

Meaningful Use Boot Camp Webinar

Massachusetts Medicaid EHR Incentive Program

September 18 & 19, 2018

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Disclaimer

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Agenda

- Program Eligibility
- CMS Registration Systems
- Access Provider Applications
- Patient Volume Threshold
- MAPIR Overview
- Meaningful Use Objectives and Measures
- MU Toolkit for Eligible Professionals
- Program Reminders
- Appendix
 - 2018 Modified Stage 2 MU Objectives, Measures and Supporting Documentation

Eligibility Requirements

- Eligible Professionals (EP) with previous attestation
 - Physician (MD or DO)
 - Nurse Practitioner (NP) or Psychiatric Clinical Nurse Specialist (PCNS)
 - Certified Nurse-Midwife (CNM)
 - Dentist
- Minimum 30% Medicaid Patient Volume Threshold (PVT)
 - Board-certified pediatricians – minimum 20% PVT
- 2014 Edition or higher Certified EHR Technology (CEHRT)
- Non-Hospital-Based or practice predominantly at an FQHC
 - Less than 90% of encounters during the previous calendar year occurred in an Inpatient (POS 21) or Emergency Room (POS 23) setting

Program Registration Systems

CMS Identity & Access Management System (I&A)

- Users working on behalf of an EP's must have and I&A user ID/password and be associated with the EP's NPI
- Authorized and Delegated officials will be able to add their organization as an employer in the Identity and Access management System (I&A).
- I&A allows Authorized and Delegated Officials to add and remove staff from their organization and control the functions accessible to those staff.
- I&A allows its users to quickly and securely manage their connections between EP's and their relationships with Surrogates who work on their behalf



Program Registration Systems

CMS Registration & Attestation System (R&A)

- 2016 was the last year to initiate participation in the Medicaid EHR Incentive program. New registration will not be required for EP's who made the deadline
- CMS Registration and Attestation System allows you to:
 - Modify existing registration
 - Edit organization and payment information
 - Reactivate an expired registration
 - Cancel participation in the Incentive Program
- When making changes to a registration you must save and continue until it says “successful submission“; Confirmation email will follow
- CMS R&A will allow you to see attestation status and payment history

Access Provider Applications in MAPIR

Data Collection Form (DCF)

- Authorizes Designee to attest on the Provider's behalf
 - Identifies the primary user (Designee) and creates the user login for access to MAPIR via the Provider Online Service Center (POSC)
 - Designee receives a Virtual Gateway ID and participating EPs will appear in MAPIR provider dropdown
 - Data Collection Forms typically take 4-6 business days to process
- DCF must be submitted 3 weeks prior to deadline to ensure access
- Email completed DCFs to MASSEHR@MASSTECH.ORG for processing
- If denied access to EPs' previous applications, contact MeHI for assistance
 - A different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process

Patient Volume Threshold (PVT)

- Medicaid patient volume determines if a provider is eligible for the Medicaid EHR Incentive Program
 - Ensures payments go only to providers who serve the target Medicaid population
- Eligible Professionals (EPs) must bill at least **30%** of their encounters to Medicaid over a consecutive 90-day period
 - Includes Fee-For-Service (FFS) and Managed Care Organization (MCO) – see the [Medicaid 1115 Waiver Population Grid](#) for a complete list
 - Board-certified pediatricians can meet a 20% threshold and receive a reduced incentive
 - EPs who work at a Federally Qualified Health Center (FQHC) can include both needy individuals and Medicaid patients to meet the 30% threshold
- Patient volume eligibility must be demonstrated each year of participation; EPs must select a different PVT reporting period every year
- PVT does not require use of the CEHRT; organizations may use their billing system to extract their volume

Patient Volume Threshold (PVT)

- The PVT reporting period is any 90-day period from either the previous calendar year or the 12-month period leading up to attestation
 - Simplest approach: choose one timeframe and stick to it
- Previous Calendar Year (CY) is always based on Program Year (PY), not the date of attestation
 - For PY 2018 applications, the previous CY is 2017, regardless of when you attest (even if you attest in 2019)
- Meaningful Use (MU) reporting period vs. PVT reporting period
 - Both are 90 consecutive days
 - PVT reporting period is always from either the previous CY or the 12-month period leading up to attestation
 - MU reporting period is within the Program Year

Patient Volume Threshold (PVT)

Methodology: Individual vs Group Proxy

- To determine Medicaid Patient Volume eligibility, EPs may use either individual data or the Group Proxy Methodology
 - **Individual data:** each EP uses only his/her own patient encounters to establish Medicaid PVT
 - **Group Proxy:** all providers in the practice (including those not eligible for the Medicaid EHR Incentive Program) aggregate their data to determine the group's Medicaid PVT

EPs Attesting as a GROUP								
Sample Template - Total Enrollee Volume/Denominator								
Group Name:	Collaborative Group							
Group NPI:	125789620							
Reported 90-days:	1/1/2015 - 3/31/2015							
Servicing Provider Name	Servicing Provider NPI	Site/Location CEHRT	Date of Service	Unique Patient Id (MRN)	Unique Patient Id (DOB)	Total Amount Paid	Primary Payer	Denial Reason

Patient Volume Threshold (PVT)

- All attesting EPs must submit their applications using the same PVT methodology
 - An organization cannot have some EPs who use individual data and others who use Group Proxy
 - Providers at different stages/payment years of the program can still report as a group
- Group Proxy Methodology usually involves less administrative burden and often allows more EPs to participate

Dr. Green	25%
Dr. Brown	35%
Dr. Smith	35%
Dr. Jones	35%
Dr. Johnson	35%
Group Total	33%

Example: using individual data, Dr. Green would not qualify; aggregating the group's data allows all five EPs to participate

Patient Volume Threshold (PVT)

PVT Calculator

PVT Calculator Version 11-3-2017.xlsx - Excel

Copyright 2017 MeHI and Massachusetts EOHHS

MEHI - PVT CALCULATOR Beginner: Read Instructions Tab; Use F1 for help; Follow all pop up instructions Beginner

STEP 1: Import claims sheet with the "1a) Browse Claims File" and "1b) Import Claims Sheet" buttons

a) Directory and Name of Your Claims File*: H:\Rik Medicaid\PVT Calculator\Demo File.xlsx 1a) Browse Claims File 1c) Convert Multiple Payors

b) Name of Your Claims Sheet*: Claims Detail 1b) Import Claims Sheet

STEP 2: Enter the fields below, then press the "2) Find Payors" button

Your Claims Header Row Number*: 3 2) Find Payors

Your Claims Column Range: A To: L
If left blank, the program will determine the column range

Methodology*: Paid Claims
Below you can specify column letters or header text. If you specify column letters, the program will substitute the header text.

Unique Patient ID 1 Column*: MRN Unique Patient ID 2 Column*: Date of Birth

Date of Service Column*: Date of Service Payor Column*: Payor

Provider NPI or Name Column**:
For Group PVT only. Leave blank for Individual EP Amount Paid Column*: Paid Claim Amount

STEP 3: Enter the CHIP Factor, then press the "3) Calculate PVT" button

[Click here to lookup the CHIP factors](#) CHIP Factor: 0% PVT: 28.7% 3) Calculate PVT

Enter CHIP Factor if Non-FQHC/IHC method is used

Unique Medicaid Claims: 2641 PVT Numerator: 2641 4) Clean Up
with CHIP factor applied

Unique Out Of State Medicaid Claims: 0 PVT Denominator: 9187 5) Copy to .xls for MAPIR

* = Required field
** = Recommend for group PVT

STEP 4: If the PVT is correct, use the "4) Clean Up" button to remove all duplicate and ineligible claims.
STEP 5: Use "5) Copy to .xls for MAPIR" button to copy the PVT data into a .xls file uploadable to MAPIR

Instruction: Enter the row number of the header row in your claims sheet. (Note: This must be a row number between 1 and 100)

Your Claims Date Range

First Date: 5/27/2015

Last Date: 8/24/2015

F1 = Help

PVT Calculator | Claims Detail | Group Roster | Instructions | Overview | Payor Codes

Accessing Medical Assistance Provider Incentive Repository (MAPIR)

- › [Provider Services](#)
- › [Home](#)
- › [Provider Search](#)
- › [Manage Batch Files](#)
- › [Manage Service Authorizations](#)
- › [Manage Correspondence and Reporting](#)
- › [Manage Members](#)
- › [Manage Claims and Payments](#)
- › [Manage Provider Information](#)
- › [Administer Account](#)
- › [Reference Publications](#)
- › [EHR Incentive Program](#)
- › [News & Updates](#)
- › [Related Links](#)

MassHealth Provider Online Service Center



The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User? [Login](#)

Would like to enroll as a provider? [Enroll Now](#)

Need more information? [FAQs](#)

Accessing Medical Assistance Provider Incentive Repository (MAPIR)

- MassHealth Provider Online Service Center
- MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented.
- All R&A payee and organizational information will be linked to MAPIR
- All connected EP's will show in your MAPIR user dropdown
- Applications can be flipped to incomplete upon request
- Documents can be uploaded when application is in a pended status.
- Applications can be submitted incomplete to satisfy deadline

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

2018 Modified Stage 2 Objectives and Measures

Eligible Professional Objectives and Measures	
(1)	Protect electronic protected health information created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical capabilities.
(2)	Use clinical decision support to improve performance on high-priority health conditions.
(3)	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible prescriptions electronically .
(5)	Health Information Exchange – The eligible professional (EP) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Patient Specific Education – Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	Medication Reconciliation – The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
(8)	Patient Electronic Access – Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
(9)	Secure Messaging – Use secure electronic messaging to communicate with patients on relevant health information.
(10)	Public Health Reporting – The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.

2018 MU Objectives and Measures

- Objectives with percentage-based measure thresholds (numerator/denominator)

- Computerized order Entry
- Prescriptions electronically
- Health Information Exchange
- Patient-Specific Education
- Medication Reconciliation
- Patient Electronic Access



- Objectives with yes/no requirements

- Protecting patient health information (SRA)
- Clinical Decision Support
- Public Health Reporting



2018 MU Supporting Documentation Guidelines



Massachusetts Medicaid EHR Incentive Program 2017 Supporting Documentation Requirements

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:

Black and brown: Modified Stage 2 requirements

Black and green: Stage 3 requirements

Blue: Important highlights, including changes from prior versions of this document

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.

- 2018 supporting documentation guidelines will be similar to 2017 guidelines
- Applications are reviewed by Analysts in the order they are received
- Once eligibility requirements are met, the application moves to the MU phase of validation
- Notifications sent for approved phases of validation or requests for required supporting documentation

MeHI Repository for program and MU resources

- > Support
- > Toolkits
 - EHR Toolkit
 - HIE Toolkit
 - MU Toolkit for EP
 - MU Toolkit for EH
- > eHealth Education
- > Resources
- > Stories
- > Learning Collaboratives
- > E-Sharing of ACP Docs
- > Funding

Meaningful Use Toolkit for EP

This toolkit provides definitions, info sheets, tips, user guides for Meaningful Use and the Medicaid EHR Incentive Program for Eligible Professionals (EP). MAPIR opened for PY2017 on Nov 20, 2017. If you attested before this date, you may be asked to start over.



Overview of New Requirements for Program Year 2017

Meaningful Use (MU) refers to the use of Certified Electronic Health Record Technology (CEHRT) in a meaningful way to increase efficiency, reduce costs, and improve patient care. By demonstrating MU, an Eligible Professional (EP) can earn financial incentives.

PROGRAM YEAR 2017	
EPs	
MAPIR opens for MU:	Nov 20, 2017
Attestation Deadline:	Jun 21, 2018
Deadlines to Submit Documents	
Data Collection Forms to register or access MAPIR:	Apr 10, 2018
Hospital Ambulatory Group Proxy Information:	Jan 8, 2018
Resident Proposals:	Jan 8, 2018
MU Reporting Period	
Jan 1, 2017 – Dec 31, 2017	
- All attesters must use a 90-day period **	
** Including providers originally scheduled for 365 days	



Reporting Periods and Deadlines



- Program year is the same as the calendar year January 1 to December 31
- MU reporting period is any continuous 90 days within the program year.
- Attestation can't begin until the previous incentive has been paid
- PVT reporting period can be any continuous 90 days within the previous calendar year or within the 12 months preceding the date of attestation.
- Typically the deadline for each program year is March 31 of the following calendar year (subject to change)
- Security Risk Analysis (SRA) must be conducted within the calendar year
- Subscribe to the MeHI Newsletter for updates on deadlines, program changes and upcoming educational events
- Meaningful Use Workshops coming October 12th and 19th

Questions?

Contact Us



 mehi.masstech.org  1.855.MassEHR

 ehealth@masstech.org  Follow us @MassEHealth

Identity & Access: <https://nppes.cms.hhs.gov/IAWeb/warning.do?fwdurl=/login.do>

CMS Program: <https://ehrincentives.cms.gov/hitech/login.action>

MAPIR: <https://newmmis-portal.ehs.state.ma.us/EHSPProviderPortal/providerLanding/providerLanding.jsf>

Registration & Attestation: <https://ehrincentives.cms.gov/hitech/login.action>

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Appendix: 2018 MU Objectives, Measures and Supporting Documentation

Objective: Protect Patient Health Information (PHI)

Protect electronic health information (PHI) created or maintained by CEHRT through implementation of appropriate technical capabilities



Measure

Conduct or review security risk analysis (SRA), including:

- Address security to include encryption of ePHI
- Implement security updates & correct identified security deficiencies as part of EP's risk management process (Mitigation plan)

No Exclusions



Modified Stage 2 & Stage 3

- **Security Risk Analysis (SRA)/Security Risk Review (SRR)** must be submitted for **each location** where the EP practiced and utilized CEHRT during the EHR reporting period.

Be sure to include:

- Name of practice
 - Location
 - Date completed
 - Signature of authorized official
 - Name and title of person who conducted SRA/SRR
 - Mitigation plan detailing action steps to correct/diminish identified security gaps
- **Completed SRA/SRR cover sheet** attesting to the truthfulness and accuracy of the analysis must also be submitted.

Objective: Clinical Decision Support (CDS)

Use clinical decision support (CDS) to improve performance on high-priority health conditions



Measure 1

Implement 5 CDS interventions related to 4 or more CQMs for entire EHR reporting period

Measure 2

Enable and implement drug-drug & drug-allergy interaction checks for entire EHR reporting period

Exclusion for Measure 2

Any EP who writes fewer than 100 medication orders during EHR reporting period



Modified Stage 2 & Stage 3

Upload Supporting Documentation for Measure 1

- EHR-generated screenshots of 5 CDS interventions dated within EHR reporting period and identifying both EP and organization
- Documentation showing interventions relate to 4 or more CQMs related to the scope of practice, **OR** a letter from EP's Supervisor or Medical Director explaining CDS's relationship to patient population and high priority conditions

For global CDS implementations:

- Screenshot with practice name and enabled date
 - If screenshots don't display enabled dates, submit **either** CEHRT audit logs with enabled dates, **OR** a vendor letter confirming enabled dates and that EPs are unable to deactivate interventions
- Letter on letterhead and signed by Medical Director confirming relevance to EP and including a list of all EPs using the CDS



Modified Stage 2 & Stage 3

Upload Supporting Documentation for Measure 2

- Documentation from CEHRT identifying both EP & organization showing drug-drug & drug-allergy interaction checks were enabled for the entire reporting period

Objective: Computerized Provider Order Entry (CPOE)

Use CPOE for medication, laboratory and radiology orders entered by licensed healthcare professional who can enter orders into medical record per state, local, and professional guidelines



Measure 1 More than 60% of medication orders created during EHR reporting period recorded using CPOE

Measure 2 More than 30% of laboratory orders (increases to >60% for Stage 3)

Measure 3 More than 30% of radiology orders (increases to >60% for Stage 3)

Exclusions – Any EP who during EHR reporting period:

Measure 1: writes fewer than 100 med orders

Measure 2: writes fewer than 100 lab orders

Measure 3: writes fewer than 100 radiology orders



Modified Stage 2 & Stage 3

- In MAPIR, enter the numerators/denominators lifted directly from the MU report to show the EP meets the required threshold

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU reporting period
- EP's name
- Recorded volumes for; medication, lab and radiology orders

Objective: Electronic Prescribing (eRx)

Generate and transmit permissible prescriptions electronically (eRx)



Measure

More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT (increases to >60% for Stage 3)

Exclusions

- EP writes fewer than 100 prescriptions during EHR reporting period
- No pharmacy within organization and no pharmacies accepting eRx within 10 miles of EP's practice at start of reporting period



Modified Stage 2 & Stage 3

- In MAPIR, enter the numerators/denominators lifted directly from the MU report to show the EP met the required threshold

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU reporting period
- EP's name
- Recorded volumes for eRx

Modified Stage 2: EP who transitions or refers their patient to another setting of care or another provider of care provides a summary care record for each transition of care or referral



Measure

- use CEHRT to create a summary of care record; and
- electronically transmit each summary to a receiving provider for more than 10% of transitions of care and referrals

Exclusion

Any EP who transfers patient to another setting or refers patient to another provider less than 100 times during EHR reporting period



Modified Stage 2 & Stage 3

In MAPIR, enter the numerators/denominators lifted directly from the MU report to show the EP met the required threshold

Upload Supporting Documentation

Measure 1:

- EHR generated report that displays:
 - Selected MU reporting period
 - EP's name
 - Recorded volumes for HIE
- One unique Summary of Care Record per EP that:
 - Occurred within the same calendar year of the EHR reporting period
 - Includes, at a minimum, current problem list, current medication list, current medication allergy list
 - Is in human readable format
- Confirmation of receipt (*or for Stage 3, proof that the receiving provider made a query*) of this one Summary of Care record

Modified Stage 2: EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs a medication reconciliation



Measure

EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP*

Exclusion

Any EP who is not a recipient of any transitions of care during the EHR reporting period



Modified Stage 2

- In MAPIR, enter the numerator/denominator lifted directly from the MU Dashboard to show the EP met the required threshold

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU period
- EP's name
- Recorded volumes for Medication Reconciliation

Modified Stage 2: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient



Measure

Patient specific education identified by CEHRT is provided to more than 10% of all unique patients with office visits seen in EHR reporting period. Use EHR-identified education resources.

Exclusion

Any EP who has no office visits during EHR reporting period



Modified Stage 2

- In MAPIR, enter the numerators/denominators lifted directly from the MU report to show the EP met the required threshold

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU period
- EP's name
- Recorded volumes for Patient Specific Education

Modified Stage 2: Provide patients the ability to view online, download and transmit their health information within 4 business days of info being available to EP



Measure 1

More than 50% of all unique patients seen during EHR reporting period are provided timely access to view online, download, and transmit their health information

Measure 2

More than 5% of unique patients seen by EP during EHR reporting period view, download, or transmit their health information to third party during the EHR reporting period

Exclusion Measure 1

- Any EP who neither orders nor creates any of the information listed for inclusion as part of the measure, except “Patient Name” or “Provider’s Name and Office Contact Information”



Exclusion Measure 2

- Any EP who neither orders nor creates any of the information listed for inclusion as part of the measure, except “Patient Name” or “Provider’s Name and Office Contact Information”
- More than half of the EP’s encounters are in an a county that does not have 50% or more of its housing units with 4Mbps broadband



Modified Stage 2

- In MAPIR, enter the numerators/denominators lifted directly from the MU Dashboard to show the EP met the required thresholds

Measure 1: Patients were given timely access to View, Download and Transmit (VDT)

Measure 2: Number of Patients who actually Viewed, Downloaded or Transmitted

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU period
- EP's name
- Recorded volumes for Patient eAccess

Modified Stage 2: Use secure electronic messaging to communicate with patients on relevant health information



Measure

A secure message was sent to more than 5% of unique patients seen during EHR reporting period using the electronic messaging function of CEHRT to the patient, or in response to a secured message sent by a patient during the EHR reporting period

Exclusion

Any EP who has no office visits during EHR reporting period, or more than half of EP's encounters are in an a county that does not have 50% or more of its housing units with 4Mbps broadband



Modified Stage 2

- In MAPIR, enter the numerator/denominator lifted directly from the MU Report to show the EP met the required threshold

Upload Supporting Documentation

EHR generated report that displays:

- Selected MU period
- EP's name
- Recorded volumes for Secure eMessaging

EP is in active engagement with public health agency to submit electronic public health data from CEHRT



The EP must meet 2 of the following measures:

Measure 1

Immunization Registry: EP is in active engagement with a public health agency to submit immunization data

Measure 2

Syndromic Surveillance: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting. Required for EPs who practice in a freestanding Urgent Care facility

Measure 3

Specialized Registry: EP is in active engagement to submit data to a specialized registry

Exclusion Measure 1 – Immunization Registry



- EP does not administer any immunizations to any of the populations for which data is collected in the area
 - Massachusetts has MIRS registry, so the other two exclusions are not applicable

Exclusions Measure 2 – Syndromic Surveillance

- Required for EPs who practice in a freestanding Urgent Care facility. Other EPs may take an exclusion

Exclusions Measure 3 – Specialized Registry

- Any EP who does not diagnose or treat diseases or conditions associated with data required by specialized registry in the area
 - Massachusetts has a cancer registry, so the other two exclusions are not applicable



Measure 1 – Immunization Registry

MIIS Immunization Acknowledgement (ACK), MIIS Registration of Intent, or MIIS MU Scorecard to demonstrate active engagement

Exclusion: PCPs claiming an immunization exclusion must upload a letter attesting to the accuracy of the exclusion



Measure 2 – Syndromic surveillance

Applies to EPs in freestanding Urgent Care Facility. Documentation to demonstrate active engagement.



Measure 3 – Specialized Registry

Documentation from a Specialized Registry to demonstrate active engagement with the Cancer Registry and/or Infectious Disease Registry