic where n. Select " <b>Previous</b> " to return. Action
	General Requirements	2/2	EDIT
9	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
9	Required Public Health Objective (8)	2/2	EDIT Clear All
	onfigurable item >		
Custom defined c	Electronic Clinical Quality Measures (Sele	ect Cancel to choose Manual)	Cancel
Custom defined 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.

	$\langle$			<u>Print</u>	<u>Contact Us</u>
Name Personal TIN, Payment Year	/SSN		Applicant NPI Payee TIN Program Year		
Get Started R&A/	Contact Info 👿 🔨 Elig	ibility 🗹 🛛 Patient Volumes	Attestation 🗹 Review	Submit 🔲 🗋	
Attestation Meaning	ful Use Objectives				
Please complete the fo the Clinical Quality Me completed.	ollowing topic areas: G asures (CQMs). The fo	eneral Requirements, Meani llowing icon will display to t	ngful Use Objectives (0-7), Require he left of the topic name when the r	d Public Health Obje minimum required er	ctive (8) and ntries are
Please Note: Specific depending on exclusio	: requirements apply to ns taken on completed	the Required Public Health objectives even though a	Objective (8). You may be instruct	ed to complete addit	ional steps
Available actions for a entries have been ma	topic will be determine de, select the <b>"EDIT"</b>	ed by current progress level button for a topic to modify	<ul> <li>To start a topic, select the "Begin any previously entered information</li> </ul>	" button. To modify . Select " <b>Previous</b> "	a topic where to return.
Completed?	Topics Messa	ge from webpage	<b>D</b>	Action	
<b>Ø</b>	Genera	WARNING - All measur	e data will be cleared for this topic.	EDIT Clear All	
<b>1</b>	Meanin	Select the Cancel butto	n to continue working. ure data.	EDIT Clear All	
<b>9</b>	Require	in timble tigerine (t)	OK Cancel	EDIT Clear All	
< Custom defined c	onfigurable item >				
Manual Clinical Q Please select at lea reduced number of	uality Measures ist six CQMs from the ( CQMs that are require	Clinical Quality Measure set d.	below. The Adult and Pediatric Sets	have been removed	due to the
Click <u>HERE</u> if you	would like to view the	CQMs that had been presele	cted for the retired Adult and Pedia	tric Sets.	
	Clinical Qua	lity Measures		Begin	
	Cancel and	Choose Electronic		Cancel	
<b>Note:</b> When all topics are ma	arked as completed, se	ect the "Save & Continue Previous Sa	" button to complete the attestatio	n process.	

To select Manual Clinical Quality Measures, click the **Begin** button.

Name Personal TIN	/SSN	Applicant NPI Payee TIN	
Payment Yea	r /Contact Info 🛛 Y Eligibility 📝 Y Patient Volumes	Program Year	Submit
Attestation Meanin	aful Use Objectives		
Please complete the f he Clinical Quality M completed.	ollowing topic areas: General Requirements, Meanir easures (CQMs). The following icon will display to th c requirements apply to the Required Public Health	ngful Use Objectives (0-7), Requir le left of the topic name when the Objective (8). You may be instruc	ed Public Health Objective (8) and minimum required entries are ted to complete additional steps
lepending on exclusio	ons taken on completed objectives even though a	is displayed.	
Available actions for a entries have been ma	a topic will be determined by current progress level. de, select the "EDIT" button for a topic to modify a	To start a topic, select the "Begi any previously entered informatio	in" button. To modify a topic where n. Select "Previous" to return.
Completed?	Topics	Progress	Action
<b>Ø</b>	General Requirements	2/2	EDIT Clear All
9	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
0	Required Public Health Objective (8)	2/2	EDIT Clear All
< Custom defined o	onfigurable item >		
Manual Clinical (	Quality Measures		
Please select at lea reduced number o	ast six CQMs from the Clinical Quality Measure set b f CQMs that are required.	elow. The Adult and Pediatric Set	s have been removed due to the
Click <u>HERE</u> if you	would like to view the CQMs that had been preseled	cted for the retired Adult and Pedi	iatric Sets.
	Clinical Quality Measures		Begin
	Cancel and Choose Electronic		Cancel
<b>lote:</b> Vhen all topics are m	arked as completed, select the "Save & Continue"	" button to complete the attestati	on process.

### 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]

	Print	<u>Contact Us</u>	<u>Exit</u>
Name	Applicant NPT		
Personal TIN/SSN	Pavee TIN		
Payment Year	Program Year		
<b>Get Started R&amp;A/Contact Info Eligibility</b> State Configurable text area for Stage 3.2 CQM. The text in this section of the page would be replace	Patient Volumes Attestation Review Submit Attestation Review Submit Attestation Begin		
		UI	821-0

## 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.

Name Personal TII Payment Ye	N/SSN ar	Applicant NPI Payee TIN Program Year	
arted R&	A/Contact Info 🕎 🛛 El	gibility 🖉 Patient Volumes 🖉 Attestation 🝙 Review Submit 👘	
tion Meanir	aful lico Moscuroc		
ningtul Use	Clinical Quality Mea	sure Worklist	
must select a sure or if no	a minimum of six (6) C Outcome measures are	QMs in order to proceed. CMS now requires that you must select at least one (1 applicable, at least one (1) High Priority measure. If no Outcome or High Prior	l) Outcome ity CQMs are
ant to your s	scope of practice, then	please choose a minimum of six (6) CQMs from the list of other available CQMs	5.
one of the O nowledgeme	ent box within each	rity LQMS are relevant to your scope of practice, you must check the section in order to proceed to the next screen.	
s below are l	isted by NQF number v	vithin each section. You have the ability to sort and view the CQMs by NQF or C	MS number b
ing on the so	rt arrows below.		
se note you a	are not limited to <u>only</u>	electing one Outcome or High Priority CQM, you may select multiple CQMs from	n any categor
a minimum t on to access	total of six (6). When a the main attestation to	II CQMs nave been edited and you are satisfied with the entries, select " <b>Returr</b> pic list.	n to Main"
Outcome Cli	inical Quality Measu	es	
NQF# 💻	Measure# =	Title	Selection
0018	CMS165 v7.3.000	Controlling High Blood Pressure	
0018 0059	CMS165 v7.3.000 CMS122 v7.4.000	Controlling High Blood Pressure Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	
0018 0059 0564	CMS165 v7.3.000 CMS122 v7.4.000 CMS132 v7.2.000	Controlling High Blood Pressure Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	
0018 0059 0564 0565	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Surgery	
0018 0059 0564 0565 0710	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months	
0018 0059 0564 0565 0710 Not Applicable	CMS165 v7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities	
0018 0059 0564 0565 0710 Not Applicable	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 e Outcome Clinical Qu	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.	
0018 0059 0564 0565 0710 Not Applicable	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 the Outcome Clinical Qu	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.	
0018 0059 0564 0565 0710 Not Applicable	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 e Outcome Clinical Qu v Clinical Quality Me	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.	
0018 0059 0564 0565 0710 Not Applicable None of th	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 CMS75 v7.2.000 the Outcome Clinical Qu v Clinical Quality Me Measure#	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Deures	Selection
0018 0059 0564 0565 0710 Not Applicable None of th High Priorits	CMS165 V7.3.000         CMS122 v7.4.000         CMS132 v7.2.000         CMS133 v7.2.000         CMS159 v7.2.000         CMS75 v7.2.000         CMS75 v7.2.000         Measure#         CMS137 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Title         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
0018 0059 0564 0565 0710 Not Applicable Iigh Priorit NQF# =1 0004 0022	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 CMS75 v7.2.000 te Outcome Clinical Qu y Clinical Quality Me Measure#	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         asures         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly	
0018 0059 0564 0565 0710 Not Applicable None of th High Priorit NQF# = 0004 0022 0024	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 te Outcome Clinical Qu y Clinical Quality Me Measure#	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         asures         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly         Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	
0018 0059 0564 0565 0710 Not Applicable None of th High Priorit 0004 0022 0024 0033	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 cMS75 v7.2.000 cMS137 v7.2.000 CMS137 v7.2.000 CMS156 v7.3.000 CMS155 v7.2.000 CMS153 v7.4.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery         Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly         Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents         Chlamydia Screening for Women	
0018 0059 0564 0565 0710 Not Applicable Iigh Priorit NOF# II 0004 0022 0024 0033 0069	CMS165 v7.3.000         CMS122 v7.4.000         CMS132 v7.2.000         CMS133 v7.2.000         CMS159 v7.2.000         CMS75 v7.2.000         CMS75 v7.2.000         CMS137 v7.2.000         CMS137 v7.2.000         CMS137 v7.2.000         CMS137 v7.2.000         CMS155 v7.2.000         CMS155 v7.2.000         CMS155 v7.2.000         CMS154 v7.2.000         CMS154 v7.2.000         CMS154 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Assures         Title         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly         Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents         Chlamydia Screening for Women         Appropriate Treatment for Children with Upper Respiratory Infection (URI)	
0018 0059 0564 0565 0710 Not Applicable None of th 1igh Priorit 0004 0022 0024 0033 0069 0089	CMS165 v7.3.000         CMS122 v7.4.000         CMS132 v7.2.000         CMS133 v7.2.000         CMS159 v7.2.000         CMS75 v7.2.000         CMS75 v7.2.000         CMS137 v7.2.000         CMS137 v7.2.000         CMS137 v7.2.000         CMS155 v7.2.000         CMS155 v7.2.000         CMS155 v7.2.000         CMS155 v7.2.000         CMS154 v7.2.000         CMS154 v7.2.000         CMS142 v7.1.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Assures         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly         Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents         Chlamydia Screening for Women         Appropriate Treatment for Children with Upper Respiratory Infection (URI)         Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	
0018 0059 0564 0565 0710 Not Applicable None of th igh Priorit 0004 0022 0024 0033 0069 0089 0101	CMS165 V7.3.000 CMS122 v7.4.000 CMS132 v7.2.000 CMS133 v7.2.000 CMS159 v7.2.000 CMS75 v7.2.000 CMS75 v7.2.000 e Outcome Clinical Qu v Clinical Quality Me Measure# CMS137 v7.2.000 CMS156 v7.3.000 CMS155 v7.2.000 CMS155 v7.2.000 CMS153 v7.4.000 CMS154 v7.2.000 CMS142 v7.1.000 CMS139 v7.2.000	Controlling High Blood Pressure         Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)         Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         Depression Remission at Twelve Months         Children Who Have Dental Decay or Cavities         ality Measures listed above pertain to my scope of practice.         Assures         Initiation and Engagement of Alcohol and Other Drug Dependence Treatment         Use of High-Risk Medications in the Elderly         Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents         Chlamydia Screening for Women         Appropriate Treatment for Children with Upper Respiratory Infection (URI)         Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care         Falls: Screening for Future Fall Risk	

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)	
0384	CMS157 v7.4.000	Oncology: Medical and Radiation - Pain Intensity Quantified	
0389	CMS129 v8.2.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	
0418	CMS2 v8.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	
0419	CMS68 v8.1.000	Documentation of Current Medications in the Medical Record	
1365	CMS177 v7.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	
2372	CMS125 v7.2.000	Breast Cancer Screening	
Not Applicable	CMS50 v7.1.000	Closing the Referral Loop: Receipt of Specialist Report	
Not Applicable	CMS56 v7.4.000	Functional Status Assessment for Total Hip Replacement	
Not Applicable	CMS66 v7.5.000	Functional Status Assessment for Total Knee Replacement	
Not Applicable	CMS90 v8.3.000	Functional Status Assessments for Congestive Heart Failure	
Not Applicable	CMS146 v7.2.000	Appropriate Testing for Children with Pharyngitis	
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	
Other Clinic	al Quality Meacurec		
Other Clinic	al Quality Measures		
NQF# =1 T	Al Quality Measures	Title	Selection
NQF# =1 0028	Measure# = CMS138 v7.1.000	Title Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Selection
NQF# == 0028	Measure# = CMS138 v7.1.000 CMS124 v7.2.000	Title Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Cervical Cancer Screening	Selection
NQF# =1 0028 0032 0034	Measure#         Image: CMS138 v7.1.000           CMS124 v7.2.000         CMS130 v7.2.000	Title         Preventive Care and Screening: Tobacco Use: Screening and Cessation         Intervention         Cervical Cancer Screening         Colorectal Cancer Screening	Selection
NQF# == 0028 0032 0034 0038	Measure#            CMS138 v7.1.000         CMS124 v7.2.000           CMS130 v7.2.000         CMS117 v7.2.000	Title         Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention         Cervical Cancer Screening         Colorectal Cancer Screening         Childhood Immunization Status	Selection
NQF# = 0028 0028 0032 0034 0038 0041	Measure#            CMS138 v7.1.000            CMS124 v7.2.000            CMS130 v7.2.000            CMS117 v7.2.000            CMS147 v8.1.000	Title         Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention         Cervical Cancer Screening         Colorectal Cancer Screening         Childhood Immunization Status         Preventive Care and Screening: Influenza Immunization	Selection
NQF# == 0028 0032 0034 0038 0041 0055	Measure#            CMS138 v7.1.000            CMS124 v7.2.000            CMS130 v7.2.000            CMS117 v7.2.000            CMS147 v8.1.000            CMS131 v7.2.000	Title         Preventive Care and Screening: Tobacco Use: Screening and Cessation         Intervention         Cervical Cancer Screening         Colorectal Cancer Screening         Childhood Immunization Status         Preventive Care and Screening: Influenza Immunization         Diabetes: Eye Exam	Selection
NQF# = 0028 0032 0034 0034 0038 0041 0055 0062	Measure#        i           CMS138 v7.1.000        i           CMS124 v7.2.000        i           CMS130 v7.2.000        i           CMS117 v7.2.000        i           CMS131 v7.2.000        i           CMS131 v7.2.000        i           CMS131 v7.2.000        i           CMS131 v7.2.000        i	Title         Preventive Care and Screening: Tobacco Use: Screening and Cessation         Intervention         Cervical Cancer Screening         Colorectal Cancer Screening         Childhood Immunization Status         Preventive Care and Screening: Influenza Immunization         Diabetes: Eye Exam         Diabetes: Medical Attention for Nephropathy	Selection
NQF# = 1 0028 0032 0034 0038 0041 0055 0062 0070	Measure#            CMS138 v7.1.000            CMS124 v7.2.000            CMS117 v7.2.000            CMS117 v7.2.000            CMS131 v7.2.000            CMS131 v7.2.000            CMS134 v7.2.000            CMS145 v7.2.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF# = 0028 0032 0034 0038 0041 0055 0062 0070 0081	Measure#        i           CMS138 v7.1.000           CMS124 v7.2.000           CMS130 v7.2.000           CMS117 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS134 v7.2.000           CMS135 v7.1.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF# = 00028 0032 0034 0038 0041 0055 0062 0070 0081	Measure#            CMS138 v7.1.000         CMS124 v7.2.000           CMS130 v7.2.000         CMS117 v7.2.000           CMS131 v7.2.000         CMS131 v7.2.000           CMS134 v7.2.000         CMS135 v7.1.000           CMS135 v7.1.000         CMS144 v7.1.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF# = 0028 0032 0034 0038 0041 0055 0062 0070 0081 0083 0086	Measure#        i           CMS138 v7.1.000           CMS124 v7.2.000           CMS130 v7.2.000           CMS117 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS134 v7.2.000           CMS135 v7.1.000           CMS144 v7.1.000           CMS143 v7.1.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF# = 0028 0028 0032 0034 0038 0041 0055 0062 0070 0081 0083 0086 0104	Measure#            CMS138 v7.1.000           CMS138 v7.1.000           CMS130 v7.2.000           CMS117 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS134 v7.2.000           CMS135 v7.1.000           CMS135 v7.1.000           CMS144 v7.1.000           CMS143 v7.1.000           CMS143 v7.1.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF#         Image: Clinical system           0028         0032           0038         0034           0038         0041           0055         0062           00081         0083           0083         0086           0104         0405	Measure#	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (M1) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF#         Image: Clinical conditions           0028         Image: Clinical conditions           0032         Image: Clinical conditions           0034         Image: Clinical conditions           0035         Image: Clinical conditions           0062         Image: Clinical conditions           0083         Image: Clinical conditions           0086         Image: Clinical conditions           0104         Image: Clinical conditions           0421         Image: Clinical conditions	Measure#            CMS138 v7.1.000           CMS138 v7.1.000           CMS130 v7.2.000           CMS117 v7.2.000           CMS131 v7.2.000           CMS131 v7.2.000           CMS134 v7.2.000           CMS135 v7.1.000           CMS135 v7.1.000           CMS144 v7.1.000           CMS143 v7.1.000           CMS143 v7.1.000           CMS161 v7.2.000           CMS52 v7.1.000	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF# = 0028 0032 0034 0038 0041 0055 0062 0070 0081 0083 0086 0104 0405 0421 0712	Measure#	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (M1) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection
NQF#         Image: Second	Measure#	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection         -
NQF#         Image: Clinic           NQF#         Image: Clinic           0028         Image: Clinic           0028         Image: Clinic           0032         Image: Clinic           0041         Image: Clinic           0062         Image: Clinic           0062         Image: Clinic           0062         Image: Clinic           0062         Image: Clinic           0083         Image: Clinic           0083         Image: Clinic           0084         Image: Clinic           0085         Image: Clinic           00405         Image: Clinic           0712 </td <td>Measure#        </td> <td>Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</td> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)           Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)           Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation           Adult Major Depressive Disorder (MDD): Suicide Risk Assessment           HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis           Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan           Depression Utilization of the PHQ-9 Tool           Dementia: Cognitive Assessment           Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Measure#	Title           Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention           Cervical Cancer Screening           Colorectal Cancer Screening           Childhood Immunization Status           Preventive Care and Screening: Influenza Immunization           Diabetes: Eye Exam           Diabetes: Medical Attention for Nephropathy           Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Selection

Figure 0-5: Meaningful Use Clinical Quality Measure Worklist continued (Part 2 of 3)

Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	
Not Applicable	CMS127 v7.2.000	Pneumococcal Vaccination Status for Older Adults	
Not Applicable	CMS347 v2.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
Not Applicable	CMS 645 v2.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	
Not Applicable	CMS349 v1.2.000	HIV Screening	
Not ( Applicable	CMS349 v1.2.000	HIV Screening Return to Main Reset Save & Continue	

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 <u>46</u> 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 <u>46</u> of this manual.

		<u>Print</u> <u>Contact Us</u> <u>Exit</u>
Name Personal TIN, Payment Year Get Started R&A/	/SSN r /Contact Info 🛐 👔 Eligibility 🛐	Applicant NPI Payee TIN Program Year Palient Volumes 27 Attestation 20 Review Submit 20
Attestation Meaning CMS165 () CMS137 () CMS138 ()	oful Use Measures	TMS Guidelines for this measure. <b>ave &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the
CM5124 CM5130 CM5117 CM5117	(*) Red asterisk indicates Responses are required fr Measure Number: NQF Number:	; a required field. or the clinical quality measure displayed on this page. CNS165 V7.3.000 0018 Controller Utils Pland Reserve
	Numerator: Denominator: Performance Rate(%): Exclusion:	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
	* Numerator:	Denominator:     Performance Rate (%):     Exclusion:
	P	evious Return to Main Clear All Entries 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."

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.

Personal TIN/ Payment Year	/SSN Paye	cant NPI e TIN ram Year	
Get Started R&A/	Contact Info 🛛 Eligibility 🗊 Patient Volumes 🗃	Attestation Review	Submit
Please complete the fo the Clinical Quality Me completed.	ollowing topic areas: General Requirements, Meaningful asures (CQMs). The following icon will display to the left	Use Objectives (0-7), Requin of the topic name when the	red Public Health Objective (8) and a minimum required entries are
Please Note: Specific depending on exclusio	requirements apply to the Required Public Health Object no taken on completed objectives even though a 🖤 is	tive (8). You may be instruc	cted to complete additional steps
Available actions for a entries have been mad	topic will be determined by current progress level. To s de, select the "EDIT" button for a topic to modify any p	tart a topic, select the "Beg reviously entered informatio	in" button. To modify a topic where n. Select "Previous" to return.
Completed?	Topics	<u>Progress</u>	Action
<b>Ø</b>	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
<b>9</b>	Required Public Health Objective (8)	7/7	EDIT Clear All
Please select at least s	six CQMs from the Clinical Quality Measure set below. Th Ms that are required.	e Adult and Pediatric Sets h	ave been removed due to the
caucea namber of eq	Id like to view the CQMs that had been preselected for	he retired Adult and Pediatr	ic Sets.
Click <u>HERE</u> if you wou		6/6	EDIT Clear All
Click <u>HERE</u> if you wou	Clinical Quality Measures		

# **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 <u>Part 3 of 3</u> of the Attestation Phase.

			<u>Print</u>	<u>Contact Us</u>
Name Personal TI Payment Ye	Applic N/SSN Payee Par Progra	ant NPI TIN Im Year		
Get Started R8	A/Contact Info 🛛 Y Eligibility 🔄 Y Patient Volumes 🗊 Y	Attestation 🔳 Re	view Submit	
Attestation Meani The Meaningful Use is correct.	ngtul Use Measures Measures you have attested to are depicted below. Please r	eview the current inf	formation to verify what you	u have entered
Meaningful Use	e General Requirements Review			
	Question		Entered	
Please demons Certified EHR 1	strate that at least 50% of all your encounters occur in a loc Fechnology is being utilized.	ation(s) where	Numerator = 100 Denominator = 200 Percentage = 50%	
Please demons EHR during the	strate that at least 80% of all unique patients have their dat a EHR reporting period.	a in the certified	Numerator = 100 Denominator = 200 Percentage = 50%	
Meaningful Use	e Objective Review			
Objective Number	Objective		Entered	
	Activities related to supporting providers with the performance of Certified EHR Technology:			
	<ol> <li>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?</li> <li>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</li> </ol>			
	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)

Objective 0	<ol> <li>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?</li> <li>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?</li> <li>Actions related to supporting information exchange and the prevention of health information blocking:</li> <li>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?</li> <li>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:</li> <li>Connected in accordance with applicable to the exchange of information, including the standards, implemented in a manner that allowed for timely access by patients to their electronic health information;</li> <li>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</li></ol>	Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes	
Objective 1	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 = No	
Objective 2	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = All Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%	
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = No Measure 2 Exclusion = No Measure 2 = No	
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 = All 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 0-8: 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)

NQF	Measure Code	Title	Entered		
0018	CM5165 v7.3.000	Controlling High Blood Pressure	Numerator = 100 Denominator = 200 Performance Rate (%) = 10.0 Exclusion = 10		
igh Priority Clinical Quality Measures					
NQF	Measure Code	Title	Entered		
0004	CM5137 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		
her Clin	ical Quality Measures	][			
NQF	Measure Code	litie	Entered		
038	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		
		Colorectal Cancer Screening	Numerator = 10 Denominator = 20		

Figure 0-10: Meaningful Use Measures Summary continued (Part 4 of 5)



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.

$\geq$			Print	<u>Contact Us</u>
Name Personal TIN/SSN Payment Year	Appl Paye Prog	cant NPI e TIN ram Year		
Get Started R&A/Contact Info 👿	Eligibility 🔽 Patient Volumes 💟	Attestation	Review Submit	
ttestation Phase (Part 3 of 3)				
lease answer the following questions	so that we can determine your eligibilit	for the program.		
When ready click the	e <b>Save &amp; Continue</b> button to review yo <b>Reset</b> to restore this panel to	ur selection, or clic the starting point.	ck <b>Previous</b> to go back. Click	
	(*) Red asterisk indicates	a required field.		
* Based on the information received your incentive payment to the entity that you are receiving that payment are assigning this payment voluntaril have a contractual relationship that a to bill for your services.	from the R&A, you requested to assign above (Payee TIN). Please confirm as the payee indicated above or you y to the payee above and that you llows the assigned employer or entity		○ Yes ○ No	0
NOTE: If you wish to assign your R&A to correct this information.	payment and did not indicate this w	hen you applied	to the R&A then you must	return to the
	Previous Reset Sa	ve & Continue	)	

This screen confirms you successfully completed the Attestation section.

Note the check box in the Attestation tab.

Click Continue to proceed to the Review tab.

	Print	<u>Contact Us</u>	<u>Exit</u>
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 <b>Attestation</b> section of the application. You may revisit this section any time to make corrections until such time as you actually <b>Submit</b> the application. The <b>Submit</b> section of the application is now available. Before submitting the application, please <b>Review</b> the information you have provided in this section, and all previous sections. <b>Continue</b>		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 Guid	e for Eligible	Professionals -	- Part 2C
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Version	Revision Date	Revision
V1.0	02/05/2020	Initial version.
		<ul> <li>Updated "Introduction" with a summary of the new Clinical Quality Measures Reporting Period screen.</li> </ul>
		• Updated Attestation EHR Reporting Period (Part 1 of 3) screenshots.
		<ul> <li>Updated Splash Page screenshots for Meaningful Use Objectives, Required Public Health, and Clinical Quality Measures.</li> </ul>
		<ul> <li>Added new "Clinical Quality Measures Reporting Period" subsection in the section "Clinical Quality Measures (CQMs) – Stage 3".</li> </ul>
		<ul> <li>Changed number of available Clinical Quality Measures from "50" to "47".</li> </ul>
		<ul> <li>Updated Figures 0-4 through 0-6 for "Meaningful Use Clinical Quality Measure Worklist".</li> </ul>
		<ul> <li>Updated Figure 0-10 "Meaningful Use Measures Summary continued (Part 4 of 4)".</li> </ul>

# **Table of Contents**

	4
Related MAPIR Documentation	5
Step 5 – Attestation	6
Meaningful Use Phase	7
Meaningful Use – Objectives and Measures	10
Meaningful Use General Requirements	11
Stage 3 MU	13
Meaningful Use Objectives	14
Attestation Meaningful Use Objectives Navigation Panel	15
Objective 0 – ONC Questions	16
Objective 1 – Protect Patient Health Information	17
Objective 2 – Electronic Prescribing	18
Objective 3 – Clinical Decision Support (CDS)	19
Objective 4 – Computerized Provider Order Entry (CPOE)	20
Objective 5 – Patient Electronic Access to Health Information	21
Objective 6 – Coordination of Care Through Patient Engagement	22
Objective 7 – Health Information Exchange (HIE)	23
Stage 3 Required Public Health Objective (8)	0E
olage o Required I abile Realth objective (6)	25
Required Public Health List Table	2 <b>3</b> 27
Required Public Health List Table Required Public Health Objectives Navigation Panel	25 27 28
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting	27 28 29
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting	27 28 29 30
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting	23 27 28 29 30 31
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting Objective 8 Option 4A – Public Health Registry Reporting	23 27 28 29 30 31 32
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting Objective 8 Option 4A – Public Health Registry Reporting Objective 8 Option 4B – Public Health Registry Reporting	23 27 28 29 30 31 32 33
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting Objective 8 Option 4A – Public Health Registry Reporting Objective 8 Option 4B – Public Health Registry Reporting Objective 8 Option 4B – Public Health Registry Reporting	23 27 28 29 30 31 32 33 34
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting Objective 8 Option 4A – Public Health Registry Reporting Objective 8 Option 4B – Public Health Registry Reporting Objective 8 Option 5A – Clinical Data Registry Reporting Objective 8 Option 5B – Clinical Data Registry Reporting	23 27 28 29 30 31 32 33 34 35
Required Public Health List Table Required Public Health Objectives Navigation Panel Objective 8 Option 1 – Immunization Registry Reporting Objective 8 Option 2 – Syndromic Surveillance Reporting Objective 8 Option 3 – Electronic Case Reporting Objective 8 Option 4A – Public Health Registry Reporting Objective 8 Option 4B – Public Health Registry Reporting Objective 8 Option 5A – Clinical Data Registry Reporting Objective 8 Option 5B – Clinical Data Registry Reporting	23 27 28 29 30 31 32 33 34 35 36
Required Public Health List Table	23 27 28 29 30 31 32 33 34 35 36 40
Required Public Health List Table.         Required Public Health Objectives Navigation Panel         Objective 8 Option 1 – Immunization Registry Reporting.         Objective 8 Option 2 – Syndromic Surveillance Reporting.         Objective 8 Option 3 – Electronic Case Reporting.         Objective 8 Option 4A – Public Health Registry Reporting.         Objective 8 Option 4B – Public Health Registry Reporting.         Objective 8 Option 5A – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Manual Clinical Quality Measures.         Meaningful Use Clinical Quality Measure Worklist.	23 27 28 29 30 31 32 33 34 35 35 36 40 42
Required Public Health List Table         Required Public Health Objectives Navigation Panel         Objective 8 Option 1 – Immunization Registry Reporting         Objective 8 Option 2 – Syndromic Surveillance Reporting         Objective 8 Option 3 – Electronic Case Reporting         Objective 8 Option 4A – Public Health Registry Reporting         Objective 8 Option 4A – Public Health Registry Reporting         Objective 8 Option 5A – Clinical Data Registry Reporting         Objective 8 Option 5B – Clinical Data Registry Reporting         Objective 8 Option 5B – Clinical Data Registry Reporting         Objective 8 Option 10 – Stage 3         Manual Clinical Quality Measures         Meaningful Use Clinical Quality Measure Worklist         Attestation MU Clinical Quality Measure Navigation Panel	23 27 28 29 30 31 32 33 34 35 36 40 42 46
Required Public Health List Table.         Required Public Health Objectives Navigation Panel         Objective 8 Option 1 – Immunization Registry Reporting.         Objective 8 Option 2 – Syndromic Surveillance Reporting.         Objective 8 Option 3 – Electronic Case Reporting.         Objective 8 Option 4A – Public Health Registry Reporting.         Objective 8 Option 4B – Public Health Registry Reporting.         Objective 8 Option 5A – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Objective 8 Option 5B – Clinical Data Registry Reporting.         Clinical Quality Measures (CQMs) – Stage 3         Manual Clinical Quality Measures         Meaningful Use Clinical Quality Measure Worklist.         Attestation MU Clinical Quality Measure Navigation Panel.         Meaningful Use Measures Summary.	23 27 28 29 30 31 32 33 34 35 36 40 42 46 48

# 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 <u>Attestation Meaningful Use Objectives Navigation Panel</u>, <u>Required Public Health Objectives Navigation Panel</u>, and <u>Attestation MU Clinical Quality Measure Navigation Panel</u> 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 <u>Clinical Quality Measures</u> <u>Reporting Period</u> 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]

	<u>Print</u> <u>Contact Us</u> <u>Ex</u>
Name Personal TIN/SSN	Applicant NPI Payee TIN
Get Started R&A/Contact Info 🛛 Eligibility 🖉	Patient Volumes 🖉 Attestation 😨 Review Submit 🔲
SPLASH PANEL: The text in this section of the page wou	d be replaced by actual content that the hosting state may specify as static HTML.
	UI 75

## 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.

hal TIN/SSN ent Year R&A/Contact Info Phase (Part 1 of 3) the appropriate EHR S ages. When ready clic	System Phase below	Patient Volum w. The selection inue button to t to restore the	Applican Payee TI Program nes I Att on that you n to review your	nt NPI TN n Year ittestation 🛛	Review Mine the que	Submit  Submit	ill be asked on
R&A/Contact Info  Phase (Part 1 of 3) the appropriate EHR S ages. When ready clic	Eligibility	Patient Volume w. The selection inue button to t to restore the	nes  Att on that you n to review you his panel to th	make will detern	Review mine the que	Submit  Submit	ill be asked on
Phase (Part 1 of 3) the appropriate EHR S ages. When ready clic	System Phase belov ck the Save & Conti Click Reset	w. The selectio inue button to t to restore the	on that you n to review you his panel to th	make will deterr	mine the que lick <b>Previou</b>	stions that you wi	ill be asked on
he appropriate <b>EHR S</b> ages. <i>When ready clic</i>	System Phase below ck the Save & Conti Click Reset	w. The selection <b>inue</b> button to <b>t</b> to restore the	on that you n to review you his panel to th	make will deterr	mine the que lick <b>Previou</b>	stions that you wi	ill be asked on
				ne starting point	t.	1	,
Ieaningful Use (90 d You are capturing me where at least 50% c	days) 🔞 eaningful use measu of the patient encour	ures using cert nters are prov	tified EHR tec vided.	chnology at loca	ations		
leaningful Use (Full You are capturing me where at least 50% o	<b>Year) ()</b> eaningful use measu of the patient encour	ures using cert. nters are provi	tified EHR tec vided.	chnology at loca	ətions		
	Previo	ous Reset	et Save 8	& Continue	)		
	eaningful Use (Full You are capturing m where at least 50%	eaningful Use (Full Year) 🔞 You are capturing meaningful use measu where at least 50% of the patient encou	eaningful Use (Full Year) You are capturing meaningful use measures using cer where at least 50% of the patient encounters are prov Previous Rese	Peaningful Use (Full Year) 🕡 You are capturing meaningful use measures using certified EHR te where at least 50% of the patient encounters are provided. Previous Reset Save	Previous Reset Save & Continue	eaningful Use (Full Year)        Image: Continue provided and the patient encounters are provided.         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	eaningful 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

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 Conta	<u>ict Us</u>	<u>Exi</u>
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	l (Part 1 of 3)		
Please enter the <b>Start Date</b> of the E which an Eligible Professional demon <b>Note:</b> The end date of the continuou <i>When ready click</i>	HR Reporting Period. The EHR Reporting Period is any continuou 90-day period within a payment strates meaningful use of certified EHR technology. 90-day period will be calculated based on the start date entered.	year in	
	(*) Red asterisk indicates a required field.	I	
	*Start Date: 01/01/2020 IIII mm/dd/yyyy		
	Previous Reset Save & Continue		
			JI 8

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.

								1	<u>Print</u>	Contact Us	<u>Exit</u>
Name				Applica	nt NPI						
Person	at TIN/SSN nt Year			Payee I Program	1N n Year						
i ayıncı				riogran	ii i cai						
Get Started	R&A/Contact Info 🕎	Eligibility 🕎	Patient Volumes		ttestation 🧕	Rev	iew Sul	bmit 🔽 🗋			
Attestation El	HR Reporting Period (	Part 1 of 3)									
									_		
Please confirm demonstrates r	that the dates displayed neaningful use of certifie	l below represent ed FHR technoloc	t the EHR reporti 1V.	ng period	for the pa	iyment ye	ar where t	he Eligibl	e Profe	essional	
			5, ·								
	When ready click th	he Save & Cont	<b>inue</b> button to r	eview you	ur selection	n, or click	Previous t	to go bac	:k.		
											_
			Start Date:	Jan 01, 2	2020						
			End Date:	Mar 50,	2020						
											-
		F	Previous 🤇 Sa	ve & Co	ntinue	)					
											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 <u>Attestation</u> <u>Meaningful Use Objectives Navigation Panel</u> section of this user manual.

Name Personal TIN, Payment Year	/SSN	Applicant NPI Payee TIN Program Year	2 autour		
Attestation Meaning	ful Use Objectives		V Review		
Please complete the fo the Clinical Quality Me completed. <b>Please Note:</b> Specific depending on exclusio Available actions for a entries have been may	illowing topic areas: General Requir asures (CQMs). The following icon v requirements apply to the Require ns taken on completed objectives e topic will be determined by current de, select the "EDIT" button for a t	rements, Meaningful Use Objecti will display to the left of the topi d Public Health Objective (8). Yo even though a si displayed. t progress level. To start a topic, topic to modify any previously er	ves (0-7), Requir c name when the u may be instruct select the <b>"Beg</b> ttered informatio	red Public Health Objectiv a minimum required entri cted to complete addition in" button. To modify a t n. Select " <b>Previous</b> " to	ve (8) and es are al steps copic where return.
Completed?	Topics	P	rogress	Action	
	General Requirements			Begin	
	Meaningful Use Objective	25 (0-7)		Begin	
	Required Public Health O	bjective (8)		Begin	
< Custom defined co	onfigurable item >				
	Manual Clinical Quality M	leasures		Select	
	Electronic Clinical Quality	y Measures		Select	
<b>Note:</b> When all topics are ma	arked as completed, select the "Sav	ve & Continue" button to comp	lete the attestati	ion process.	

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.

		<u>Print</u>	<u>Contact Us</u>	
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year			
Get Started R&A/Contact Info 🛛 Eligibility 💟 Pa	tient Volumes 📝 Attestation 📝 Review Submit 🗐			
eaningful Use General Requirements ease answer the following questions to determine your eli	gibility for the Medicaid EHR Incentive Program.			
When ready click th	e Save & Continue button to review your selection, or click Previous to g Click Reset to restore this panel to the starting point.	10 back.		
	(*) Red asterisk indicates a required field.			
Please demonstrate that at least 50% of all encounters occur in a location(s) where Certif Technology is being utilized.	your * Numerator: * Denominator:			
* Please demonstrate that at least 80% of all patients have their data in the certified EHR d EHR reporting period.	unique * Numerator: * Denominator:			
	Previous Reset Save & Continue			
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.

			•
Name Personal TIN Payment Yea Get Started R&A	/SSN r /Contact Info 🗹 Eligibility 🗹 Patient Volum	Applicant NPI Payee TIN Program Year	Submit
ttestation Meanin	gful Use Objectives		
ease complete the f e Clinical Quality Me ompleted.	ollowing topic areas: General Requirements, Me assures (CQMs). The following icon will display t	aningful Use Objectives (0-7), Requi to the left of the topic name when th	ired Public Health Objective (8) and e minimum required entries are
lease Note: Specifi	c requirements apply to the Required Public Hea	Ith Objective (8). You may be instru	cted to complete additional steps
epending on exclusio vailable actions for a ntries have been ma	ons taken on completed objectives even though a topic will be determined by current progress le de, select the "EDIT" button for a topic to mod	a <b>V</b> is displayed. vel. To start a topic, select the <b>"Beg</b> ify any previously entered informatic	jin" button. To modify a topic wher on. Select " <b>Previous</b> " to return.
Completed?	Topics	Progress	Action
9	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8	)	Begin
	onfigurable item >		
Custom defined c	Manual Clinical Quality Measures		Select
Custom defined c			Select
Custom defined c	Electronic Clinical Quality Measures		Select

# 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.

			•
Name Personal TIN Payment Yea	/SSN	Applicant NPI Payee TIN Program Year	
Get Started R&A/	Contact Info 🛛 Y Eligibility 🗹 Y Patient Volume	S Attestation 🕢 Review	Submit
ttestation Meaning	iful Use Objectives		
lease complete the fo he Clinical Quality Me ompleted.	ollowing topic areas: General Requirements, Mea asures (CQMs). The following icon will display to	ningful Use Objectives (0-7), Requi the left of the topic name when the	red Public Health Objective (8) and e minimum required entries are
lease Note: Specific epending on exclusio	requirements apply to the Required Public Healt ons taken on completed objectives even though a	h Objective (8). You may be instruction of the instruction of the second s	cted to complete additional steps
vailable actions for a ntries have been ma	topic will be determined by current progress lev de, select the "EDIT" button for a topic to modif	el. To start a topic, select the <b>"Beg</b> y any previously entered information	in" button. To modify a topic where on. Select "Previous" to return.
Completed?	Topics	Progress	Action
<b>9</b>	General Requirements	2/2	EDIT Clear All
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
Custom defined c	onfigurable item >		
Custom defined c	onfigurable item > Manual Clinical Quality Measures		Select
: Custom defined c	onfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measures		Select
Custom defined of contract of the contract of	onfigurable item > Manual Clinical Quality Measures Electronic Clinical Quality Measures arked as completed, select the "Save & Continu	<b>ue"</b> button to complete the attestati	Select Select

# 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
Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payment Year	Program Year
Get Started R&A/Contact Info CEligibility State Configurable text area for Stage 3.3 Meaningfu The text in this section of the page would be replace	Patient Volumes       Attestation       Review       Submit         Use Objectives.       by actual content that the hosting state may specify as static HTML.
	Begin

## **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 <u>13</u> 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.

Name	Applicant NPI
Personal TIN/SSN Payment Year	Payee IIN Program Year
Get Started R&A/Contact Info	Eligibility 🛛 Patient Volumes 🖉 Attestation 🦉 Review Submit 🔲
testation Meaningful Use Obje	ectives
Objective 0	ve 1 - Protect Patient Health Information
Objective 1 🕜 🚺 Click	k HERE to review CMS Guidelines for this measure.
Dbjective 2	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.
Objective 4 🖉 (*) Red	asterisk indicates a required field.
Dijective 5 Objectiv	re: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Techonology through the implementation of appropriate technical, administrative, and physical safeguards.
Dijective 7	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(i), 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):

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.

Name Personal TIN/SS Payment Year Get Started R&A/Con	N tact Info 🔽	Applicant NPI Payee TIN Program Year	
testation Meaningful	Use Object		
	Objective	0 - ONC Questions	
bjective U	Click	IFRE to review CMS Guidelines for this measure	
bjective 2		Click the Saue & Continue to proceed. Click Bature to Main to procee the main attentation tonic list. Click Class All	
bjective 3 🗸		Entries to remove entered data.	
bjective 4 🟈	(*) Red as	terisk indicates a required field.	_
bjective 5 🗸	Activities	related to supporting providers with the performance of Certified EHR Technology:	
biective 6		*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? Ves O 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 and 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? O Yes O 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 surveigntaince your health information technology certified under the ONC Health Ti Certification Program as authorized by 45 CFR pat 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? O Yes $O$ No $O$ Decline to answer	
	Actions re	lated 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? O Yes O 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; O Yes O 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; $\odot~\rm Yes~\odot~No$	
		(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. O Yes O 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? O yes O No	
L		Return to Main         Clear All Entries         Save & Continue	

# **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.

Name Personal TIN Payment Ye Get Started	I/SSN ār A/ContactInfo ☑	Applicant NPI Payee TIN Program Year Eligibility Patient Volumes Attestation Review Submit
Attestation Meanir	ıgful Use Objective	25
<u>Objective 0</u>	Objective 1	- Protect Patient Health Information
Objective 1	Click HE	RE to review CMS Guidelines for this measure.
Objective 2		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> Entries to remove entered data.
Objective 3		
Objective 4	(*) Red aste	erisk indicates a required field.
<u>Objective 6</u> Objective 7	Objective: Measure:	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. 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)), 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 (Demon who conducted or reviewed the socurity rick analysis)

# **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.

	Print Contact	<u>. Us</u>			
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year				
et Started R&A/Contact Info   estation Meaningful Use Obj	Eligibility 🖉 Patient Volumes 🖉 Attestation 🧭 Review Submit 📄				
ojective 0	re 2 - Electronic Prescribing				
piective 1 🗸 🚺 Clin	( HERE to review CMS Guidelines for this measure.				
pjective 2	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.				
pjective 4 🗸 (*) Re	asterisk indicates a required field.				
ojective 5 Objecti	e: Generate and transmit permissible prescriptions electronically (eRx).				
bjective 6 Measur Measur	: 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 o from patient records maintained using Certified EHR Technology.	nly			
	<ul> <li>This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.</li> <li>This data was extracted only from patient records maintained using Certified EHR Technology.</li> </ul>				
	EXCLUSION 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.				
	* Does this exclusion apply to you? O Yes O No				
	EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electron prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.	nic			
	* 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 electronic 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.	ally			
	Numerator: Denominator:				
L	Return to Main         Clear All Entries         Save & Continue				

# **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.

		Print Contact Us
Name Personal TIN/SSN Payment Year	I	Applicant NPI Payee TIN Program Year
Get Started R&A/Contac	ct Info 🗾	Eligibility 🛛 Patient Volumes 💟 Attestation 📝 Review Submit 🛅
ttestation Meaningful U	lse Objectiv	25
Objective 0 🕜 📃	Objective 3	- Clinical Decision Support
Objective 1	🚺 Click <u>HE</u>	RE to review CMS Guidelines for this measure.
Objective 2 🕢 Objective 3 🕢		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.
Objective 4	(*) Red aste	erisk indicates a required field.
<u>Objective 5</u>	Objective:	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
Objective 6 🕥 Objective 7 🕥		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 vou 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? O Yes O No
		Return to Main     Clear All Entries     Save & Continue

# **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.

	Print Contact Us E
Name Personal TIN/S Payment Year	Applicant NPI SN Payee TIN Program Year
Get Started R&A/Con	ntact Info 🗹 👔 Eligibility 🖉 Patient Volumes 😰 Attestation 🖉 Review Submit 🔳
ttestation Meaningfu	l Use Objectives
Objective 0	Objective 4 - Computerized Provider Order Entry
Objective 1	O Click HERE to review CMS Guidelines for this measure.
<u>Objective 2</u>	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.
Objective 4	(*) Red asterisk indicates a required field.
Objective 5	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.
	<ul> <li>This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.</li> <li>This data was extracted only from patient records maintained using Certified EHR Technology.</li> </ul>
	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? O Yes O 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? O Yes O 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? O Yes O No
	If 'No', complete entries in the Numerator and Denominator.
	Numerator 3: Denominator 3:
L	Return to Main         Clear All Entries         Save & Continue

# **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.

Name Personal TIN/S Payment Year	Applicant NPI N Payee TIN Program Year					
Cet Started R&A/Contact Info 🗹 Eligibility 🗹 Patient Volumes 💟 Attestation 🗑 Review Submit 🗐						
estation Meaningf	Use Objectives					
	Objective 5 - Patient Electronic Access to Health Information					
ojective 1	Click <u>HERE</u> to review CMS Guidelines for this measure.					
bjective 2	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All</b> <b>Entries</b> to remove entered data.					
pjective 4	(*) Red asterisk indicates a required field.					
ojective 5 🗸	Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patients specific education.	ent-				
ojective 7 🗸	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. $\odot$ Yes $\odot$ 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 percer more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the firs the EHR reporting period may exclude the measure.	nt or it day o				
	Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2. $\bigcirc$ Yes $\bigcirc$ No					
	Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized represent 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 t choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Cer EHR Technology.	cative) heir tified				
	Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access health information to view online, download, and transmit to a third party and to access using an application of their choice that 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.	a to is				
	Numerator 1: Denominator 1:					
	Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educationa resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the reporting period.	il EHR				
	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					

## **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.

Name Personal TIN/S Payment Year	5N		Applicar Payee T Program	t NPI (N Year		
Get Started R&A/Co	ntact Info 🛛 🛛 Eligibility 📝	Patient Volumes 🛛	Attestation 🛛 Rev	ew Submit 🔳		
testation Meaningfu	Use Objectives					
Objective 0 🕜	Objective 6 - Coordination	n of Care Through Pa	tient Engagement			
Objective 1	() Click <u>HERE</u> to review (	MS Guidelines for this	measure.			
Objective 2 🗸	Click the <b>S</b> i	ove & Continue to pro	ceed. Click <b>Return to I</b> Entries to rem	<b>Main</b> to access the main ove entered data.	attestation topic list. Click Clear All	
Objective 4	(*) Red asterisk indicates	a required field.				_
<u>Dbjective 5</u>	Objective: Use Certified to all three m	EHR Technology to engleasures and must mee	gage with patients or th at the thresholds for at	eir authorized represent east two measures to m	tatives about the patient's care. Providers must att neet the objective.	est
Objective 7 🝼	Exclusion 1	An EP may exclude fro	om the measure if they	have no office visits du	ring the EHR reporting period.	
	* Does this E 〇 Yes 〇 N	xclusion apply to you? Io	If 'Yes', do not complet	e Measure 1, 2 or 3. If '	'No', complete Exclusion 2.	
	Exclusion 2 more of its h the EHR repo	Any EP that conducts busing units with 4Mbp rting period may exclu	50 percent or more of l s broadband availability de the measure.	is or her patient encour according to the latest	nters in a county that does not have 50 percent or information available from the FCC on the first day	of
	Does this Exc O Yes O M	lusion apply to you? If Io	'Yes', do not complete	Measure 1, 2 or 3. If 'No	o', complete Measure 1, 2 and 3.	
	Measure 1: the EP active a third party chosen by th	During the EHR reporti ly engage with the elec their health information a patient and configure	ng period, more than 5 tronic health record ma n; or (2) Access their h d to the API in the prov	percent of all unique pa de accessible by the pro aalth information throug ider's Certified EHR Tec	atients (or their authorized representatives) seen b ovider and either: (1) View, download or transmit t h the use of an API that can be used by applicatior hnology; or (3) A combination of (1) and (2).	r D IS
	Numerator downloaded, patients (or t during the Et Denominato	1: The number of uniqu or transmitted to a thir heir authorized represe IR reporting period. r 1: Number of unique	ue patients (or their aut rd party the patient's he entatives) in the denom patients seen by the E	horized representatives walth information during inator who have accesse P during the EHR report	) in the denominator who have viewed online, the EHR reporting period and the number of uniqu ed their health information through the use of an A ing period.	e PI
	Numerator	1:	Denominator 1:			
	Measure 2: using the ele response to a Numerator authorized re EHR reportin Denominato	For more than 5 percer tronic messaging funct secure message sent 2: The number of patie presentative) or in resp period. r 2: Number of unique	nt of all unique patients tion of Certified EHR Te by the patient or their a nts in the denominator ponse to a secure mess patients seen by the E	seen by the EP during t chnology to the patient authorized representativ for whom a secure elect age sent by the patient P during the EHR report	the EHR reporting period, a secure message was se (or the patient-authorized representative), or in re. tronic message is sent to the patient (or patient- (or patient-authorized representative), during the ing period.	nt
	Numerator	2:	Denominator 2:			
	Measure 3: than 5 percer Numerator generated he Denominator Numerator	Patient generated healt t of all unique patients 3: The number of patie alth data, is captured t r 3: Number of unique 3:	th data or data from a r seen by the EP during nts in the denominator hrough the Certified E patients seen by the E Denominator 3:	ion-clinical setting is inc the EHR reporting perio for whom data from noi R Technology into the p P during the EHR report	corporated into the Certified EHR Technology for mo d. n-clinical settings, which may include patient- patient record during the EHR reporting period. ing period.	re
		Return to Main	Clear All Entries	Save & Continue		

# **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.

Name Personal TIN/SSN Payment Year et Started R&A/Contact Ir	Applicant NPI Payee TIN Program Year
estation Meaningful Use	Objectives
ojective 0 🗸 🛛 Obj	ective 7 - Health Information Exchange (HIE)
pjective 1 🕥 🚺	Click HERE to review CMS Guidelines for this measure.
viective 2	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.
pjective 4	Red asterisk indicates a required field.
jective 5	
Base Base	ed on the selections you make below you may be required to provide more information.
jective 7 🔗	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

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.

Name	Applicant NPI
Personal TIN/ Payment Year	SSN Payee TIN Program Year
Get Started R&A/	Contact Info 💟 Eligibility 💟 Patient Volumes 💟 Attestation 🕅 Review Submit 🔲
toctation Moaning	ful lice Objectives
	Objective 7 - Health Information Exchange (HIE)
Objective 0	Click HERE to review CMS Guidelines for this measure
biective 2	
Objective 3	Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go back. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.
Objective 4	(*) Red asterisk indicates a required field.
Objective 5 🗸	
<u>Objective 6</u>	Based on your exclusion selections from the previous screen you are required to provide the following miorination.
Objective 7 🗸	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

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.

		Print	<u>contact os</u>
	Applicant NPI Payee TIN Program Year		
t Info 🛛 Eligibility 🗹 Patient Volumes	Attestation 🗹 Review	Submit 🔲	
g topic areas: General Requirements, Mean s (CQMs). The following icon will display to rements apply to the Required Public Health en on completed objectives even though a	ingful Use Objectives (0-7), Requin the left of the topic name when the Objective (8). You may be instruc is displayed.	ed Public Health Obje minimum required e ted to complete addi	active (8) and entries are tional steps
will be determined by current progress leve ect the "EDIT" button for a topic to modify Iopics	<ul> <li>I. To start a topic, select the "Begi any previously entered information Progress</li> </ul>	in" button. To modify n. Select "Previous" <u>Action</u>	/ a topic where ' to return.
General Requirements	2/2	EDIT Clear All	]
Meaningful Use Objectives (0-7)	8/8	EDIT Clear All	]
Required Public Health Objective (8)		Begin	
rable item >			
Manual Clinical Quality Measures		Select	
Electronic Clinical Quality Measures		Select	
as completed, select the "Save & Continue Previous Sa	e" button to complete the attestation to complete the attestation to complete the attestation of the statestation of the state	on process.	
as co	mpleted, select the <b>"Save &amp; Continue</b> <b>Previous</b> Sa	mpleted, select the <b>"Save &amp; Continue"</b> button to complete the attestati	mpleted, select the "Save & Continue" button to complete the attestation process.

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]

	I	<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
Name	Applicant NPI			
Personal TIN/SSN	Payee TIN			
Payment Year	Program Year			
Get Started R&A/Contact Info DElig State Configurable text area for Stage 3.3 Requ The text in this section of the page would be re	bility Patient Volumes Attestation Review Submit Patient Volumes Attestation Review Submit Patient Public Health Objectives. Placed by actual content that the hosting state may specify as static HTML.			
			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.

Name Personal TI Payment Ye	N/SSN aar	Applicant NPI Payee TIN Program Year	
et Started R	&A/Contact In fo 🖉 Y Eligibility 🖉 Y Patient Volu	mes 🖉 Attestation 🗐 Review Submit 🔤	
estation Meani	ngful Use Objectives		
viders are requi ions, you may t ion 4B or 5B if y e: Taking all ex en all options h ic list.	red to successfully attest to two Public Health Og ake exclusions for all options you cannot meet. Y rou can take an exclusion for Option 4A or 5A res clusions does not mean the Objective fails. ave been edited and you are satisfied with the en	vtions without taking an exclusion. If you cannot sa ou may be required to answer Option 4B or 5B. You pectively. tries, select <b>"Return to Main"</b> button to access th	tisfy at least two cannot attest to e main attestatio
Required Public	: Health Objective List Table		
<u>Objective</u> <u>Number</u>	Objective	Measure	<u>Select</u>
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).	V
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.	Y
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public healt 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 h in active engagement with a public health agency to submit case reporting of reportable conditions.	
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public healt 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 h EP is in active engagement with a public health agency to submit data to public health registries.	Y
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public healt 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 h EP is in active engagement with a public health agency to submit data to public health registries.	V
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.	V
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	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	V

The measures you select to attest to will display on the <u>Required Public Health Objectives Navigation Panel</u> 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 <u>36</u> 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 <u>25</u> 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 25 of this manual.

Click Previous to navigate to the Required Public Health Objectives Selection screen.

Name Personal TIN/SSI Payment Year	N	Applicant NPI Payee TIN Program Year
Get Started R&A/Cont	act Info 🛛 🏹	Eligibility 😰 Patient Volumes 🕎 Attestation 🔲 Review Submit
Attestation Meaningful	Use Objectiv	es
Objective 8 Option	Objective 8	Option 1 - Immunization Registry Reporting
Objective 8 Option	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.
<u>Objective 8 Option</u> <u>3</u>		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.
Objective 8 Option 4A Objective 8 Option	(*) Red aste	erisk indicates a required field.
<u>4B</u> Objective 8 Option <u>5A</u>	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.
Objective 8 Option 5B	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
		I esting and validation     Incompare the second seco
		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.
		O res O 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.
		<ul> <li>Yes</li> <li>No</li> <li>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.</li> <li>Yes</li> <li>No</li> </ul>
		Previous         Return to Main         Clear All Entries         Save & Continue

## **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.

Name Personal TIN Payment Yea	I/SSN Ir	Applicant NPI Payee TIN Program Year
Get Started R&A	/Contact Info 🛛 🗌	Eligibility 🔽 Patient Volumes 🟹 Attestation 📷 Review Submit
testation Meanin	gful Use Objectiv	es
Objective 8 Option 1	Objective 8	Option 2 - Syndromic Surveillance Reporting
Objective 8 Option 2	🚺 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.
<u>Objective 8</u> Option <u>3</u>		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.
Dbjective 8 Option 4A Objective 8	(*) Red aste	erisk indicates a required field.
<u>Option 4B</u> Objective 8 Option 5A	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.
<u>Objective 8</u> Option 5B	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.
		$\Box$ 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. Surveillance system. $\bigcirc$ Yes $\bigcirc$ 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.
		<ul> <li>res O NO</li> <li>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.</li> <li>Yes O No</li> </ul>
	L	Previous         Return to Main         Clear All Entries         Save & Continue

### **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.

Name Personal TIN/S Payment Year	55N	Applicant NPI Payee TIN Program Year
Get Started R&A/Co	ontact Info 👿	Eligibility 🛛 Patient Volumes 🗊 Attestation 📺 Review Submit
testation Meaningf	ul Use Objectiv	Ontion 2. Electronia Case Reporting
Objective 8 Option 1	Objective 8	option 3 - Electronic Case Reporting
Objective 8 Option 2	Click HE	ERE to review CMS Guidelines for this measure.
Objective 8 Option 3		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.
Defective 8 Option 4A Objective 8	(*) Red aste	erisk indicates a required field.
Dijective 8 Difective 5A	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.
<u>Dijective 8</u> Option 5B	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? O Yes O 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.
		$\Box$ 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.
		O res O 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.
		<ul> <li>Yes O NO</li> <li>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.</li> <li>Yes O No</li> </ul>
		Provious Paturn to Main Clear All Entries Save & Continue

## **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.

Name Personal TIN/SS Payment Year	N	Applicant NPI Payee TIN Program Year	
Get Started R&A/Cont	tact Info 🗾	Eligibility 💟 Patient Volumes 🕎 Attestation 🔳 Review Submit	
Attestation Meaningful	Use Objectiv	25	
Objective 8	Objective 8	Option 4A - Public Health Registry Reporting	
Objective 8 Option 2	() Click HE	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.	
Objective 8 Option 4A Objective 8	(*) Red aste	risk indicates a required field.	—
Option 4B Objective 8 Option 5A	Objective:	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certifie EHR Technology, except where prohibited, and in accordance with applicable law and practice.	d
Objective 8 Option 5B	Measure:	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public heal registries.	th
		*Does this option apply to you? ○ Yes ○ No	
		If 'Yes', select the name of the public health registry.	
		If 'Other' is selected, 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.	
		$\Box$ 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 EH reporting period.	IR
		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. $\bigcirc$ Yes $\bigcirc$ 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. $\bigcirc$ Yes $\bigcirc$ No	
L		Previous         Return to Main         Clear All Entries         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.

		Print Contact Us	Ð
Name Personal TIN/S Payment Year	SN	Applicant NPI Payee TIN Program Year	
Get Started R&A/Co	ntact Info 🕎	Eligibility 🕎 Patient Volumes 🕎 Attestation 🗊 Review Submit	
Attestation Meaningfu	Il Use Objectiv	es	
Objective 8 Option 1	Objective 8	Option 4B - Public Health Registry Reporting	
Objective 8 Option 2	Click HE	<u>RE</u> to review CMS Guidelines for this measure.	
Objective 8 Option 3		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.	
Objective 8 Option 4A Objective 8	(*) Red aste	erisk indicates a required field.	-
Option 4B Objective 8 Option 5A	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.	
Objective 8 Option 5B	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', select the name of the public health registry.	
		If 'Other' is selected, 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.	
		O Yes O 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.	
		<ul> <li>○ Yes ○ No</li> <li>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.</li> <li>○ Yes ○ No</li> </ul>	
L		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 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.

Name Personal TIN/SSN Payment Year Cet Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit Attestation Cet Startes Objectives Objectives Objectives Objectives Objective 8 Option 5A - Clinical Data Registry Reporting Objective 1 Objectives	
Name       Applicant NPI         Personal TIN/SSN       Payee TIN         Payment Year       Program Year         Get Started       R&A/Contact Info       Eligibility       Patient Volumes       Attestation         Attestation Meaningful Use Objectives         Objective 8 Option 1       Objective 8 Option 5A - Clinical Data Registry Reporting       Objective 8	
Get Started       R&A/Contact Info       Eligibility       Patient Volumes       Attestation       Review       Submit         Attestation Meaningful Use Objectives       Objective 8       Objective 8 Objective 8 Option 5A - Clinical Data Registry Reporting       Objective 8 Objective 8 Option 5A - Clinical Data Registry Reporting	
Attestation Meaningful Use Objectives          Objective 8       Objective 8 Option 5A - Clinical Data Registry Reporting         Option 1       Objective 9 Option 5A - Clinical Data Registry Reporting	
Objective 8 Option 5A - Clinical Data Registry Reporting	
Service and a Click UEDE to review CMC Cuidelines for this manuful	
Objective 2 O Circk TEXE to review CPIS Guidelines for this measure.	
Objective 8 Option 3         Ociac 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.	
Objective 8       (*) Red asterisk indicates a required field.         Objective 8       (*)	
Option 48         Objective:         The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Certified
Objective 8 Option 5B 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	
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.	I
Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during reporting period.	the EHR
Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the spectra standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.	ific
<ul> <li>○ Yes ○ NO</li> <li>Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electron registry transactions as of 6 months prior to the start of the EHR reporting period.</li> <li>○ Yes ○ No</li> </ul>	ilc
Previous         Return to Main         Clear All Entries         Save & Continue	

### **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.

Name Personal TIN/SSN Payment Year		Applicant NPI Payee TIN Program Year	
Get Started R&A/Conta	ct Info 🗾 🍸	Eligibility 😰 Patient Volumes 😰 Attestation 🗑 Review Submit	
ttestation Meaningful U	se Objectiv	25	
Objective 8	Objective 8	Option 5B - Clinical Data Registry Reporting	
Objective 8	🚹 Click <u>HE</u>	<b><u>RE</u></b> to review CMS Guidelines for this measure.	
Objective 8 Option 3		Click the <b>Save &amp; Continue</b> to proceed. Click <b>Previous</b> to go to Selection screen. Click <b>Return to Main</b> to access the main attestation topic list. Click <b>Clear All Entries</b> to remove entered data.	
Objective 8 Option 4A Objective 8	(*) Red aste	risk indicates a required field.	
Option 4B Objective 8 Option 5A	Objective:	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certific EHR Technology, except where prohibited, and in accordance with applicable law and practice.	ed
Objective 8 Option 5B	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.	
		V	
		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.	
		$\Box$ 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 EF reporting period.	HR
		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.	
		<ul> <li>Yes O No</li> <li>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.</li> <li>Yes O No</li> </ul>	
		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.

_	/SSN	Applicant NPI Payee TIN	
Payment Year	Contact Info 📰 🗸 Flinibility 📰 🗸 Patient Volu	Program Year	Submit
Attortation Moaning			
Attestation Meaning			
Please complete the fo he Clinical Quality Me completed.	llowing topic areas: General Requirements, M asures (CQMs). The following icon will display	leaningful Use Objectives (0-7), Require v to the left of the topic name when the	ed Public Health Objective (8) and minimum required entries are
Please Note: Specific	requirements apply to the Required Public He	ealth Objective (8). You may be instruct	ed to complete additional steps
lepending on exclusio	ns taken on completed objectives even thoug	h a 🆤 is displayed.	
vailable actions for a intries have been mad	topic will be determined by current progress I de, select the "EDIT" button for a topic to mo	level. To start a topic, select the "Begin odify any previously entered information	n" button. To modify a topic where n. Select " <b>Previous</b> " to return.
Completed?	Topics	Progress	Action
<b>Ø</b>	General Requirements	2/2	EDIT Clear All
9	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
<b>Ø</b>	Required Public Health Objective (	(8) 7/7	EDIT Clear All
	ix CQMs from the Clinical Quality Measure set Ms that are required.	t below. The Adult and Pediatric Sets ha	we been removed due to the
lease select at least s educed number of CQ		lected for the retired Adult and Pediatric	c Sets.
Please select at least s educed number of CQ <i>Click</i> <u>HERE</u> if you wou	Id like to view the CQMs that had been prese		$\sim$
lease select at least s educed number of CQ <i>Click</i> <u>HERE</u> if you wou	uld like to view the CQMs that had been prese Clinical Quality Measures		Begin

If Electronic Clinical Quality Measures is selected a 🗸 will appear on the Measures Topic List.

Name Personal TIN Payment Yea Get Started R&A	Aj /SSN Pa r Pi /Contact Info V Eligibility V Patient Volumes V	opplicant NPI ayee TIN rogram Year Attestation V Review	Submit
Ittestation Meaning lease complete the fu he Clinical Quality Me ompleted.	<b>Jul Use Objectives</b> ollowing topic areas: General Requirements, Meaning asures (CQMs). The following icon will display to the	ful Use Objectives (0-7), Requir left of the topic name when the	ed Public Health Objective (8) and minimum required entries are
lease Note: Specific epending on exclusic vailable actions for a ntries have been ma Completed?	requirements apply to the Required Public Health O ons taken on completed objectives even though a topic will be determined by current progress level. T de, select the "EDIT" button for a topic to modify an <b>Topics</b>	bjective (8). You may be instruction is displayed. To start a topic, select the <b>"Begi</b> by previously entered information <b>Progress</b>	ted to complete additional steps <b>n</b> " button. To modify a topic where n. Select " <b>Previous</b> " to return. Action
<b>9</b>	General Requirements	2/2	EDIT Clear All
Ø	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
9	Required Public Health Objective (8)	2/2	EDIT Clear All
	onfigurable item >		
Custom defined c	Electronic Clinical Quality Measures (Sele	ect Cancel to choose Manual)	Cancel
Custom defined 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.

				<u>Print</u> <u>Contac</u>	<u>:t Us</u>
Name Personal TIN, Payment Year	/SSN		Applicant NPI Payee TIN Program Year		
Get Started R&A/	'Contact Info 🗾 🔶 Elly	Ibility 🛛 💙 Patient Volumes	Attestation 🗹 Review	Submit 🔳	
Attestation Meaning	ful Use Objectives				
Please complete the fo the Clinical Quality Me completed.	ollowing topic areas: G asures (CQMs). The fo	eneral Requirements, Mean ollowing icon will display to t	ingful Use Objectives (0-7), Require the left of the topic name when the r	d Public Health Objective (8) minimum required entries are	and ?
Please Note: Specific depending on exclusio	: requirements apply t ns taken on complete	o the Required Public Health d objectives even though a	Objective (8). You may be instructe is displayed.	ed to complete additional ste	ps
Available actions for a entries have been ma	topic will be determin de, select the "EDIT"	ed by current progress leve button for a topic to modify	<ol> <li>To start a topic, select the "Begin any previously entered information.</li> </ol>	" button. To modify a topic v . Select " <b>Previous</b> " to returr	vhere 1.
Completed?	Topics Mess	age from webpage	S	Action	
<b>Ø</b>	Genera	WARNING - All measur	e data will be cleared for this topic.	EDIT Clear All	
<b>Ø</b>	Meanin	Select the Cancel butto	n to continue working. sure data.	EDIT Clear All	
<b>9</b>	Require	de madile titgenten (ti)	OK Cancel	EDIT Clear All	
< Custom defined c	onfigurable item >				
Manual Clinical Q Please select at lea reduced number of	uality Measures ist six CQMs from the CQMs that are requir	Clinical Quality Measure set ed.	below. The Adult and Pediatric Sets	have been removed due to t	he
Click HERE if you	would like to view the	CQMs that had been presel	ected for the retired Adult and Pedia	tric Sets.	
	Clinical Qu	ality Measures		Begin	
	Cancel and	Choose Electronic		Cancel	
<b>Note:</b> When all topics are ma	arked as completed, s	elect the "Save & Continue Previous Sa	" button to complete the attestation	n process.	

To select Manual Clinical Quality Measures, click the **Begin** button.

			Print	Contact Us
Name Personal TIN, Payment Year	/SSN	Applicant NPI Payee TIN Program Year		
Get Started R&A/	Contact Info 🗹 🛛 Eligibility 🗹 Patier	nt Volumes 🗹 🛛 Attestation 📝 🛛 Re	vlew Submit 📃	
Attestation Meaning	ful Use Objectives			
Nease complete the fo he Clinical Quality Me completed.	ollowing topic areas: General Requiremer asures (CQMs). The following icon will di	nts, Meaningful Use Objectives (0-7), isplay to the left of the topic name wh	Required Public Health Obje en the minimum required e	ective (8) and ntries are
Vlease Note: Specific	requirements apply to the Required Pub	olic Health Objective (8). You may be i	instructed to complete addit	tional steps
epending on exclusio Available actions for a entries have been mad	ns taken on completed objectives even t topic will be determined by current prog de, select the "EDIT" button for a topic	rougn a vis displayed. gress level. To start a topic, select the to modify any previously entered infor	"Begin" button. To modify mation. Select "Previous"	a topic where to return.
Completed?	Topics	Progress	Action	
<b>Ø</b>	General Requirements	2/2	EDIT Clear All	
Ø	Meaningful Use Objectives (0	-7) 8/8	EDIT Clear All	
Ø	Required Public Health Object	tive (8) 2/2	EDIT Clear All	
< Custom defined co	onfigurable item >			
Manual Clinical Q	uality Measures			
Please select at lea reduced number of	st six CQMs from the Clinical Quality Me CQMs that are required.	asure set below. The Adult and Pediat	ric Sets have been removed	I due to the
Click <u>HERE</u> if you	would like to view the CQMs that had be	en preselected for the retired Adult an	d Pediatric Sets.	
	Clinical Quality Measures		Begin	
	Cancel and Choose Electron	ic	Cancel	
lote: Vhen all topics are ma	arked as completed, select the <b>"Save &amp;</b>	Continue" button to complete the at	testation process.	

## 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]

	Print Contact Us	<u>Exit</u>
Name	Applicant NPI	
Personal TIN/SSN	Payee TIN	
Payment Year	Program Year	
Get Started R&A/Contact Info T Eligibilit State Configurable text area for Stage 3.3 CQM. The text in this section of the page would be replace	Patient Volumes Attestation Review Submit dependence of the state may specify as static HTML.	
	UI	898-0

### **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 <u>page 36</u> of this manual.

Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year		
Get Started R&A/Contact Into	piblity Patient Volumes Attestatio	n 💟 Review Submit	
inical Quality Measures Reporting Pe	riod		
lease enter both the <b>Start Date</b> and <b>E</b> inimum of any continuous 90-day per	nd Date of your Clinical Quality Measure iod within the application's program year.	es (CQMs) Reporting Period. You mu	ist enter a
Click <b>Save &amp; Continue</b> to pro Clic	nceed. Click <b>Return to Main</b> to access th k <b>Reset</b> to restore this panel to the start	ne main attestation topic list. ing point.	
	(*) Red asterisk indicates a required	l field.	
*Clinical Quality Me	asures Reporting Period Start Date:		
*Clinical Quality Me *Clinical Quality Me	asures Reporting Period Start Date: asures Reporting Period End Date:		
*Clinical Quality Me *Clinical Quality Me Check this box if due to a change in er data for the full Clinical Quality Measures n which you do have data below:	asures Reporting Period Start Date: asures Reporting Period End Date: nployment, leave of absence, or other circun reporting period you have indicated above. I	mm/dd/yyyy stance you do not have Clinical Quality M f this applies to you, please provide the t	Measures time span
*Clinical Quality Me *Clinical Quality Me © Check this box if due to a change in er data for the full Clinical Quality Measures in which you do have data below: Actual Clinical Quality Me	asures Reporting Period Start Date: asures Reporting Period End Date: nployment, leave of absence, or other circun reporting period you have indicated above. I asures Reporting Period Start Date:	mm/dd/yyyy stance you do not have Clinical Quality M f this applies to you, please provide the t	Measures time span
*Clinical Quality Me *Clinical Quality Me © Check this box if due to a change in er data for the full Clinical Quality Measures n which you do have data below: Actual Clinical Quality Me Actual Clinical Quality Me	asures Reporting Period Start Date: asures Reporting Period End Date: nployment, leave of absence, or other circun reporting period you have indicated above. I asures Reporting Period Start Date: asures Reporting Period End Date:	mm/dd/yyyy instance you do not have Clinical Quality M if this applies to you, please provide the t mm/dd/yyyy	Measures time span

#### 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.

REAL CONSIGNATION       Engineering       Patient Volumes       Attestation       Review       Submit         cation       Meaningful Use Measures         aningful Use Clinical Quality Measure Worklist         is must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outome or High Priority CQ         avant of fno       Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQ         avant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.         none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the cnowledgement box within each section in order to proceed to the next screen.         Ms below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS nuking on the sort arrows below.         ase note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any h a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to M to no access the main attestation topic list.         Outcome Clinical Quality Measures         NQF#       Measure#         Measure#       Title         Select       CMS133 v8.1.000         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         0710e       CMS159 v8.6.000       Depression Remission at
aningful Use Clinical Quality Measure Worklist         must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Out source or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQ want to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.         wone of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the nowledgement box within each section in order to proceed to the next screen.         As below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS nu ring on the sort arrows below.         use note you are not limited to <u>only</u> selecting one Outcome or High Priority CQM, you may select multiple CQMs from any to a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to M to not access the main attestation topic list.         Outcome Clinical Quality Measures         NQF# Image Measure# Image Clinical Quality Measures         Vortee       CMS133 v8.1.000         Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery         0710e       CMS159 v8.6.000       Depression Remission at Twelve Months         Not       CMS75 v8.1.000       Children Who Have Dental Decay or Cavities
must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Out         assure 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, you must check the         one of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the         nowledgement box within each section in order to proceed to the next screen.         ts below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS nutring on the sort arrows below.         se note you are not limited to <u>only</u> selecting one Outcome or High Priority CQM, you may select multiple CQMs from any a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to M on to access the main attestation topic list.         Outcome Clinical Quality Measures         NQF# Image: Measure# Image: 20/40 or Better Visual Acuity within 90 Days Following Cataract: Surgery         0710e       CMS133 v8.1.000       Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract         Not       CMS75 v8.1.000       Depression Remission at Twelve Months
Nowledgement box within each section in order to proceed to the next screen.         Its below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS nuing on the sort arrows below.         see note you are not limited to <u>only</u> selecting one Outcome or High Priority CQM, you may select multiple CQMs from any a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to M on to access the main attestation topic list.         Outcome Clinical Quality Measures       Title       Selection         0565e       CMS133 v8.1.000       Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery       Outcomes         0710e       CMS159 v8.6.000       Depression Remission at Twelve Months       Not         Not       CMS75 v8.1.000       Children Who Have Dental Decay or Cavities
Outcome Clinical Quality Measures         NQF#       Measure#       Title       Sele         0565e       CMS133 v8.1.000       Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract       Surgery         0710e       CMS159 v8.6.000       Depression Remission at Twelve Months       Not         Not       CMS75 v8.1.000       Children Who Have Dental Decay or Cavities
Image: Constraint of the second se
Surgery         Surgery           0710e         CMS159 v8.6.000         Depression Remission at Twelve Months           Not         CMS75 v8.1.000         Children Who Have Dental Decay or Cavities
Not CMS75 v8.1.000 Children Who Have Dental Decay or Cavities
Applicable
Not CMS122 v8.4.000 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
Not CMS165 v8.5.000 Controlling High Blood Pressure
Not         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
$\Box$ None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.
High Driority Clinical Auglity Measures

Figure 0-4: Meaningful Use Clinical Quality Measure Worklist (Part 1 of 3)

	1		
0418e	CMS2 v9.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	
1365e	CMS177 v8.1.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	
Not Applicable	CMS50 v8.0.000	Closing the Referral Loop: Receipt of Specialist Report	
Not Applicable	CMS56 v8.1.000	Functional Status Assessment for Total Hip Replacement	
Not Applicable	CMS66 v8.3.000	Functional Status Assessment for Total Knee Replacement	
Not Applicable	CMS90 v9.1.000	Functional Status Assessments for Congestive Heart Failure	
Not Applicable	CMS125 v8.4.000	Breast Cancer Screening	
Not Applicable	CMS128 v8.3.000	Antidepressant Medication Management	
Not Applicable	CMS136 v9.1.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	
Not Applicable	CMS137 v8.5.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Not Applicable	CMS139 v8.1.000	Falls: Screening for Future Fall Risk	
Not Applicable	CMS146 v8.2.000	Appropriate Testing for Children with Pharyngitis	
Not Applicable	CMS153 v8.1.000	Chlamydia Screening for Women	
Not Applicable	CMS154 v8.1.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	
Not Applicable	CMS155 v8.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	
Not Applicable	CMS156 v8.3.000	Use of High-Risk Medications in the Elderly	
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	
Other Clinic	ne High Priority Clinical Q al Quality Measures	uality Measures listed above pertain to my scope of practice.	
NQF# 🛋 🖭	Measure# 🛋	Title	Selection
0028e	CMS138 v8.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
0041e	CMS147 v9.1.000	Preventive Care and Screening: Influenza Immunization	
0070e	CMS145 v8.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	
0081e	CMS135 v8.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	

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)	
0086e	CMS143 v8.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	
0104e	CMS161 v8.1.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	
0421e	CMS69 v8.2.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	
2872e	CMS149 v8.0.000	Dementia: Cognitive Assessment	
Not Applicable	CMS22 v8.2.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	
Not Applicable	CMS74 v9.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	
Not Applicable	CMS117 v8.3.000	Childhood Immunization Status	
Not Applicable	CMS124 v8.1.00	Cervical Cancer Screening	
Not Applicable	CMS127 v8.1.000	Pneumococcal Vaccination Status for Older Adults	
Not Applicable	CMS130 v8.4.000	Colorectal Cancer Screening	
Not Applicable	CMS131 v8.4.000	Diabetes: Eye Exam	
Not Applicable	CMS134 v8.4.000	Diabetes: Medical Attention for Nephropathy	
Not Applicable	CMS347 v3.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
Not Applicable	CMS 645 v3.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	
Not Applicable	CMS349 v2.9.000	HIV Screening	
		Return to Main Reset Save & Continue	

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 <u>46</u> 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 <u>46</u> of this manual.

		Print Contact Us Exit
Name Personal TIN/ Payment Year Get Started R&A/	/SSN r Contact Info 🛛 Eligibility 🖉	Applicant NPI Payee TIN Program Year Patent Volumes 🕎 Attestation 🏢 Review Submit
Attestation Meaning CM5165 (*) CM5137 (*) CM5138 (*) CM5124 (*)	ful Use Measures	MS Guidelines for this measure. ave & 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.
CM5130 🕢 CM511Z 📎	(*) Red asterisk indicate: Responses are required fr Measure Number: NQF Number: Measure Title: Measure Description: Numerator:	a required field. by the clinical quality measure displayed on this page. CMS165 v7.3.000 0018 Controlling High Blood Pressure Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. A positive whole number, including zero. Use the "Click HERE" above for a definition.
	Denominator: Performance Rate(%): Exclusion: * Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition.  • Denominator: • Performance Rate (%): • Exclusion:
	P	evious Return to Main Clear All Entries 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."

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.

Name	Appli	cant NPI	
Personal TIN	/SSN Payer	e TIN Yam Yoar	
Payment rea	Figi		
Get Started K&A/	Contact Into 🖉 🕇 Eligibility 🖉 📫 Patient Volumes 👰	Attestation	Submit
Attestation Meaning	ful Use Objectives		
Please complete the fo the Clinical Quality Me completed.	ollowing topic areas: General Requirements, Meaningful asures (CQMs). The following icon will display to the left	Use Objectives (0-7), Requin of the topic name when the	red Public Health Objective (8) and e minimum required entries are
Please Note: Specific	: requirements apply to the Required Public Health Object	tive (8). You may be instruc	cted to complete additional steps
depending on exclusio	ns taken on completed objectives even though a 🗭 is	displayed.	
Available actions for a	topic will be determined by current progress level. To st	art a topic, select the "Beg	in" button. To modify a topic where
Completed?	Topics	Progress	Action
<b>Ø</b>	General Requirements	2/2	EDIT Clear All
<b>Ø</b>	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
<b>Ø</b>	Required Public Health Objective (8)	7/7	EDIT Clear All
Please select at least select a	six CQMs from the Clinical Quality Measure set below. Th Ms that are required.	e Adult and Pediatric Sets h	ave been removed due to the
Click HERE if you wo	uld like to view the CQMs that had been preselected for t	he retired Adult and Pediatr	ic Sets.
Cher mere nyou wo	Clinical Quality Measures	6/6	EDIT Clear All
Vote: Vhen all topics are m	arked as completed, select the "Save & Continue" but	on to complete the attestati	on process.
## **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 <u>Part 3 of 3</u> of the Attestation Phase.

				<u>Print</u>	<u>Contact Us</u>
Name Personal TI Payment Ye	N/SSN Bar	Applic Payee Progra	ant NPI TIN ım Year		
Get Started R8	A/Contact Info 🕎 丫 Eligibility 🕎	Patient Volumes 🗾	Attestation	view Submit	
testation Meani	ngful Use Measures				
e Meaningful Use correct.	Measures you have attested to a	are depicted below. Please r	eview the current ini	formation to verify what you	u have entere
Meaningful Use	General Requirements Revie	ew			
	Que	stion		Entered	
Please demons Certified EHR	strate that at least 50% of all you rechnology is being utilized.	ur encounters occur in a loc	ation(s) where	Numerator = 100 Denominator = 200 Percentage = 50%	
Please demons EHR during the	strate that at least 80% of all un EHR reporting period.	ique patients have their dat	a in the certified	Numerator = 100 Denominator = 200 Percentage = 50%	
Meaningful Use	Objective Review				
Objective Number	Object	live		Entered	
	Activities related to supporting performance of Certified EHR	g providers with the Technology:			
	1. Do you and your organizati requirement to cooperate in gy review of your health informat under the ONC Health IT Certi request to assist in ONC direct 2. Did you or your organizatio ONC direct review of your hea technology certified under the Certification Program? If yes, organization cooperate in goor review of your health informat under the ONC Health IT Certi authorized by 45 CFR part 170	on acknowledge the ood faith with ONC direct tion technology certified ification Program if a t review is received? In receive a request for an ulth information ONC Health IT did you and your d faith with ONC direct tion technology certified ification Program as 0, subpart E, to the extent			
	that such technology meets (c the definition of Certified EHR permitting timely access to su demonstrating its capabilities by you in the field.	or can be used to meet) Technology, including by Ich technology and as implemented and used			

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

Objective 0	<ol> <li>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?</li> <li>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?</li> <li>Actions related to supporting information exchange and the prevention of health information blocking:</li> <li>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?</li> <li>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:</li> <li>Connected in accordance with applicable to the exchange of information, including the standards, implemented in a manner that allowed for timely access by patients to their electronic health information;</li> <li>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</li></ol>	Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes		
Objective 1	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 = No		
Objective 2	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = All Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%		
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = No Measure 2 Exclusion = No Measure 2 = No		
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 = All 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 0-8: 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)

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 = Denominator Performance Exclusion = (I MQF         NQF       Measure Code       Title         0418e       CMS2 v9.1.000       Preventive Care and Screening: Screening for Depression and Follow- Up Plan       Numerator = Denominator Performance Exclusion = (I Denominator Performance         0419e       CMS68 v9.1.000       Documentation of Current Medications in the Medical Record       Numerator = Denominator Performance         0419e       CMS68 v9.1.000       Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging       Numerator = Denominator Performance	100 = 100 Rate (%) = 100.0 Entered 100 = 100 tate (%) = 100.0
Image: NQF       Measure Code       Title         0418e       CMS2 v9.1.000       Preventive Care and Screening: Screening for Depression and Follow- Up Plan       Numerator = Denominator Performance Exclusion = 0 Exception = 0         0419e       CMS68 v9.1.000       Documentation of Current Medications in the Medical Record       Numerator = Denominator Performance Exception = 0         0299e       CMS128 v9.0.000       Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging       Numerator = Denominator	Entered 100 = 100 tate (%) = 100.0
NQF         Measure Code         Title           0418e         CMS2 v9.1.000         Preventive Care and Screening: Screening for Depression and Follow- Up Plan         Numerator = Denominator Performance Exclusion = 0           0419e         CMS68 v9.1.000         Documentation of Current Medications in the Medical Record         Numerator = Denominator Performance Exception = 0           0289e         CMS128 v9.0.000         Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging         Numerator = Denominator	Entered 100 = 100 Sate (%) = 100.0
NQF         Measure Code         Title           0418e         CMS2 v9.1.000         Preventive Care and Screening: Screening for Depression and Follow- Up Plan         Numerator = Denominator Exclusion = 0           0419e         CMS68 v9.1.000         Documentation of Current Medications in the Medical Record         Numerator = Denominator Performance Exclusion = 0           0289e         CMS129 v9.0.000         Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging         Numerator = Denominator	Entered 100 = 100 tate (%) = 100.0
0418e       CMS2 v9.1.000       Preventive Care and Screening: Screening for Depression and Follow- Up Plan       Numerator = Denominator Exclusion = 0 Exception = 0         0419e       CMS68 v9.1.000       Documentation of Current Medications in the Medical Record       Numerator = Denominator Performance Exception = 0         0289e       CMS129 v9.0.000       Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging       Numerator = Denominator	100 = 100 tate (%) = 100.0
0419e     CMS68 v9.1.000     Documentation of Current Medications in the Medical Record     Numerator = Denominator Performance Exception = C       0289e     CMS129 v9.0.000     Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging     Numerator = Denominator Denominator	100
Prostate Cancer: Avoidance of Denominator Overuse of Bone Scan for Staging	100 = 100 Rate (%) = 100.0
Low Risk Prostate Cancer Patients Exception = 0	100 = 100 tate (%) = 100.0
0089e CMS142 v8.1.000 Diabetic Retinopathy: Communication Understand Diabetic Retinopathy: Communication Understand Communication Understand Diabetes Care Denominator Performance Exception = 0	100 = 100 tate (%) = 100.0
0384e CMS157 v8.1.000 Oncology: Medical and Radiation - Pain Intensity Quantified Performance	100 = 100 Rate (%) = 100.0
inical Quality Measures Reporting Period	
inical Quality Measures Reporting Period Start Date: Jun 01, 2020	
nical Quality measures Reporting Period End Date: Sep 01, 2020	
tual Clinical Quality Measures Reporting Period Start Date: Jun 01, 2020	
tual Clinical Quality Measures Reporting Period End Dates Jul 01, 2020	
that officer quarky recessives reporting rende and batter servery zozo	

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.

			<u>Print</u>	<u>Contact Us</u>	
Name Personal TIN/SSN Payment Year	Appli Payer Progr	cant NPI e TIN ram Year			
Get Started R&A/Contact Info 📝 Eligi	bility 🔽 🛛 Patient Volumes 🕎	Attestation V Review	v Submit 🔲		
Attestation Phase (Part 3 of 3)					
lease answer the following questions so that	t we can determine your eligibility	for the program			
rease answer the following questions so that	t we can determine your eligibility	for the program.			
When ready click the Save	& Continue button to review you Reset to restore this panel to t	ir selection, or click <b>Prev</b> the starting point.	<b>rious</b> to go back. Click		
	(*) Red asterisk indicates a	required field			
	(*) Red asterisk indicates a	required neid.			_
* Based on the information received from the your incentive payment to the entity above that you are receiving that payment as the pare are assigning this payment voluntarily to the have a contractual relationship that allows to to bill for your services.	ne R&A, you requested to assign (Payee TIN). Please confirm Dayee indicated above or you a payee above and that you he assigned employer or entity	C	Yes No	Ø	
NOTE: If you wish to assign your payme	nt and did not indicate this wl	hen you applied to the	R&A then you must re	eturn to the	
Raa to correct this mormation.					
	Previous Reset Sa	ve & Continue			-
					_

This screen confirms you successfully completed the Attestation section.

Note the check box in the Attestation tab.

Click Continue to proceed to the Review tab.

	<u>Print</u>	<u>Contact Us</u>	<u>Exit</u>
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 <b>Attestation</b> section of the application. You may revisit this section any time to make corrections until such time as you actually <b>Submit</b> the application. The <b>Submit</b> section of the application is now available. Before submitting the application, please <b>Review</b> the information you have provided in this section, and all previous sections. <b>Continue</b>		

# 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	Initial version

# **Table of Contents**

Related MAPIR Documentation	4
Step 6 – Review Application	5
Step 7 – Submit Your Application	8
Post Submission Activities	24
Application Statuses	
Review an Adjustment	

# **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.

	]			<u>Print</u>	<u>Contact Us</u>
Name Personal TIN/SSN Payment Year		Applicant NPI Payee TIN Program Year			
Get Started \Upsilon R&A/Contact Info 🕎	Eligibility 🗹 🛛 Patient Volumes 🕼	Attestation 🕅 Review St	ubmit 🔲		
The <b>Review</b> panel dis friendly version of this i are ready to continue	olays the information you have entered nformation. Select <b>Continue</b> to return to the Submit Tab, please click on the s	to date for your application. Select to the last page saved. If all tabs h Submit Tab itself to finish the applic	t <b>Print</b> to generate have been complet cation process.	a printe ed and y Print	er Jou
Status	Incor	nplete			
CEHRT ID Information					
CMS EHR Certification ID:	A0H1301DAPAKEAF				
R&A Verification					
Name	Provider	Applicant NPI	99999999999		
Personal TIN/SSN Payee NPI	99999999999	Payee IIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	999999999				
R&A Registration Email	Providermail@email.co	om			
CMS EHR Certification Number	A014E01EPAKJEA3				
Is this information accurate?	Yes				

Figure 0-1: Review Tab (Part 1 of 3).

Primary Contact Information		
First Name Last Name Phone Phone Extension Email Address Department Address	Dr. Medicaid Provider 999-999-999 professional@professional.com Medicaid 123 Main Street Hometown, PA 12345	
Alternate Contact Informatio	n	
First Name Last Name Phone Phone Extension Email Address		
Eligibility Questions (Part 1	of 2)	
Are you a Hospital based eligibl	e professional?	Yes
I confirm that I waive my right payment year and am only acce Colorado.	to a Medicare Electronic Health Record Incentive Payment for this pting Medicaid Electronic Health Record Incentive Payments from	Yes
Eligibility Questions (Part 2 of What type of provider are you?	of 2)	Physician
Do you have any current sancti	ons 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	e (Part 1 of 3)	
Do you practice predominantly a 6 month period in an FQHC/R	at an FQHC/RHC (over 50% of your total patient encounters occur over HC)?	Yes
	tting volumes for:	Group/Clinic
Please indicate if you are submi		
Please indicate if you are submi	d (Part 2 of 3)	

Figure 0-2: Review Tab continued (Part 2 of 3).

	Utilizina C	ertified	Provider ID	Lo	cation Name	Address	
	EHR Tech	nology?					
	Yes	5 1	022298430001	[	pr. Medicaid	123 Main Street Hometown, PA 1234	45 -4023
Group Practic	e ID(s) 1234	4567890 23	45678901 3	456789012 4567	890123		
	Medicai Encount (Num	id & CHIP er Volume erator)	Other Ne Encou (Ni	eedy Individual nter Volume umerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
	6	500		650	1250	3500	36%
testation Ph	iase (Part 1 d	of 3)					
Cestation Ph		л <i>э</i> ј	EHR S	vstem Phase:	Meaningful Use - 90 Days		
				-			
testation EH	IR Reporting	Period (Part	1 of 3)				
testation EH	IR Reporting	Period (Part	1 of 3)	Start Date:	Jan 01, 2019		
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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]

	<u>Print</u> <u>Contact Us</u> <u>Exit</u>
Name	Applicant NPI
Personal TIN/SSN	Pavee 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 wo	uld be replaced by actual content that the hosting state may specify as static HTML.
	Basin
	begin
	UI 91-C

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.

		<u>Print</u>	<u>Contact Us</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year		
Get Started R&A/Contact Info 🗾 Status	Eligibility  Patient Volumes  Attestation Incomplete	7 Review Submit	
The MAPIR "Check Errors" panel display: The following errors have been identified of the application that resulted in the er <b>Continue</b> button on that page, you may Please note that you may still submit th	s errors that have occurred during the application d while reviewing your application. For each error l or. You will have the ability to correct your answe then select the <b>Submit</b> tab to continue with your	process. isted, click <b>Review</b> to be directed to in that section. Once you click on t review. t the approval determination	o the section the <b>Save &amp;</b>
As a hospital based physici additional documentation t	an, you may be required to submit o participate.	Review	
	Save & Continue		

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.

Name Dersonal TIN/SSN	Applicant NPI Davido TIN
Payment Year	Program Year
Get Started R&A/Contact Info 📝 Eligibility 📝	Patient Volumes 🔽 Attestation 🖉 Review Submit 🗐
Application Questionnaire	
When ready click the Save & Cont Rese	tinue button to review your selection, or click <b>Previous</b> to go back. Click t to restore this panel to the starting point.
<enter 2="" professional="" questionnaire=""></enter>	
Question 2: <enter 3="" professional="" questionnaire=""></enter>	● Yes ○ No
Question 3: <enter 4="" professional="" questionnaire=""></enter>	● Yes ○ No

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.

Name   Personal TIM/SSN   Personal TIM/SSN   Program Year   Calculation Requirement Documentation When we asked to upload any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files. Chis 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. (*) Read startisk indicates a required field. 1. Documentation Requirement Fore 2. Documentation Requirement Fore 3. Documentation Requirement Five 5. Documentation Requirement Five To upload a file, type the full path or click the Browse button. Configurable to st os size and file type.> Image the file * Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation all delay the processing of your application. Previous Reset Save & Continue * Device Res				<u>Print</u>	<u>Contact Us</u>
Name Applicant NPI   Payson ITIN/SSN Registry     Cet State: RAX/Contact Info          Application Required Prepayment Documentation   Application Required Prepayment Documentation that you wish to provide as verification for the information entered in MAPIR. You may updated multiple files.   Application Requirement Two <th></th> <th></th> <th></th> <th></th> <th></th>					
Cel Statud RAM/Contact Info [2] Elgabelity [2] Patient Volumes [2] Attestation [2] Revor   Columnit [2] <	Name Personal TIN/SSN Payment Year	Appl Paye Prog	cant NPI e TIN am Year		
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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.

Choose file						?×
Look in:	DAPIR File U	pload	-	🗢 🗈 💣 🛽	<b></b>	
My Recent Documents	MAPIR File Uplo	oad.pdf				
Desktop My Documents						
My Computer						
My Network Places	File name:	MAPIR File Upload.	pdf	•	Оре	m
	Files of type:	All Files (*.*)		•	Can	cel

#### Check the file name in the file name box.

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

Name Applicant NPI Personal TIN/SSN Payee TIN Payment Year Program Year Get Started R&A/Contact Info I Eligibility I Patient Volumes I Attestation I Review	Submit	
Name     Applicant NPI       Personal TIN/SSN     Payee TIN       Payment Year     Program Year       Get Started     R&A/Contact Info       R&A/Contact Info     Eligibility   Patient Volumes	Submit	
Get Started 🛛 R&A/Contact Info 🗊 Y Eligibility 🛐 Y Patient Volumes 🗊 Y Attestation 🛐 Y Review	Submit	
Application Required Prepayment Documentation		
You will now be asked to <b>upload</b> any documentation that you wish to provide as verification for the informa upload multiple files.	tion entered in MAPI	R. You may
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3.Documentation Requirement Three		
4.Documentation Requirement Four		
5.Documentation Requirement Five		
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<configurable and="" as="" file="" size="" text="" to="" type.=""></configurable>		
File name must be less than or equal to <b>100 characters.</b>		
Document: documentation requirement one		
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Upload File		
*  Click here to indicate that you have read the information above and understand that failure to provide will delay the processing of your application.	all of the required d	ocumentation
Previous Reset Save & Continue		

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.

Name Persor Payme	al TIN/SSN nt Year		Applicant NF Payee TIN Program Yea	PI ar		
Get Started	R&A/Contact Info 🕎 🔰 Eligibility	Patient Volumes	Attesta	tion 🛛 Review	Submit	
Application R	equired Prepayment Document	ation				
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	Document: select a de	ocument	~			
	File Location:				Browse	
		Upload	l File			
		Unloada	4 58-4			
		opioade				
	Document	File Name	File Size	Date Uploaded	Available Actions	
	documentation requirement	MAPIR File	144491	11/18/2019		
	one	Upload.pdf			View	
					Delete	
* ✓ Click her will delay the	e to indicate that you have read th processing of your application.	e information above and	d understand	that failure to provid	de all of the required of	documentation

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.

	<u>Print</u> <u>Conta</u>	<u>ct Us</u>	
Namo	Applicant NDI		_
Name Dorconal TIN/SSN			
Payment Year	Program Year		
Get Started R&A/Contact Into	Eligibility V Patient volumes V Attestation V Review Submit		
			_
Application Submission (Part 1 of	2)		
Please answer the following question	IS.		
When ready click th	e <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back. Click		
	Reset to restore this panel to the starting point.		
	(*) Red asterisk indicates a required field.		
By checking the box, you a	re indicating that you have reviewed all information that has been entered into MAPIR (as displayed	d on	
By checking the box, you a the <b>Review</b> panel).	re indicating that you have reviewed all information that has been entered into MAPIR (as displayed	d on	
By checking the box, you a the <b>Review</b> panel).	re indicating that you have reviewed all information that has been entered into MAPIR (as displaye	d on	
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By checking the box, you a the <b>Review</b> panel).	are indicating that you have reviewed all information that has been entered into MAPIR (as displaye 	d on	
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By checking the box, you a the <b>Review</b> panel).	re indicating that you have reviewed all information that has been entered into MAPIR (as displaye is application as the actual provider, or as a preparer on behalf of the provider: Previous Reset Save & Continue	d on	
By checking the box, you a <i>the Review panel</i> ). *Indicate if you are completing th Provider O Preparer	re indicating that you have reviewed all information that has been entered into MAPIR (as displaye is application as the actual provider, or as a preparer on behalf of the provider: Previous Reset Save & Continue	d on	
By checking the box, you a <i>the Review panel</i> ). *Indicate if you are completing th Provider O Preparer	re indicating that you have reviewed all information that has been entered into MAPIR (as displaye is application as the actual provider, or as a preparer on behalf of the provider: Previous Reset Save & Continue	d on	

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	t Us
Name	Applicant NPI	
Personal TIN/SSN	Pavee TIN	
Payment Year	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 <b>Previous</b> to go back. Click	
	Reset to restore this parento the starting point.	
	(*) Red asterisk indicates a required field.	
By checking the box, you ar the <b>Review</b> panel).	e indicating that you have reviewed all information that has been entered into MAPIR (as displayed	on
*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	

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.

		<u>Print</u>	<u>Contact Us</u>	
Name	Applicant NP	I		
Personal TIN/SSN	Payee TIN Brogram Yoa	-		
Payment Tear	Program rea	·		
Get Started R&A/Contact Info 💟 Eligi	bility 🕎 🛛 Patient Volumes 🕎 🔪 Attestat	ion 🕎 Review Submit 🗐		
Application Submission (Part 2 of 2)				
As the actual <i>provider</i> who has completed	this application, please <b>attest</b> to the accu	racy of all information entered and to the	e following:	
This is to certify that the foregoing info	rmation is true, accurate, and comple	te.		1
State specific text to support the attestation				
	(*) Red asterisk indicates a require	ed field.		
	(*) Red asterisk indicates a require	ed field.		_
	(*) Red asterisk indicates a require	centive Payment:		-
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NDI:1234567890	centive Payment:		-
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890	ed field. <u>centive Payment:</u> *Personal TIN: 999999999	$\supset$	-
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890	ed field. <u>centive Payment:</u> *Personal TIN: 0999999999	$\supset$	_
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890 Flectronically button to review your select Reset to restore this panel to the start	ed field. centive Payment: *Personal TIN: 999999999 tion, or click <b>Previous</b> to go back. Click ing point.		_
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890 Electronically button to review your selector Reset to restore this panel to the starting	ed field. <u> centive Payment:</u> *Personal TIN; 9999999999 tion, or click <b>Previous</b> to go back. Click ing point.		_
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890 Electronically button to review your select Reset to restore this panel to the starti Previous Reset Sign Electro	ed field.  centive Payment:  *Personal TIN: 999999999  tion, or click Previous to go back. Click ing point.		_
Electro	(*) Red asterisk indicates a require nic Signature of Provider Receiving In *NPI: 1234567890 Electronically button to review your select Reset to restore this panel to the startion Previous Reset Sign Electronically	ed field. centive Payment: *Personal TIN: 999999999 tion, or click Previous to go back. Click ing point.		_

This screen depicts Preparer selection for a *Preparer* on behalf of the provider.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

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

			<u>Print</u>	Contact Us	Ē
Name	Anr	licant NDI			
Personal TIN/SSN	Pav	vee TIN			
Payment Year	Pro	gram 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 <b>Save &amp; Co</b> <b>Re</b>	<b>ntinue</b> button to review y <b>set</b> to restore this panel to	rour selection, or click <b>Previou</b> o the starting point.	<b>s</b> to go back. Click		
(*	) Red asterisk indicates	a required field.			
*By Decking the box, you are indicating the <b>Review</b> panel).	that you have reviewed al	l information that has been en	tered into MAPIR <i>(as</i>	displayed on	
*Indicate if you are completing this application	as the actual provider, or	as a preparer on behalf of the	provider:		~
O Provider  Preparer					
P	revious Reset	ave & Continue			-

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 Contac	<u>t Us</u> <u>E</u>
Name	Applicant NPI	
Personal TIN/SSN	Payee TIN	
Payment Year	Program Year	
Get Started R&A/Contact Info 🕎 Elig	ibility 🕎 Patient Volumes 🕎 Attestation 🕎 Review Submit 🔳	
Application Submission (Part 2 of 2)		
As the <b>preparer</b> of this location on behalf o	f the provider, please <b>attest</b> to the accuracy of all information entered and to the following:	1
This is to certify that the foregoing info	rmation is true, accurate, and complete.	
State specific text to support the attestation	) 	
	(*) Red actorick indicatos a required field	
	Electronic Signature of Preparer:	
*Preparer Name: Professional Preparer	*Preparer Relationship:Preparer ×	٥
When ready disk the Sign I	Jestropia-IIV buttop to soview your colection, or click Proving to go back. Click	
when ready click the Sign E	<b>Reset</b> to restore this panel to the starting point.	
	Previous Rese Sign Electronically	
		LIT

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.

	Print Contact Us	
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year	
Get Started R&A/Contact Info 🕎 Eligib	ility 🛛 🕐 Patient Volumes 🔄 🔹 Attestation 🗊 🔹 Review Submit 🗐	
Application Submission (Part 2 of 2)		
The Meaningful Use Attestation data that you to submit the application or return to the Atte	have attested to has failed to meet mandatory requirements. At this point in time you may opt station Tab to review or revise any data that has been entered.	
By signing electronically you have attested to attempts to complete the Meaningful Use data	the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple a, may result in an audit of the data.	
Note: Mandatory requirements must be met t	to qualify for an incentive payment.	
<i>Click the <b>Attestation</b> tab to</i>	return to Meaningful Use Attestation, or the <b>Save &amp; Continue</b> button to review your selection, or click <b>Previous</b> to go back.	
Attestation Meaningful Use Measures		
Click the link below to review the Attestation outcome for each measure.	on Meaningful Use Measure data that has been entered, as well as the acceptance or rejection	
If you wish you retain this information for to to Sign Electronically to view the acceptance	the future reference, please print the information after selecting the link. It will be necessary ce and rejection outcome of measures after leaving this page.	
	Meaningful Use Measures	
This is a sample State Specific Text.		-
	Previous Save & Continue	
		_

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.

Payment Year				Apj Pay Pro	plicant N /ee TIN gram Ye	PI ar				
Get Started R&A/Contact Info	of 2)	ility 🔽	Patient Vo	olumes 🕎	Attesta	ition 🔽	Review	Submit 🔳		
plication Submission (Part 2	of 2)									
ased on the Medicaid EHR Incent present the first year of participa	ive Prograr ation, and t	n rules, th the rows re	e following epresent t	g chart dis he six yea	plays the rs of poter	maximum ntial partic	potential am ipation.	ount per ye	ear. The	e columns
ote: Eligible Professionals that s	, witched bei	ween the	Medicare a	and Medic	aid EHR Ir	ncentive Pr	ograms may	not exceed	the ma	aximum
centive amount of \$63,750.00.							,			
		Example	e Professio	onal Incen	tive Paym	ent Chart				
		( CY 2011	First Calend	dar Year of	Participatio	cv 2015	CV 2015			
		CT 2011	CT 2012	CT 2013	CT 2014	CT2013	CT 2010			
	CY 2011	\$21,250								
	CY 2012	\$8,500	\$21,250		1					
	CY 2013	\$8,500	\$8,500	\$21,250		1				
		\$8,500	\$8,500	\$8,500	\$21,250					
	CY 2014	90,500								
Year)	CY 2014 CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250				
ent Year)	CY 2014 CY 2015 CY 2016	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500	\$8,500 \$8,500	\$8,500 \$8,500	\$21,250 \$8,500	\$21,250			
'ayı'nent Y car)	CY 2014 CY 2015 CY 2016 CY 2017	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500	\$21,250 \$8,500			
(PaymentYear)	CY 2014 CY 2015 CY 2016 CY 2017 CY 2018	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500			
(Payment Year)	CY 2014 CY 2015 CY 2016 CY 2017 CY 2018 CY 2019	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500			
(Payment Year)	CY 2014 CY 2015 CY 2016 CY 2017 CY 2018 CY 2019 CY 2020	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500 \$8,500			
(Payment Year)	CY 2014 CY 2015 CY 2016 CY 2017 CY 2018 CY 2019 CY 2020 CY 2021	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500	\$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500	\$21,250 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500			

The check indicates your application has been successfully submitted.

Click OK.

	Print	<u>Contact Us</u>	<u>Exit</u>
Name Personal TIN/SSN Payment Year	Applicant NPI Payee TIN Program Year		
Current Status Review Application Docu	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.		
		U	I 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.

Name Person Payme	al TIN/SSN nt Year		Applicant NPI Payee TIN Program Year
Current Status	Review Application	ocument Upload	
Name:			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
Applicant NPI:			

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

Exit MAPIR	
Your session has ended. To complete the log out process, you must close your browser.	UI 6-C

## **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.

•		HR Incen	tive Proa	ram Parti	cipation Dashbo	ard
NDT						
CCN						
Payee TIN	ins	struction text ł	nere			
(*) Red asteris	k indicates a	required field	1.			
	Ø	0	Ø	0	0	
*Application Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
0	Adoption	Denied	1	2014	\$0.00	Select the "Continue" button to view this application
0	Upgrade	Completed	1	2015	\$21,250.00	Select the "Continue" button to view this application.
0	Stage 1 Meaningful Use Full Year	Denied	2	2016	\$0.00	Select the "Continue" button to view this application
	_					Select the "Continue" button to
0	Stage 3 Meaningful Use Full Year	Completed	3	2018	\$8,500.00	view this application.
0	Stage 3 Meaningful Use Full Year Stage 3 Meaningful Use 90 Days	Completed Submitted	3	2018	\$8,500.00	view this application. Select the "Continue" button to view this application.
0	Stage 3 Meaningful Use Full Year Stage 3 Meaningful Use 90 Days <i>Future</i>	Completed Submitted	3 4 5	2018 2019 <i>Future</i>	\$8,500.00 \$8,500.00 Unknown	view this application. Select the "Continue" button to view this application. None at this time

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.

			<u>Print</u> <u>Contact Us</u> <u>Exit</u>
Name Perso Paym	e onal TIN/SSN nent Year		Applicant NPI Payee TIN Program Year
Current Stat	tus Review Application	Submission Outcome	Document Upload
Name:			PROFESSIONAL GET STARTED SPLASH RIGHT PANEL: The text in this section of the page would be replaced by actual content that the hosting
Applicant NPI	[:		
Status:	Completed	+	
			UI 339-0

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.

			<u>Print</u>	<u>Contact Us</u>	Exi
News		A NDT			
Name Descend TIN (SSN		Applicant NP1			
Personal TIN/35N Dayment Year		Pogram Year			
Payment real		Program real			
Current Status Review Application	Submission Outcome	Document Upload			
Select "Print" to gener	ate a printer friendly	v version of this information.	Deint		
1) Beleet Frink to gener	ate a printer menary		Print		
Y					
Status					
		Completed			
Payment Amount					
You have been a	approved to re	ceive a payment in the	e amount of \$8,500.0	0	
		. ,			
Provider Information					
Name:					
Applicant NDL					
					UI 10

# **Application Statuses**

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.

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

Expired	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.

# **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 fo	r one or more program ye	ear 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.

utton and your entries w	ent information bel ill not be saved.	ow, complete th	ne required fields	, and select the "Sub	omit" button. To lea	ve this screen,	select the "Close"
Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Paymen
NPI: 9999999999 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
dicate if you are signing	electronically to app r	(*) Re prove the adjust	ed asterisk indic tment as the actu	cates a required fie al provider, or as a	eld. preparer on behalf o	of the provider:	
our signature on this adj inding to the same exter	ustment will be elec it as your written sig	tronic. By subn gnature.	hitting this adjust	ment, you acknowle	dge and understand	I that your elec	tronic signature is
I have reviewed and	accept the terms of	this agreemen	t.				

#### 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 multiyear adjustment will display.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Paymen
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
ndicate if you are signing Provider O Preparer	g electronically to ap	prove the adjus	stment as the act	ual provider, or as a	preparer on behalf	of the provider	:
our signature on this adj	justment will be elec	tronic. By subm	nitting this adjust	ment, you acknowle	dge and understand	that your elec	tronic signature is

# 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
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Version	Revision Date	Revision			
V1.0	02/05/2020	Initial version.			
		Added the following validation messages to section "Appendix A – Validation Messages Table":			
		<ul> <li>The Clinical Quality Measures reporting date range must be within the application's Program Year.</li> </ul>			
		<ul> <li>The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period.</li> </ul>			
		<ul> <li>You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields.</li> </ul>			
		<ul> <li>You must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected.</li> </ul>			
		<ul> <li>The Clinical Quality Measures reporting date range must consist of at least 90 days.</li> </ul>			
		<ul> <li>Added an "Important" notice to the "Eligibility Questions (Part 1 of 3)" Screen/Panel Name in "Appendix B – Hover Bubble Definitions".</li> </ul>			

### **Table of Contents**

Related MAPIR Documentation	4
Additional User Information	5
Appendix A – Validation Messages Table	9
Appendix B- Hover Bubble Definitions	19
Appendix C - Acronyms and Terms	27

#### **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 "<u>here</u>" 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.

				<u>Print</u>	Contact Us	<u>Exit</u>
Name			Applicant NPI			
Personal	TIN/SSN		Payee TIN			
Payment	Year		Program Year			
Get Started	R&A/Contact Info 🕎 🛛 Eligibility 🕎	Patient Volumes	Attestation 📄 Review	Submit		
Name:		P s	PROFESSIONAL GET STARTED SPI ection of the page would be repla	LASH RIGHT PANEL: T aced by actual content	he text in this that the hostin	g
Applicant NPI:		3	tate may specify as static fiffic.			
Status:	Incomplete	Continue				
Clic <b>c here</b> it you w and start over from	ould like to eliminate all information s the beginning.	saved to date,				
GET STARTED SPLA the page would be r specify as static HTM	SH BOTTOM LEFT PANEL: The text in eplaced by actual content that the ho ML.	this section of sting state may				
						UI 3-0

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	<u>Contact Us</u>	E
Name	Applicant NPI		
Personal TIN/SSN Payment Year	Payee TIN Program Year		
Get Started R&A/Contact Info 🛛 El	gibility 🛛 Patient Volumes 💟 Attestation 🔲 Review Submit		
Start Over and Delete All Pro	ogress		
To submit your request to delete all informat	ion saved to date, select Confirm. Select Cancel to return to the previous screen.		
Important: By electing	y to start over, you are opting to <b>permanently</b> erase all data previously saved for you	ur application.	_
	Cancel Confirm		_
			JI

If you clicked **Confirm** you will receive the following confirmation message. Click **OK** to continue.

<sup>—</sup> 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.					
ОК					

**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	
Contact Us State defined Contact Data goes here	
	UI 4-C

**MAPIR Error Message** – This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.

	<u>Contact Us</u>	<u>Exit</u>
MAPIR		
An error has occurred.		
<the actual="" as="" be="" by="" content="" hosting="" html.="" may="" of="" on="" page="" replaced="" section="" specify="" state="" static="" text="" that="" the="" this="" would=""></the>		

**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.

	Program Year
FIR	
lame:	Dr. Medicaid Provider
Applicant NPI:	9999999999
Status:	Not Started
reasons on the next screen Note: If you are attesting t attesting to Meaningful Use The EHR Incentive Payment	Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are please enter the certification number you had during your EHR reporting period. Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have
obtained from the ONC Cert number.	fied Health IT Product List (CHPL) website. Click <u>here</u> to access the CHPL website. You must enter a valid certification
obtained from the ONC Cert number.	fied Health IT Product List (CHPL) website. Click <u>here</u> to access the CHPL website. You must enter a valid certification Click the <b>Exit</b> button to terminate your session. When ready click the <b>Next</b> button to continue. Click <b>Reset</b> to restore this panel to the starting point.
obtained from the ONC Cert number.	fied Health IT Product List (CHPL) website. Click <u>here</u> to access the CHPL website. You must enter a valid certification Click the <b>Exit</b> button to terminate your session. When ready click the <b>Next</b> button to continue. Click <b>Reset</b> to restore this panel to the starting point. (*) Red asterisk indicates a required field.
<ul> <li>obtained from the ONC Cert number.</li> <li>Please enter the 15 char.</li> </ul>	fied Health IT Product List (CHPL) website. Click here to access the CHPL website. You must enter a valid certification         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.         cter CMS EHR Certification ID for the Complete EHR System:         000000000000000000000000000000000000
* Please enter the 15 char.	fied Health IT Product List (CHPL) website. Click here to access the CHPL website. You must enter a valid certification         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.         cter CMS EHR Certification ID for the Complete EHR System:         0000000000000         (No dashes or spaces should be entered.)

## 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>.</state>	Yes/No Radio Button	An Eligible Professional may only receive payment from either Medicare or Medicaid in a payment year, but not both. The state will validate Medicaid selection with CMS prior to payment issuance.
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>?</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 -	Provider ID	Display Field	Configurable by state
FQHC/RHC Individual (Part 3 of 3)	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 utilizedNumerator	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 periodNumerator	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 periodDenominator	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 A are	nume and Terme used thre	suchaut tha Elizible Drafa	alanal Llaar Cuidaa and MADID.
The following is a lable of Acro	nvins and reims used init	Juanoui ine Eliaiole Proies	SIGNALUSELGUIGES AND MAPIR.

Term/Acronym	Definition
ARRA	American Recovery and Reinvestment Act
САН	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
НІТ	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 Heath 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