

Confirmation of Aggregated MU Data

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

To demonstrate meaningful use, Eligible Professionals who practice at multiple locations must aggregate their MU data across all sites/locations. Eligible Professionals need 50% of their patient encounters during the selected reporting period to take place at locations with federally certified EHR technology.

Provider Name: Provider NPI:

MU Reporting Period: Program Year:

Attesting Location:

1. Did the Eligible Professional (EP) work at two or more **affiliated or non-affiliated** organizations during the MU reporting period?
 Yes, proceed to [question 2](#) No, [sign and upload](#) this form to the MAPIR application

2. Have **all locations**, where the EP worked during the selected MU reporting period, implemented a federally certified EHR?
 Yes, proceed to [question 3](#) No, proceed to [question 4](#)

3. Did the EP aggregate/combine their MU data across **all sites/locations**? Refer to CMS FAQ #[3609](#)
 Yes, proceed to [question 5](#) No, proceed to [question 7](#)

4. Did the EP aggregate/combine their number of encounters across **all sites/locations**, to determine if 50% of their total encounters occurred at a location equipped with federally certified EHR technology? Refer to CMS FAQ #[3065](#) and #[3215](#)
 Yes, proceed to [question 5](#) No, proceed to [question 7](#)

5. Please list **all the locations** the EP worked during the selected MU reporting period. Please check yes or no if the location is equipped with federally certified EHR technology:
 # If Yes, please proceed to [question 6](#)
 # If No, [sign and upload](#) this form to the MAPIR application

<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Did the EP upload the MU Dashboards for **all above mentioned sites/locations** that have federally certified EHR technology?
*The MU Dashboard must show the EP's name and the EHR reporting period. Note: **NO EXCEL REPORTS ACCEPTED***
 Yes, [sign and upload](#) this form to the MAPIR application No, proceed to [question 7](#)

7. If the EP **failed to upload** the MU Dashboard or **has not aggregated/combined** MU data for all the above mentioned sites/locations, please specify an applicable reason.

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

Signature / Title: Date: