Massachusetts Medicaid EHR Incentive Program 2018 Supporting Documentation Requirements for Eligible Hospitals

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 Hospitals (EHs) or appointed Designees are required to upload the required documents to the EH's application in MAPIR at the time of attestation. Attention: No documentation should be submitted directly to an Analyst for review. If an EH'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 Hospitals on MeHI's website.

SECTION 1: PROGRAM ELIGIBILITY REQUIREMENTS – MU – For all EHs

CERTIFIED EHR TECHNOLOGY (CEHRT)	Modified Stage 2	EHs 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.
	Stage 3	EHs must upload a letter on letterhead signed by your CIO or IS Department Head to demonstrate proof of: • 2015 CEHRT Edition; or • Combination of 2015 CEHRT and 2014 CEHRT Editions that meets the Stage 3 requirements, and where the EH used HIE technology certified to the 2015 Edition to meet the HIE objective.
	For both Modified Stage 2 and Stage 3, the letter must state the following: • The location where 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. Note: Be sure the license agreements or invoices identify the vendor, product name, and version of the certified EHR. 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)	All EHs, except Children's Hospitals, 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). • 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; CHIP Grid can be found here	

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 – For Medicaid-Only EHs

OBJECTIVE	MAPIR UPLOAD REQUIREMENTS AND SPECIFICATION SHEETS
PROTECT PATIENT HEALTH INFORMATION (PHI)	All EHs are required to upload a Security Risk Analysis (SRA) or Security Risk Review (SRR) to MAPIR for all hospital locations where the 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 hospital locations, the administrative, physical, and technical safeguards, encryption and mitigation plan must be listed for all locations included within the SRA/SRR.

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The mitigation plan must show what steps are being taken to correct or mitigate previously identified or new discrepancies.
EHs are required to fill in and submit the Security Risk Analysis/Review Cover Sheet, which can be found here.

Note: EHs must be able to demonstrate it 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 EH'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.
<table>
<tr><td>Modified Stage 2</td><td>For more information about this objective, please refer to the CMS Specification Sheet here.</td></tr>
<tr><td>Stage 3</td><td>For more information about this objective, please refer to the CMS Specification Sheet here.</td></tr>
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<tr><td>CLINICAL DECISION SUPPORT (CDS)</td><td>
All EHs are required to upload:
Measure 1:

Screen prints of 5 CDS interventions [1)] generated from the EHR system dated within the selected MU Reporting Period. The screen prints must display profile information about the EH organization.
Documentation that shows how the 5 CDS interventions tie to four or more Clinical Quality Measures related to the EH's scope of practice for which their EHR product has been certified. Absent the four clinical quality Measures, a letter from the EH's Supervising MD, Clinical Director or Medical Director is required, explaining how the selected interventions relate to the EH's patient population and high-priority health conditions.

Notes:
1) Alerts are not the only method of providing CDS. CDS includes a wide variety of workflow optimization tools.
Measure 2:

Documentation from their Certified EHR Technology that shows the EH enabled and implemented drug-drug and drug-allergy interaction checks for the entire MU reporting period. The screen prints must display profile information about the EH organization.

<table>
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</td></tr>
<tr><td>COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)</td><td>
All EHs are required to upload:

An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for all CPOE measures.

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</table>
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<tr><td>ELECTRONIC PRESCRIBING</td><td>
All EHs are required to upload:

An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the required e-prescribing measure.

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<tr><td>HEALTH INFORMATION EXCHANGE (HIE)</td><td>
All EHs are required to upload:

An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH'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 EH's name (redact patient's name and address) that occurred within the same Calendar Year as the MU reporting period.
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 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.
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Massachusetts Medicaid EHR Incentive Program 2018 Supporting Documentation Requirements for Eligible Hospitals

HIE Continued	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*, EHs 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.	
	Modified Stage 2	For more information about this objective, please refer to the CMS Specification Sheet here.
	Stage 3*	Measure 2: Electronic Summary of Care Records Received and Incorporated • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH'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 EH's name, numerator, denominator and percentage for this measure, covering the clinical reconciliation of Medication, Medication Allergy, and Current Problem list. For more information about this objective, please refer to the CMS Specification Sheet here.
MEDICATION RECONCILIATION	Modified Stage 2	All EHs are required to upload: • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the medication reconciliation measure. For specific information about this objective, please refer to the CMS Specification Sheet here. Note for Stage 3: Converted into HIE Measure 3
PATIENT SPECIFIC EDUCATION	Modified Stage 2	All EHs are required to upload: • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the patient specific education measure.. For specific information about this objective, please refer to the CMS Specification Sheet here. Note for Stage 3: Converted into Patient Electronic Access Measure 2
PATIENT ELECTRONIC ACCESS TO HEALTH INFORMATION **Attention:** See section at the end of this document for additional Supporting Documentation Requirements for using "Opt Out"	All EHs are required to upload:	
	Modified Stage 2	Measure 1: Access to View Download and Transmit (VDT) • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and percentage for this measure. Measure 2: Patients Viewed Downloaded or Transmitted (VDT) • An EHR-generated report that shows the EH's name, numerator, denominator and percentage for this measure. VDT must occur within the same Calendar Year as the MU reporting period. For specific information about this objective, please refer to the CMS Specification Sheet here. Note: In Stage 3: Converted into Coordination of Care through Patient Engagement Measure 1
	Stage 3	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 EH's name, numerator, denominator and percentage for this measure. • Documentation that shows an API was enabled prior to or during the MU reporting period. • 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. Measure 2: Electronic Access to Patient Specific Education • An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and percentage for this measure. For specific information about this objective, please refer to the CMS Specification Sheet here.

Massachusetts Medicaid EHR Incentive Program 2018 Supporting Documentation Requirements for Eligible Hospitals

COORDINATION OF CARE THROUGH PATIENT ENGAGEMENT	Stage 3**	All EHs are required to upload: Measure 1: Patients Viewed Downloaded or Transmitted (VDT), or Accessed API • An EHR-generated report that shows the EH'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 EH'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 EH's name, numerator, denominator and percentage for this measure. For specific information about this objective, please refer to the CMS Specification Sheet here.
PUBLIC HEALTH REPORTING ***	All EHs except for those EHs claiming an exclusion, are required to upload: Measure 1: Immunization Registry • MIIS Immunization Acknowledgement, MIIS Registration of Intent, or MIIS MU Scorecard to demonstrate active engagement with the immunization registry. Measure 2: Syndromic Surveillance • Documentation from the Syndromic Surveillance Registry to demonstrate active engagement. EHs who claim exclusions for: • Immunization: submit a letter on letterhead, signed by the CIO, attesting to the accuracy of exclusion; • Syndromic Surveillance: submit a letter on letterhead, signed by the CIO, stating their facility has no Emergency Room or Urgent Care Department; • Specialized / Public Health Registry: submit a screen shot of the MDPH Meaningful Use webpage; • Electronic Laboratory Reporting: submit a letter on letter head, signed by the CIO, stating the scope of practice and that the EH does not perform reportable laboratory tests.	
	Modified Stage 2	Measure 3: Specialized Registry Reporting • Documentation from a Specialized Registry to demonstrate active engagement. Measure 4: Electronic Laboratory Reporting • The umbrella certification form the MDPH. For specific information about this objective, please refer to the CMS Specification Sheet here.
	Stage 3	Measure 3: Electronic Case Reporting (Note: Measure 3 cannot be selected in MAPIR) Electronic Case Reporting is not required for program year 2018. Measure 4: Public Health Registry Reporting (Note: Measure 4 is Option 3 in MAPIR) • Documentation from a Public Health Registry to demonstrate active engagement. 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 2018. Measure 6: Electronic Laboratory Reporting (Note: Measure 6 is Option 5 in MAPIR) • The umbrella certification form the MDPH. For specific information about this objective, please refer to the CMS Specification Sheet here.
CLINICAL QUALITY MEASURES (CQMs)	All EHs are required to upload: An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, all 16 CQMs, numerator and denominator, and resulting percentage. Note: CQM data cannot be collected outside of Certified EHR Technology. For specific information about this objective, please refer to the CMS information here.	

* 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 3 available public health reporting measures for Modified Stage 2, and 4 available measures for Stage 3.

PATIENT ELECTRONIC ACCESS TO HEALTH INFORMATION Additional "OPT OUT" Supporting Documentation Requirements	This additional "Opt Out" section applies only to EHs: - who use the "Opt-Out" option to meet the Patient Electronic Access measures, - while their MU Dashboard did not capture "Opt-Out" patients in the numerator.	
	Modified Stage 2	"Opt-Out" patients may be added to the MU dashboard numerators of measure 1 and/or 2, provided the EH 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 (Designee, Clinical or Medical Director). • 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).
	Stage 3	Supporting Documentation Requirements for using "Opt Out" will be added in the near future.