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## *MU Info Session Q&A*

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### Meaningful Use Stage 2 & 3 Questions:

You keep referencing a dashboard, is this our EHR dashboard? What is a dashboard? Should it be a PDF or an excel document? **An EHR dashboard is a report generated from the CEHRT displaying all MU Objectives relevant to the attesting EP. The EP's Name, Reporting Period, and MU objectives with threshold percentages must be accurately recorded. The MU dashboard must be in pdf format, excel spreadsheets are not accepted.**

Can you make the website hold the practice locations so we don't have to reenter them every year? **Unfortunately, MAPIR does not have the capability to store and record data from a previous Program Year. Each program year, the attesting eligible professional is required to populate MU data for the attesting EP.**

Does an MU aggregated form need to be completed for all EPs even ones who have previously attested, or only those who are newly attesting? **The MU aggregation form confirms the EP combined data across rendering locations. Yes, an MU aggregation form must be completed for each attesting EP regardless of prior participation status.**

How do you confirm an SRA was completed within the calendar year? What if the organization doesn't have a medical director? **The submitted SRA/SRR must display who conducted the analysis/review and the date it was performed. The Analyst will review the date presented on the SRR/SRA for compliance. The review/analysis must be performed by an authorized official. In addition, the SRA/SRR cover sheet, available in MeHI's MU Toolkit on our website, must be signed by an authorized individual, such as the Chief Medical Officer, Chief Information Officer, Director of Compliance, Consultant, Eligible Provider, or Designee**

Can you provide examples of confirmation of receipt for summary of care? **We do not have examples of the confirmation of receipt for a SOC record. Written documentation that clearly proves the delivery of the SOC document was received by the intended recipient is adequate. This could be an email or other electronic communication, or an HIE log that confirms receipt.**

Are you able to exclude all three public health reporting measures? If not, where would mental health providers report to? **Yes, if the EP satisfies the criteria to claim an exclusion for all three public health objectives, it is acceptable.**

Are there additional public health registries besides cancer and infectious disease? **Yes, MAVEN is also considered a public health registry.**

Do you need to print out a new MU report card from MIIS/Immunization Registry for every program year if you've already shown you are in active engagement? **Yes, each program year the EP is required to submit a MIIS scorecard relevant to the attesting program year.**

What is API? **Application Programming Interface (API) is software technology that allows one software program to access the services provided by another software program. EPs who are attesting to Stage 3 will be required to demonstrate an API was fully implemented. The functionality allows patients to gain access to their health information using various devices that can communicate via the API**

On View, Download, Transmit measure you mentioned API enabled which seems new, can we get this information from our MU dashboard or do we need this information from our vendor? **The EP will be required to demonstrate an API was enabled for the entire selected reporting period. Outreach to your vendor to confirm the API functionality was implemented and enabled for the CEHRT. You also need to submit a copy of the instructions provided to the patients with a) how to authenticate their access through an API, and b) information on available applications that leverage the API. Refer to the PY2017 Supporting Documentation Guide.**

For objective 8, measure 2, does patient activity in the portal need to occur during the reporting period? **No, for Measure 2, the patient's action may occur before, during or after the reporting period. However, it must occur within the Program's calendar year (January – December)**

Are there threshold requirements for Clinical Quality Measures (CQMs) in 2017? **No, there are no threshold or domain requirements. In PY2017, the EP must attest to six CQMs.**

### Stage 3, ACI and MACRA

Can EPs participate in both the Medicaid ACO in 2018 and be eligible for the Medicaid EHR Incentive Payment Program in program year 2018? **Yes, as long as the EP is eligible for both programs.**

What is the relationship between CQM reporting in Modified stage 2 and MACRA? **CQM's will be measured in MIPS under the Quality category. There is no threshold for CQM's for either program, but a higher level of quality can mean a potential increase in overall MIPS scoring performance.**