

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.

## SECTION 1: PROGRAM ELIGIBILITY REQUIREMENTS

<p>HOSPITAL-BASED</p>	<p>Upon request, EPs are required to upload employment verification letters from <u>all locations worked</u> for the entire previous calendar year (January 1, 2016 – December 31, 2016). <a href="#">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.</a> 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).</p> <p>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).</p>	
<p>CERTIFIED EHR TECHNOLOGY (CEHRT)</p>	<p>Modified Stage 2</p>	<p>EPs who have not yet attested based on a 2014 CEHRT or 2015 CEHRT Edition, must upload a letter on letterhead signed by your CIO or IS Department Head to demonstrate proof of either 2014 CEHRT or 2015 CEHRT Edition.</p>
	<p>Stage 3</p>	<p>EPs must upload a letter on letterhead signed by your CIO or IS Department Head to demonstrate proof of:</p> <ul style="list-style-type: none"> <li>2015 CEHRT Edition; or</li> <li>Combination of 2015 CEHRT and 2014 CEHRT Editions that meets the Stage 3 requirements, and where the EP used HIE technology certified to the 2015 Edition to meet the HIE objective.</li> </ul>
	<p>For both Modified Stage 2 and Stage 3, the letter must state the following:</p> <ul style="list-style-type: none"> <li>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</li> <li>EHR Vendor, product name, and version</li> <li>CMS Certification Number and CHPL Product Number</li> <li>And one of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract – must be signed by practice and vendor.</li> <li>Copy of the CMS EHR Certification ID sheet printed from the ONC website while registering your product edition.</li> </ul> <p>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.</p>	
<p>PATIENT VOLUME THRESHOLD (PVT)</p>	<ul style="list-style-type: none"> <li>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, 2018.</li> <li>All other EPs are required to upload patient volume supporting documentation <i>only upon request</i>.</li> <li>Patient Volume Threshold documentation must be provided in a searchable format (i.e. Excel).</li> <li>The patient volume documentation must contain all data elements listed in the Patient Volume Templates found <a href="#">here</a></li> <li>Approved Group Proxy Options can be found <a href="#">here</a></li> <li>Patient Volume Tip Sheet can be found <a href="#">here</a></li> <li>For the Patient Volume Medicaid Numerator, please see the Medicaid 1115 Waiver Population Grid found <a href="#">here</a></li> <li>Chip percentage must be applied to the in-state numerator (Non-FQHC only); CHIP Grid can be found <a href="#">here</a></li> </ul>	

<p>FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDERS</p>	<p>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, 2017 through December 31, 2017). 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:</p> <ul style="list-style-type: none"> <li>• Eligible Professional’s date of hire</li> <li>• 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, 2017 through December 31, 2017)</li> <li>• 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)</li> </ul>
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**Note:** “MU Reporting Period” is synonymous to “EHR Reporting Period”, and both refer to the period selected for MU measure reporting.

**Warning:** All MU measures now 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				
<p>MU AGGREGATION FORM</p>	<p><u>All EPs</u> attesting to Meaningful Use are required to upload a completed Meaningful Use (MU) Aggregation Form to MAPIR.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p>Click on the link to obtain a copy of the required form: <a href="#">MU Aggregation Form (Version 2/21/2018)</a></p> <p>Note: Patient Encounter is defined as any encounter where medical treatment is provided or evaluation and management services are provided.</p>				
<p>PROTECT PATIENT HEALTH INFORMATION (PHI)</p>	<p>All EPs are required to upload a Security Risk Analysis (SRA) or Security Risk Review (SRR) to MAPIR for <u>all locations/practices worked</u> where certified EHR technology was utilized during the selected MU reporting period.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The mitigation plan <u>must</u> show what steps are being taken to correct or mitigate previously identified or new discrepancies.</li> <li>• EPs are required to fill in and submit the Security Risk Analysis/Review Cover Sheet, which can be found <a href="#">here</a>.</li> </ul> <p>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. <a href="#">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.</a></p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: center;">Modified Stage 2</td> <td>For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</td> </tr> <tr> <td style="text-align: center;">Stage 3</td> <td>For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</td> </tr> </table>	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .	Stage 3	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
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CLINICAL DECISION SUPPORT (CDS)	<p>All EPs are required to upload:</p> <p>Measure 1:</p> <ul style="list-style-type: none"> <li>• Screen prints of <u>5</u> CDS interventions<sup>1)</sup> generated from his/her EHR system dated within the selected MU Reporting Period. The screen prints must display profile information about the EP &amp; facility/organization.</li> <li>• 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.</li> <li>• 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><sup>2)</sup> 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.</li> </ul> <p>Notes:</p> <ol style="list-style-type: none"> <li>1) Alerts are not the only method of providing CDS. CDS includes a <u>wide variety</u> of workflow optimization tools.</li> <li>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.</li> </ol> <p>Measure 2:</p> <ul style="list-style-type: none"> <li>• 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 &amp; facility/organization.</li> </ul>	
	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
	Stage 3	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	
	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
	Stage 3	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
ELECTRONIC PRESCRIBING	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	
	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
	Stage 3	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
HEALTH INFORMATION EXCHANGE (HIE)	<p>All EPs are required to upload:</p> <p>Measure 1: Referrals and Transitions of Care Electronically Exchanged</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Copy of one Summary of Care Record<sup>1)</sup> with EP's name (redact patient's name and address) that <u>occurred within the same Calendar Year as the MU reporting period</u>. Submit a unique record per EP.</li> <li>• <u>Copy of confirmation of receipt, or that the receiving provider made a query, of this one Summary of Care Record<sup>2)</sup></u>.</li> </ul> <p>Notes:</p> <ol style="list-style-type: none"> <li>1) The Summary of Care record must be in human readable format and cannot be a test record. 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.</li> <li>2) Please note: "To count in the numerator, the sending provider must have reasonable certainty of receipt of the Summary of Care records." <u>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.</u></li> </ol>	

HIE Continued	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a> .
	Stage 3*	<p>Measure 2: Electronic Summary of Care Records Received and Incorporated</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Measure 3: Clinical Information Reconciliation</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p>
MEDICATION RECONCILIATION	Modified Stage 2	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>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 medication reconciliation measure.</li> </ul> <p>For more information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p> <p>Note for Stage 3: Converted into HIE Measure 3</p>
PATIENT SPECIFIC EDUCATION	Modified Stage 2	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>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 patient specific education measure.</li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p> <p>Note for Stage 3: Converted into Patient Electronic Access Measure 2</p>
PATIENT ELECTRONIC ACCESS TO HEALTH INFORMATION  <b>Attention:</b> See section at the end of this document for additional Supporting Documentation Requirements for using "Opt Out"	All EPs are required to upload:	
	Modified Stage 2	<p>Measure 1: Access to View Download and Transmit (VDT)</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Measure 2: Patients Viewed Downloaded or Transmitted (VDT)</p> <ul style="list-style-type: none"> <li>An EHR-generated report that shows the EP's name, numerator, denominator and percentage for this measure. <b>VDT must occur within the same Calendar Year as the MU reporting period.</b></li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p> <p>Note: In Stage 3: Converted into Coordination of Care through Patient Engagement Measure 1</p>
	Stage 3	<p>Measure 1: Access to View Download and Transmit (VDT) and API Access</p> <ul style="list-style-type: none"> <li>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.</li> <li>Documentation that shows an API was <b>enabled</b> prior to or during the MU reporting period.</li> <li>A copy of the instructions provided to patients with a) how to authenticate their access through an API, and b) information on available applications that leverage the API.</li> </ul> <p>Measure 2: Electronic Access to Patient Specific Education</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p>
SECURE ELECTRONIC MESSAGING	Modified Stage 2	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>An EHR-generated report that shows the EP's name, numerator, denominator and percentage for the Secure Messaging measure. <b>Action must occur within the same Calendar Year as The MU reporting period.</b></li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p> <p>Note for Stage 3: Converted into Coordination of Care through Patient Engagement Measure 2</p>

<p>COORDINATION OF CARE THROUGH PATIENT ENGAGEMENT</p>	<p>Stage 3**</p>	<p>All EPs are required to upload:</p> <p>Measure 1: Patients Viewed Downloaded or Transmitted (VDT), or Accessed API</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Measure 2: Secure Messaging</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Measure 3: Incorporation of Patient Generated Health Data or Data From Non-Clinical Setting</p> <ul style="list-style-type: none"> <li>An EHR-generated report that shows the EP's name, numerator, denominator and percentage for this measure.</li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p>
<p>PUBLIC HEALTH REPORTING ***</p>	<p>All EPs except for those EPs claiming an exclusion, are required to upload:</p> <p>Measure 1: Immunization Registry Reporting</p> <ul style="list-style-type: none"> <li>MIIS Immunization Acknowledgement, MIIS Registration of Intent, or MIIS MU Scorecard to demonstrate <u>active</u> engagement with the immunization registry.</li> <li>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.</li> </ul> <p>Measure 2: Syndromic Surveillance Reporting</p> <ul style="list-style-type: none"> <li>EPs practicing in a freestanding urgent care facility: Documentation from the Syndromic Surveillance Registry to demonstrate active engagement.</li> <li>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.</li> </ul>	
	<p>Modified Stage 2</p>	<p>Measure 3: Specialized Registry Reporting</p> <ul style="list-style-type: none"> <li>Documentation from a Specialized Registry to demonstrate active engagement.</li> </ul> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p>
	<p>Stage 3</p>	<p>Measure 3: Electronic Case Reporting (Note: Measure 3 cannot be selected in MAPIR) Electronic Case Reporting is not required for program year 2017.</p> <p>Measure 4: Public Health Registry Reporting (Note: Measure 4 is Option 3 in MAPIR)</p> <ul style="list-style-type: none"> <li>Documentation from a Public Health Registry to demonstrate active engagement.</li> </ul> <p>Measure 5: Clinical Data Registry Reporting (Note: Measure 5 is Option 4 in MAPIR) Take exclusion: Registry is not available in MA for program year 2017.</p> <p>For specific information about this objective, please refer to the CMS Specification Sheet <a href="#">here</a>.</p>
<p>CLINICAL QUALITY MEASURES (CQMs)</p>	<p>All EPs are required to upload:</p> <ul style="list-style-type: none"> <li>An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, all 6 CQMs, numerator and denominator, and percentage.</li> </ul> <p>Note: CQM data cannot be collected outside of Certified EHR Technology.</p> <p>For specific information about this objective, please refer to the CMS information <a href="#">here</a>.</p>	

\* Must attest to all 3 HIE measures or qualify for exclusions, and must meet threshold for at least 2 measures.

\*\* Must attest to all 3 coordination of care measures or qualify for exclusions, and must meet threshold for at least 2 measures.

\*\*\* Must attest to 2 available public health reporting measures.

PATIENT ELECTRONIC ACCESS TO HEALTH INFORMATION  Additional "OPT OUT" Supporting Documentation Requirements	This additional "Opt Out" section applies only to EPs who: <ul style="list-style-type: none"> <li>- use the "Opt-Out" option to meet the Patient Electronic Access measures,</li> <li>- while their MU Dashboard did not capture "Opt-Out" patients in the numerator.</li> </ul>	
	Modified Stage 2	"Opt-Out" patients may be added to the MU dashboard numerators of measure 1 and/or 2, provided the EP submits the following documentation in addition to the MU dashboard: <ul style="list-style-type: none"> <li>• 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).</li> <li>• An audit log, or similar documentation, with the unique ids of the qualifying "Opt-Out" patients added to the numerator (redact any PHI information such as patient names).</li> </ul>
	Stage 3	Supporting Documentation Requirements for using "Opt Out" will be added in the near future.