In accordance with HIPAA Privacy Rule, Information Access Management, documents that contain PHI or sensitive information will no longer be accepted. Please remove all PHI prior to upload. All Eligible Professionals (EPs) or appointed Designees are required to upload the required documents to the EP's application in MAPIR at the time of attestation. Attention: No documentation should be submitted directly to an Analyst for review. If an EP's document(s) exceed the MAPIR size limit, please split the document(s) and upload all parts to MAPIR. The supporting documentation sections below are color coded as follows:

Blue:	Important highlights, including changes from prior versions of this document
Green:	Links to the CMS Meaningful Use Stage 3 Specification Sheets
Purple:	Requirement that applies only to EPs who make a permitted manual correction to the MU Dashboard

MeHI has been contracted by the Massachusetts Executive Office of Health and Human Services to administer parts of the following components of the Medicaid EHR Incentive Program: Program Planning and Administration, Enrollment and Eligibility Verification, Attestation and Pre-Payment Verification, Reconsideration and Appeals, and Program Reporting to State and the Federal Government.

An electronic copy of this document and additional guidance is available in the MU Toolkit for Eligible Professionals on MeHI's website.

SECTION 1: PROGRAM ELIGIBILITY REQUIREMENTS

HOSPITAL-BASED	Upon request, EPs are required to upload employment verification letters from all locations worked for the entire previous calendar year (January 1, 2019 – December 31, 2019). For this purpose, the EP will receive the request with a link to a standardized letter with fillable fields and instructions. The fields include the total number of encounters, and the number of inpatient/ER versus outpatient encounters. The letter must be signed by an authorized official – Human Resources, Chief Nursing Officer (for Midwives and Nurse Practitioners), Clinical or Medical Director (for MDs, DDS, and PAs). Definition: An EP is considered hospital-based if the EP furnishes 90% or more of his or her services in a hospital inpatient (place of service code 21) or emergency room setting (place of service code 23).
CERTIFIED EHR TECHNOLOGY (CEHRT)	EPs must upload a letter on letterhead signed by your CIO or IS Department Head to demonstrate proof of 2015 CEHRT Edition. The letter must state the following: - List of providers(s) with NPI number(s) who are currently using or will be using the federally-certified EHR technology, and location(s) the federally-certified EHR technology will be used - EHR Vendor, product name, and version - CMS Certification Number and CHPL Product Number - And one of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract – must be signed by practice and vendor. - Copy of the CMS EHR Certification ID sheet printed from the ONC website while registering your product edition. - Proof that the 2015 CEHRT Edition was installed and used for the entire EHR Reporting Period, such as the vendor's installation sign-off, or similar documentation. Note: Be sure the license agreements or invoices identify the vendor, product name, version of the certified EHR and number of licenses purchased. If the EHR product and version are not listed on the invoice/contract, please supply a letter from the vendor attesting to the EHR product and version purchased.
PATIENT VOLUME THRESHOLD (PVT)	- EPs who worked in a Hospital Ambulatory Clinic, Hospital Foundation or Hospital-owned Health Center and elected to use Group Proxy Methodology must submit their patient volume data for prior approval before January 8, 2021. - All other EPs are required to upload patient volume supporting documentation only upon request. - Patient Volume Threshold documentation must be provided in a searchable format (i.e. Excel). - The patient volume documentation must contain all data elements listed in the Patient Volume Templates found in the Patient Volume tab of the MU Toolkit. To access the Toolkit, click here - Approved Group Proxy Options can be found here - Patient Volume Tip Sheet can be found here - For the Patient Volume Medicaid Numerator, please see the Medicaid 1115 Waiver Population Grid found here - Chip percentage must be applied to the in-state numerator (Non-FQHC only); CHIP factors can be found on the Patient Volume tab of the MU Toolkit. To access the Toolkit, click here

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDERS	EPs using Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) patient volume data must submit an FQHC Employment Letter, confirming the EP practiced predominantly at the FQHC. "Practiced predominantly" is defined as over 50% of the EP's total patient encounters occurred at an FQHC or RHC, over a period of six (6) months in the most recent calendar year (January 1, 2020 through December 31, 2020). To confirm the EP meets the "practiced predominantly" requirement, EPs must submit employment letter(s) from all locations at which the EP worked during the most recent calendar year. The letter(s) must be on letterhead, signed by a CEO or other authorized official, and include the following criteria: • Eligible Professional's date of hire • The total number of patient encounters that occurred at that location over a period of six (6) months in the most recent calendar year (January 1, 2020 through December 31, 2020) • Whether or not the EP worked full-time or part-time at another location. (If so, an employment letter must be submitted for all additional locations where the EP worked during that time)

Note: "MU Reporting Period", "EHR Reporting Period", "PI Reporting Period", and "Promoting Interoperability Reporting Period" are synonymous and all refer to the period selected for the Meaningful Use measure reporting.

Warning: All MU measures require completion by the end of the same Calendar Year as the MU reporting period.

SECTION 2: MEANINGFUL USE – SUPPORTING DOCUMENTATION REQUIREMENTS	
OBJECTIVE	MAPIR UPLOAD REQUIREMENTS AND SPECIFICATION SHEETS
MU AGGREGATION FORM	All EPs attesting to Meaningful Use are required to upload a completed Meaningful Use (MU) Aggregation Form to MAPIR. • To be a Meaningful User, an EP must have 50% of his or her outpatient encounters during the selected MU reporting period at a practice/location or practices/locations that are equipped with CEHRT. • EPs who worked at multiple practices/locations (affiliated or non-affiliated employers) that utilized certified EHRs during the selected MU reporting period are responsible for obtaining, combining and accurately reporting their MU data from all practices/locations. Click on the link to obtain a copy of the required form: MU Aggregation Form (Version 2/21/2018) Note: Patient Encounter is defined as any encounter where medical treatment is provided or evaluation and management services are provided.
PROTECT PATIENT HEALTH INFORMATION (PHI)	All EPs are required to upload a Security Risk Analysis (SRA) or Security Risk Review (SRR) to MAPIR for all locations/practices worked where certified EHR technology was utilized during the selected MU reporting period. • Each SRA or SRR submitted must be dated, and list the name and title of the person who conducted the review or analysis. The SRA or SRR should be signed by an authorized official. If the SRA or SRR pertains to multiple practice locations, the administrative, physical, and technical safeguards, encryption and mitigation plan must be listed for all locations included within the SRA/SRR. • The mitigation plan must show what steps are being taken to correct or mitigate previously identified or new discrepancies. • EPs are required to fill in and submit the Security Risk Analysis/Review Cover Sheet, which can be found here. Note: EPs must be able to demonstrate he/she implemented administrative, physical and technical safeguard to protect ePHI. The SRA/SRR must be completed in accordance with the requirements under 45 CFR 164.308(a) (1) including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312, implementing security updates as necessary, and correcting identified security deficiencies as part of the EP's risk management process. The SRA or SRR may be completed before, during or after the selected MU reporting period, but must be completed in the same Calendar Year as the MU reporting period. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here.

ELECTRONIC PRESCRIBING	All EPs are required to upload: • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for the e-prescribing measure. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here.
CLINICAL DECISION SUPPORT (CDS)	All EPs are required to upload: Measure 1: • Screen prints of <u>5</u> CDS interventions [1] generated from his/her EHR system dated within the selected MU Reporting Period. The screen prints must display profile information about the EP & facility/organization. • MU Dashboard for the selected EHR reporting period displaying the EP's name, numerator and denominator for the reported Clinical Quality Measures. If the organization elects to implement 5 CDS interventions that do not align with the reported CQMs, upload a letter from the EP's Supervising MD or Clinical or Medical Director explaining how the selected interventions relate to high-priority health conditions. • If an organization has multiple EPs and has selected Global CDSRs that are used by all EPs across all specialties, a screenshot with the Practice name and <u>enabled date</u> [2] is required along with a letter confirming <u>the CDSR's relevance</u> to the attesting EPs. The letter must list all EPs names and which CDSR he/she is using; the letter must also be on letterhead, signed and dated by the organization's Medical or Clinical Director. Notes: 1) Alerts are not the only method of providing CDS. CDS includes a wide variety of workflow optimization tools. 2) If the screenshot does not display the enabled date, either a) submit a copy of the certified EHR system's audit log showing the selected CDSR interventions were enabled for the entire MU reporting period, or b) provide a Vendor letter stating when the alerts were enabled and confirming Providers do not have the ability to deactivate an alert. Measure 2: • Documentation from their Certified EHR Technology that shows the EP enabled and implemented drug-drug and drug-allergy interaction checks for the <u>entire</u> MU reporting period. The screen prints must display profile information about EP & facility/organization. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here.
COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)	All EPs are required to upload: • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and resulting percentage for all CPOE measures. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here.
PATIENT ELECTRONIC ACCESS (PEA) TO HEALTH INFORMATION	All EPs are required to upload: Measure 1: Access to View Download and Transmit (VDT) and API Access • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure. • Documentation that shows an API was <u>enabled</u> before the MU reporting period. * • A copy of a) the instructions provided to patients with how to authenticate their access through an API, and b) information provided to the patients on available applications that leverage the API. Note: MAPIR Measure 1 Numerator = MU Dashboard Measure 1 Numerator + Patients in Opt-Out Audit Log ** Measure 2: Electronic Access to Patient Specific Education • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure. Note: MAPIR Measure 2 Numerator = MU Dashboard Measure 2 Numerator + Patients in Opt-Out Audit Log ** + Patients in Educational Email Audit Log *** For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here. * See additional section below if API Access was enabled after the start of the MU Reporting Period. ** See conditional section below for instructions on how to manually add Opt-Out patients. *** See conditional section below for instructions on how to manually add patients who were sent educational emails.

"PEA API Access" Additional Supporting Documentation REQUIRED IF: API Access was enabled after the start of the MU Reporting Period AND MU Dashboard did <u>not</u> track API Access" This is for API option 3.	Additional supporting documentation is required for EPs who: - <u>enabled API access after the start of the MU Reporting Period</u>, and - <u>enabled API access before the end of the MU Reporting Period</u>, and - the EP's MU Dashboard <u>tracked only VDT access</u> for PEA measure 1

	The EP must manually determine the numerator of measure 1, and the EP must submit the following documentation in addition to the MU dashboard:
	• Letter confirming that:
	1) the MU Dashboard tracked only VDT access and did not track API access, and
	2) the patients included in the measure 1 numerator were seen during the MU Reporting Period, and
	3) these patients were provided with
	  a) View, Download, and Transmit access and API access within 48 hours of PHI being available, and
	  b) instructions on how to authenticate their access through an API, and information on available applications that leverage the API, before or within 48 hours of PHI being available.
	4) API access to health information remained available, and the API was not disabled, after the API was enabled.
	The letter must be signed by an authorized official at the location where the patients were seen (EP, Designee, Clinical or Medical Director).
	• "API Access Audit Log" with the unique IDs of <u>all patients included in the numerator of measure 1</u> (redact any PHI information such as patient names). Patients can only be included if they were seen by the EP between the API enabled date and the end of the MU Reporting Period, and the patients were provided with:
	a) View, Download, and Transmit access and API access within 48 hours of PHI being available, and
	b) instructions on how to authenticate their access through an API, and information on available applications that leverage the API, before or within 48 hours of PHI being available.
	The log must be provided in Excel format, and must also include the date(s) of service, the date the API instructions and information on available applications were provided, and the EP's name.
	Note: These same patients have also been counted by the MU Dashboard Numerator but only for VDT access. As such, the number of patients in the API Access Audit Log cannot exceed, but may be less than, the MU Dashboard Numerator.
	• If the API instructions were provided before the API was enabled, the instructions must state the date when the API will be enabled.
	Note: MAPIR Numerator = Patients in API Access Audit Log + Patients in Opt-Out Audit Log

"PEA Opt-Out" Supporting Documentation for PEA Measure 1 and Measure 2	This conditional section applies <u>only</u> to EPs who in order to meet PEA measure 1 and measure 2: - <u>manually added</u> patients, who opted out of Patient Electronic Access, to the measure 1 and 2 numerators, because the EP's <u>MU Dashboard did not automatically add</u> these patients to the numerators.
	Patients who opted out of Patient Electronic Access may be manually added to the MU dashboard numerators of measure 1 and 2, provided the EP submits the following documentation in addition to the MU dashboard: • Letter confirming the Opt-Out patients were provided all necessary information to access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the provider. The letter must include a description of how a patient's Opt-Out action was recorded (For example a form, or other method). The letter must be signed by an authorized official at the location where the Opt-Outs occurred (EP, Designee, Clinical or Medical Director). • "Opt-Out Audit Log" with the unique IDs of the patients added to the numerators (redact any PHI information such as patient names). Patients can only be added if they opted out of PEA. The log must be provided in Excel format, and must also include the date of service, the reason for opt out, and the EP's name.
"PEA Educational Emails" Supporting Documentation for PEA Measure 2	This conditional section applies <u>only</u> to EPs who in order to meet PEA measure 2: - <u>manually added</u> patients, who were sent patient-specific educational emails, to the measure 2 numerator, because the EP's <u>MU Dashboard did not automatically add</u> these patients to the numerator.
	Patients who were sent patient-specific educational emails may be manually added to the MU dashboard numerator of measure 2, provided the EP submits the following documentation in addition to the MU dashboard:

"PEA Educational Emails" continued	• Letter confirming patients were emailed patient-specific educational resources. The letter must be signed by an authorized official at the location where the emails were sent (EP, Designee, Clinical or Medical Director). • "Educational Email Audit Log" with the unique IDs of the patients added to the MU Dashboard measure 2 numerator (redact any PHI information such as patient names). Patients can only be added if they were sent patient-specific educational emails, and only if they were not also counted as Opt-Out patients who declined electronic access to patient-specific educational resources (don't count them twice). The log must be provided in Excel format, and must also include the date of service, the date the email was sent, and the EP's name.
COORDINATION OF CARE THROUGH PATIENT ENGAGEMENT	All EPs are required to upload: Measure 1: Patients Viewed Downloaded or Transmitted (VDT), or Accessed API • An EHR-generated report that shows the EP's name, numerator, denominator and percentage for this measure. API access and VDT must occur within the same Calendar Year as the MU reporting period. Measure 2: Secure Messaging • An EHR-generated report that shows the EP's name, numerator, denominator and percentage for this measure. Action must occur within the same Calendar Year as the MU reporting period. Measure 3: Incorporation of Patient Generated Health Data or Data From Non-Clinical Setting • An EHR-generated report that shows the EP's name, numerator, denominator and percentage for this measure. Note: EPs must attest to all 3 measures or qualify for exclusions, and must meet threshold for at least 2 measures. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here.
HEALTH INFORMATION EXCHANGE (HIE)	All EPs are required to upload: Measure 1: Referrals and Transitions of Care Electronically Exchanged • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage of referrals and transitions of care generated electronically using a Summary of Care record. • Copy of one Summary of Care Record [1] with EP's name (redact patient's name and address) that occurred within the same Calendar Year as the MU reporting period. Submit a unique record per EP [3]. • Copy of confirmation of receipt, or that the receiving provider made a query, of this one Summary of Care Record [2]. Notes: 1) The Summary of Care record must be in human readable format, cannot be a test record, and must be based on any document template within the C-CDA HL7 standard. At a minimum, it must include a current problem list, current medication list, and current medication allergy list. Other patient information must be included if known, but may be left blank if such information wasn't recorded, or there was no information to record. 2) Please note: "To count in the numerator, the sending provider must have reasonable certainty of receipt of the Summary of Care records." *Upon request*, providers must be able to provide additional supporting documentation to demonstrate they have confirmation that the receiving providers queried the Summary of Care records counted in the numerator. 3) Note: eFax is not considered HIE and is therefore not an acceptable form of proof. Measure 2: Electronic Summary of Care Documents Received and Incorporated ** • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure. Measure 3: Clinical Information Reconciliation • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure, covering the clinical reconciliation of Medication, Medication Allergy, and Current Problem list. Note: EPs must attest to all 3 measures or qualify for exclusions, and must meet threshold for at least 2 measures. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet here. ** Query HIE is not an MU requirement, but if an EP receives insufficient electronic Summary of Care records from referring providers to meet measure 2, the EP can use Requests and Query HIE to obtain additional records. In this case, additional supporting documentation is only required under the condition listed in the "Requests and Query HIE" section below.

"Requests and Query HIE" Supporting Documentation Requirements for HIE Measure 2	This conditional section applies **only** to EPs who in order to meet HIE measure 2: - used Requests and Query HIE to obtain electronic Summary of Care records, and - **manually deducted** patients, for whom such record was unavailable, from the measure 2 denominator, because the EP's <u>MU Dashboard did not automatically exclude</u> these patients from the denominator.

	Transitioned, referred, and never-before-encountered patients specified below may be deducted from the dashboard denominator of measure 2, provided the EP submits the following documentation in addition to the MU dashboard. Choose from documentation requirements A or B below depending on whether the EP had access to Query HIE.
	
	A) If the EP <u>had access</u> to Query HIE functionality, then
	    a patient can be deducted if an electronic Summary of Care record was unavailable for the patient after the EP made a Request, and used Query HIE functionality, to obtain such record. In this case, the EP must upload:
	
	  • Letter confirming the EP had access to Query HIE functionality that supports a query of external sources, and that the EP's MU dashboard did not account for the patients that can be excluded. The letter must be signed by an authorized official at the location where the electronic Summary of Care records were unavailable (EP, Designee, Clinical or Medical Director).
	
	  • Request and Query Audit Log with the unique IDs of the patients deducted from the denominator (redact any PHI information, such as patient name). The log must be provided in Excel format, and must include:
	    o The date of service.
	    o The <u>date</u> the EP requested an electronic Summary of Care record; the <u>provider contacted</u> in the request; and the <u>method</u> used to make the request, e.g. phone, secure email, secure messaging, or other method.
	    o The <u>date</u> the EP used Query HIE functionality to query at least one external source in which the EP did not locate a Summary of Care record for the patient; and the <u>name or description</u> of the external source(s).
	
	OR
	
	B) If the EP <u>had no access</u> to Query HIE functionality, then***
	    a patient can be deducted if an electronic Summary of Care record was unavailable for the patient after the EP made a Request for such record. In this case, the EP must upload:
	
	  • Letter confirming that either "the EP did not have access to Query HIE functionality that supports a query of external sources", or "the Query HIE functionality that supports query of external sources was not operational in the EP's geographic area and not available in the EP's EHR network, as of the start of the EHR Reporting Period". The letter must be signed by an authorized official at the location where the electronic Summary of Care records were unavailable (EP, Designee, Clinical or Medical Director).
	
	  • Request Audit Log with the unique IDs of the patients deducted from the denominator (redact any PHI information, such as patient names). The log must be provided in Excel format, and must include:
	    o The date of service.
	    o The <u>date</u> the EP requested an electronic Summary of Care record; the <u>provider contacted</u> in the request; and the <u>method</u> used to make the request, e.g. phone, secure email, secure messaging, or other method.
	
	*** Many 2015 Edition CEHRTs support Query HIE, either via vendor functionality, or via integration of Query HIE platforms, such as Commonwell or Carequality. Check with your vendor whether Query HIE functionality is available and how to enable it. Not enabling the functionality does not count as "EP did not have access", nor as "not available in the EP's EHR network".

PUBLIC HEALTH REPORTING	All EPs except for those EPs claiming an exclusion, are required to upload: Measure 1: Immunization Registry Reporting • MIIS Immunization Acknowledgement, MIIS Registration of Intent, or MIIS MU Scorecard to demonstrate <u>active</u> engagement with the immunization registry. For the instructions on how to obtain your score card, click <u>here</u>. To obtain your score card, click <u>here</u>. • EPs who are primary care physicians and are claiming an immunization exclusion for the selected MU reporting period are required to submit a letter on letterhead, signed by the EP, attesting to accuracy of the exclusion. Measure 2: Syndromic Surveillance Reporting • EPs practicing in a freestanding urgent care facility: Documentation from the Syndromic Surveillance Registry to demonstrate active engagement. • All other EPs: Massachusetts Department of Public Health <u>does not</u> accept Syndromic Surveillance Data from EPs who don't work at a freestanding urgent care facility. Therefore, these EPs can claim an exclusion. Measure 3: Electronic Case Reporting • Documentation from the electronic Case Reporting (eCR) Registry to demonstrate active engagement. The eCR Registry may become available in Massachusetts for program year 2019. Measure 4: Public Health Registry Reporting • Documentation from a Public Health Registry to demonstrate active engagement. Measure 5: Clinical Data Registry Reporting Take exclusion: Registry is not available in MA for program year 2020. EPs must attest to 2 available public health reporting measures, or take applicable exclusions for all public health measures. For more information about this Stage 3 objective, please refer to the CMS Specification Sheet <u>here</u>. For more information about the Massachusetts Registries, click <u>here</u>.
CLINICAL QUALITY MEASURES (CQMs)	All EPs are required to upload: • An EHR-generated MU dashboard or report that shows the EP's name, all 6 CQMs, numerator and denominator, and percentage. For PY2020 and PY2021, report any 90 day CQMs. Note: CQM data cannot be collected outside of Certified EHR Technology. For more information about the CQM objective, please refer to the CMS information <u>here</u>. (Use this linked website to obtain information on how to select CQMs for your EPs, but keep in mind that Massachusetts does not accept the eCQM submissions discussed on this website).