

Confirmation of Aggregated MU Data

This form must be uploaded to the EP's MAPIR application prior to submittal

All eligible professionals (EPs) must combine their Meaningful Use (MU) data across all locations.

General Requirement: EPs must prove 50% of their combined patient encounters during the MU reporting period occurred at location(s) with a CEHRT (Refer ques.#4)

MU Requirement: EPs must meet all the required MU thresholds using combined MU data to demonstrate meaningful use.

Provider Name:

Provider NPI:

MU Reporting Period:

Program Year:

1. Did the eligible professional (EP) work at two or more **affiliated or non-affiliated** organizations during the MU reporting period?

Yes, worked at more than one organization

No, worked only at one organization

2. Please list **ONLY the location(s) the EP worked during the MU reporting period**. Please check yes or no, if the location is equipped with CEHRT

List of all the **Affiliated** locations utilizing the same EHR (server)

<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

List of all the **Non- Affiliated** locations

<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

**** If EP worked only at ONE location please sign, date and upload this document to MAPIR. All others must proceed to question 3. ****

3. Did the EP report their combined MU data from **all the above mentioned locations with CEHRT**? Refer to CMS FAQ # [3609](#)

Yes, proceed to **question 4**

No, proceed to **question 6**

4. Did the EP report their combined patient encounters from **all the above mentioned locations**, to satisfy the 50% MU General requirement?
Refer to CMS FAQ #[3065](#) and #[3215](#)

Yes, proceed to **question 5**

No, proceed to **question 6**

5. Did the EP upload the MU Dashboard(s) to support their combined MU volumes reported in MAPIR?

*The MU dashboard must show the provider's name, EHR reporting period. NOTE: **NO EXCEL REPORTS ACCEPTED.***

Yes, **sign and upload** this form to the MAPIR application

No, proceed to **question 6**

6. If the EP **failed to upload** the MU dashboard(s) for all the above mentioned locations with CEHRT, please specify an applicable reason.

Please sign or type your **name, title, & date** below:

Signature/Title:

Date: