

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 worked during the MU reporting period.

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

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

Provider Name: <input style="width: 90%;" type="text"/>	Provider NPI: <input style="width: 90%;" type="text"/>
MU Reporting Period: <input style="width: 90%;" type="text"/>	Program Year: <input style="width: 90%;" type="text"/>

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 at only 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 style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

List of all the Non- Affiliated locations			
<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

**** If EP worked at only 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](#)

- No, proceed to [question 6](#)
 Yes, proceed to [question 4](#)

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](#)

- No, proceed to [question 6](#)
 Yes, proceed to [question 5](#)

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 and MU reporting period. NOTE: **NO EXCEL REPORTS ACCEPTED.***

- No, proceed to [question 6](#)
 Yes, **sign and upload** this form to the MAPIR application

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: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	--