Medical Assistance Provider Incentive Repository (MAPIR): User Guide for Eligible Hospitals

Version: 1.13

Original Version Date: 07/22/2016

Last Revision Date: 05/09/2017

Table of Contents

Part I: Connecticut Medicaid Electronic Health Record Incentive Program

Introduction

The American Recovery and Re-investment Act (ARRA) of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

Under ARRA, states are responsible for identifying professionals and hospitals that are eligible for these Medicaid EHR incentive payments, making payments, and monitoring payments. The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by the CT Department of Social Services (DSS) that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments. The incentive payments are not a reimbursement, but are an incentive intended to encourage adoption and meaningful use of EHRs.

The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing the provisions of the Medicare and Medicaid EHR incentive programs. CMS issued the Final Rule on the Medicaid EHR Incentive Program on July 28, 2010:

http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

For more information on CMS EHR requirements, link to CMS EHR Page:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/

Purpose of the Eligible Hospital User Guide

The Medical Assistance Program Incentive Repository Eligible Hospital User Guide is a resource for healthcare professionals who wish to learn more about the Connecticut Medicaid EHR Incentive Program including detailed information and resources on eligibility and attestation criteria as well as instructions on how to apply for incentive payments for eligible hospitals. This user guide also provides information on how to apply to the program via the Medical Assistance Provider Incentive Repository (MAPIR), which is the Department of Social Services' web-based EHR Incentive Program application system.

The best way for a new user to orient themselves to the EHR Incentive Program requirements and processes is to read through each section of this user guide in its entirety prior to starting the application process.

In the event this user guide does not answer your questions or you are unable to navigate MAPIR or complete the registration, application, and validation process, you should contact the EHR Assistance Center either by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free).

Other Resources

There are a number of resources available to assist providers with the Connecticut Medicaid EHR Incentive Program application process. These resources can be found at: www.ctdssmap.com, under Provider, EHR Incentive Program. For example, there are Important Messages that are frequently posted to the site to keep providers updated, frequently asked questions and quick links to related Web sites.

Who is Eligible?

The CMS Final Rule outlines the following mandatory criteria for an Eligible Hospital (EH) to be considered for the Connecticut Medicaid EHR Incentive Program.

The Department also requires that EHs be enrolled as a Connecticut Medical Assistance Program (CMAP) provider without sanctions or exclusions. Hospitals that are not enrolled will need to enroll with CMAP prior to applying for the Department's EHR Incentive Program and must meet program requirements, including meeting Medical Assistance patient volume thresholds. To qualify for an incentive payment under the Medicaid EHR Incentive Payment Program, an Eligible Hospital must have a minimum 10% Medicaid patient volume threshold. Children's hospitals do not have a patient volume threshold.

Note: HUSKY B patients who in CMS terms are defined as members of a Children's Health Insurance Program (CHIP) do not count toward the Medicaid patient volume criteria.

EHs for the Medical Assistance program in Connecticut include acute care, critical access and children's hospitals. Hospitals are eligible for both Medicaid and Medicare incentive payments, except for children's hospitals and cancer hospitals which are only eligible for Medicaid incentive payments. There are specific sets of CMS Certification Numbers (CCN) that correspond to EHs which are listed in Figure 1 below.

Figure 1: Hospital Eligibility Requirements per the CMS Final Rule

Provider Type	Requirements	Threshold
	Eligible Hospitals (Measured by Medical Assistance discharges over total discharges)	
Acute Care including CAH	Acute care: CCNs between 0001 – 0879 Critical Access Hospitals: CCNs between 1300 – 1399	10%
Children's Hospital	CCNs between 3300 – 3399	No patient volume requirement

Please note that a hospital is eligible for an incentive payment based on their CCN.

Overview of the EHR Incentive Program Process

The following steps describe the Connecticut Medicaid EHR Incentive Program application process for hospitals that are applying for their *first year payment*:

1. Go to the following link and fill out the information requested so your CCN can be updated in the Medicaid Management Information System that interfaces with MAPIR:

    http://www.surveymonkey.com/s/EHR_Registration_Information

    The following information will be required:
    - National Provider Identifier (NPI)
    - Hospital Name
    - Automated Voice Response System (AVRS) IDs (previously known as Medicaid IDs) - any that are associated with your acute care CCN that you registered with CMS (example: inpatient/outpatient IDs)
    - CMS Certification Number (CCN) – This will be matched with the information provided by CMS
    - Contact name(s) and email(s)
    - Contact telephone number(s)

2. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.

    https://ehrincentives.cms.gov/hitech/login.action
    Applicants will need to provide information such as:
    - Payee's NPI and Tax Identification Number (TIN)
    - CMS Certification Number (CCN)
    - Incentive Program option of Medicare or Medicaid (Connecticut Medical Assistance Program) *Note: If Medicaid, choose the state in which you are applying*
    - Valid email contact information
    NOTE: If you are applying for your second payment, you will not go to the CMS R&A to re-register, but if you are a dually-eligible hospital applying for a second payment, you will need to go to CMS to attest to Meaningful Use prior to submitting your application through our MAPIR System. Children's Hospitals will not need to go to CMS to re-register but will come directly into the MAPIR System to attest to Meaningful Use.

3. Once successfully registered with the R&A, eligible applicants will receive a Welcome letter via email stating that they can register in MAPIR, which is accessed through the provider secure portal at www.ctdssmap.com. This may take up to two business days following successful registration with the R&A. MAPIR is the Department's Web-based system that will track and act as a repository for information related to applications, attestations, payments, appeals, oversight functions, and interface with R&A. You will be able to track the status of your application through the MAPIR system and should not go through the CMS R&A system to verify application status.

    Once successful R&A registration is completed, no changes will need to be made at the CMS R&A in subsequent years, unless there is a change in CCN, TIN or NPI Numbers due to a change in ownership.

4. In order to access MAPIR, every hospital has an existing Web Secure Provider Portal IDs, most likely several IDs. Most hospitals will be able to gain access to this ID through their billing office as they access the Web secure provider portal on a regular basis. In order to access the MAPIR system, the administrator of your hospital's **INPATIENT** AVRS Web ID will need to create a "clerk" ID for the individual that will be completing the hospital's attestation in MAPIR. It is important that they do not use the Outpatient AVRS ID because access to MAPIR cannot be gained through that ID.

    The hospital Web ID administrator should already know how to set up a clerk account as these IDs must not be shared. The full instructions are on our Web site www.ctdssmap.com, under Information, Publications, Provider Manuals, Chapter 10 – Web Portal, Creating a clerk.

5. To access MAPIR you will go to the secure provider portal on our Web site, www.ctdssmap.com.

   Applicants will need to verify the information displayed in MAPIR and will also need to enter additional required data elements and make attestations about the accuracy of the data elements entered in MAPIR. Applicants will need to demonstrate:

   - They meet Medicaid patient volume thresholds
   - They are adopting, implementing, upgrading or meaningfully using federally-certified EHR systems
   - They meet all other federal program requirements
   - Applicants will need information such as:

        CMS EHR Certification ID #

        Dates for 90-day Medicaid volume

        Medicaid discharges/ED visits

        Out-of-State Medicaid encounters/ED visits

        Total discharges*

        Total inpatient Medicaid bed days*

        Total Charges – All Discharges and Outpatient*

        Total Charges – Charity Care Inpatient and Outpatient*
        Cost data information cannot be changed by an EH once the first payment has been issued.

- In the MAPIR application there is a section where you can upload documentation related to your application (i.e. signed contracts, volume reports, etc.).
- The Department will use its own information (such as OHCA Filings) and information in MAPIR to review applications and make approval decisions. The Department will inform all applicants whether they have been approved or denied. All approvals and denials are based on federal rules for the EHR Incentive Program.
- Payments will be issued via the standard CT Medical Assistance Program's financial payment cycle schedule that runs twice a month. Hospitals will see their payments posted on their remittance advices and their annual 1099s.
- It is possible that DXC Technology or the Department may need to contact applicants during the application process before a decision can be made to approve or deny an application. Applicants are encouraged to contact the EHR Assistance Center either by email at DXCctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free) if they have questions about the process. Please include your name and NPI number on all correspondence. Applicants have appeal rights available to them if, for example, an applicant is denied an EHR incentive payment. The Department will convey information on the appeals process to all who are denied.
- SUBSEQUENT YEARS: Once AIU has been completed for Medicaid, the subsequent Meaningful Use attestations will take place at the CMS R&A Web site for dually-eligible hospitals and the EH will only need to specify that they are applying for Meaningful Use with Medicaid that year.

Patient Volume Calculation

In order to be eligible for the Connecticut Medicaid EHR Incentive Program, EHs must meet eligible patient volume thresholds; with the exception of Children's Hospitals. The general rule is that EHs must have at least 10 percent patient volume attributable to patient discharges and emergency department encounters for individuals receiving Medicaid.

$$\boxed{\begin{array}{c}\text{Total Medicaid}\\\text{encounters in any}\\\text{representative,}\\\text{continuous 90-day}\\\text{period in the preceding}\\\text{fiscal year}\end{array}} \div \boxed{\begin{array}{c}\text{Total encounters in}\\\text{the same}\\\text{continuous 90-day}\\\text{period}\end{array}} = \boxed{\begin{array}{c}\textit{\% Medicaid}\\\textit{Patient Volume}\end{array}}$$
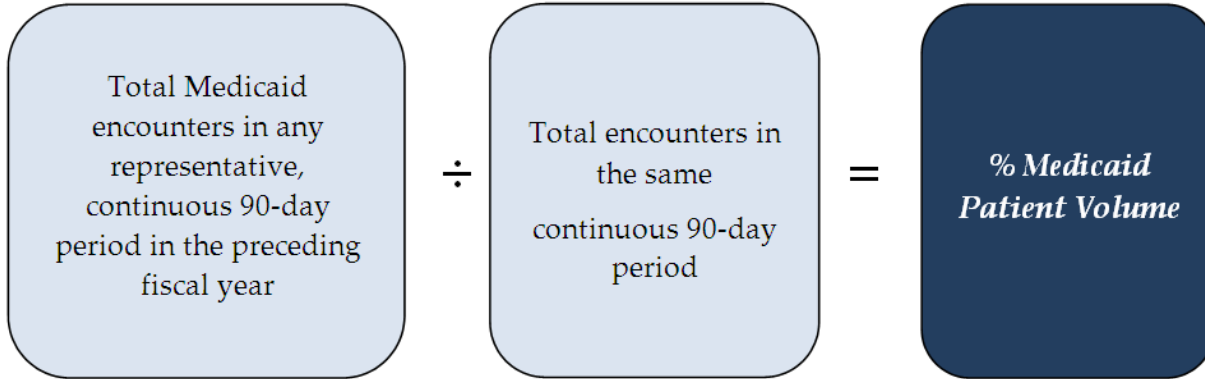
Medicaid patient volume calculations are based on <u>inpatient discharges and emergency department visits</u>, for which Medicaid paid any part. Medicaid patient volume is measured over a continuous 90-day period in the previous hospital fiscal year and for all hospital locations. Hospitals only need to enter the start date and MAPIR will calculate the end date. For example, if requesting a 2012 EHR incentive payment and your fiscal year is from October 1 – September 30, the start of your continuous 90-day period must start and end between October 1, 2010 and September 30, 2011.

For purposes of calculating EH patient volume, **a Medicaid encounter is defined as services rendered to an individual on any one day where Medicaid paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost- sharing.** *Note: HUSKY B patients who in CMS terms are defined as members of a Children's Health Insurance Program (CHIP) <u>do not</u> count toward the Medicaid patient volume criteria.*

EXAMPLE: The hospital is applying to the EHR Incentive Program in Federal Fiscal Year 2011 (Oct 1, 2010 – Sept 30, 2011). The following is an example of a representative, consecutive 90-day period from the previous federal fiscal year:

April 1, 2010 – June 29, 2010 - FFY 2010	
Medicaid FFS, MLIA, and HUSKY A Inpatient Discharges and ED Visits	2,225
Total Hospital Inpatient Discharges and ED Visits	6,725

The eligibility calculation is as follows:

(Medicaid Discharges + Medicaid ED Visits)

(Total Discharges + Total ED Visits)

(2,225) = **Medicaid Patient Volume**

(6,725)   **33%**

Hospital Incentive Payments

The federal rule also sets forth the methodology that states must use to calculate EHR incentive payments. The Department will calculate patient volume and payments for all eligible hospitals using information submitted by the hospital upon application with the Department. The Department is responsible for using auditable data sources to calculate EHR hospital incentive amounts and will use OHCA filings as well as other Departmental data to validate the self-reported information. The Department will make payments to eligible hospitals over a three-year time period: 50 percent in the first year, 30 percent in the second year and 20 percent in the third year. CMS rules allow the Department to audit and validate the 3-year calculation as cost report data is received. Payments will be issued via the standard financial cycle that runs twice a month and hospitals will see their payments posted on their remittance advices.

Hospitals will be required to provide and attest to the following information for the incentive payment to be calculated:

- Total Discharges (inpatient) for the most recent 4 fiscal years
- Total Number of Medicaid Inpatient Bed Days
- Total Number of Inpatient Bed Days
- Total Charges for all Inpatient and Outpatient (no exclusions*)
- Total Charges for Charity Care for all Inpatient and Outpatient (no exclusions*)

Note: All bed day totals and discharges should exclude nursery, psych and rehab days. *Do not exclude nursery, psych and rehab from Charges.

No hospital may begin receiving incentive payments for any year after Fiscal Year (FY) 2016, and after FY 2016, a hospital may not receive an incentive payment unless it received an incentive payment in the prior fiscal year

Connecticut Medicaid EHR Incentive Payment Program –
HOSPITAL PAYMENT CALCULATION EXAMPLE

On the following pages there is an example of the steps that will be followed to calculate incentive payments to eligible hospitals for payment year 2011. MAPIR will be making these calculations based on data the hospital will enter into MAPIR at the time of registration and attestation.

Step 1: Calculating the Average Annual Growth Rate:

To calculate the average annual growth rate the hospital will report the total discharges from the 4 most recent fiscal year cost reports.

Total discharges are the sum of all inpatient discharges (excluding nursery, psych and rehab discharges which are not considered acute care).

Fiscal Year	Total Discharges	Calculating Annual Growth rate	Average Annual Growth Rate
2010	26,900	26,900 – 25,800 ÷ 25,800 = 4.3%	4.3
2009	25,800	25,800 – 24,700 ÷ 24,700 = 4.5%	+ 4.5
2008	24,700	24,700 - 23,500 ÷ 23,500 = 5.1%	+ 5.1
2007	23,500	2008 – 2007 ÷ 2007 = growth rate	= 13.9 ÷ 3 = **4.6%**

Average Annual Growth Rate   4.6%

Step 2: Apply the Average Annual Growth Rate to the Base Number of Discharges projected out over the next 3 years;

The number of discharges for the Base Year of Fiscal Year 2010 is multiplied by the average annual growth rate of 4.6%.

Projected Inpatient Discharges			
Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
26,900			
X 1.046	⟹ **28,137**		
	X 1.046	⟹ **29,432**	
		X 1.046	⟹ **30,786**

Step 3: Determine the number of eligible discharges and multiply by the appropriate discharge payment amount

1. For the first through the 1,149th discharge, $0
2. For the 1,150th through the 23,000th discharge, $200 per discharge
3. For any discharge greater than the 23,000th, $0

In this example, discharges for each year were greater than both 1,149 and 23,000, so the maximum number of discharges that can be counter are 21,851 (23,000 – 1,149) which then gets multiplied by the $200 per discharge.

Fiscal Year	Calculated Discharges	Eligible Discharges	@ $200 Per Discharge	Eligible Discharge Payment
2010	26,900	21,851	$200	$4,370,200
2011	28,137	21,851	$200	$4,370,200
2012	29,432	21,851	$200	$4,370,200
2013	30,786	21,851	$200	$4,370,200

Step 4: Add the Base Year Amount of $2,000,000 per payment year to the eligible discharge payment

Fiscal Year	Base Year Amount		Eligible Discharge Payment		Total Eligible Discharge Payment
2010	$2,000,000	+	$4,370,200	=	$6,370,200
2011	$2,000,000	+	$4,370,200	=	$6,370,200
2012	$2,000,000	+	$4,370,200	=	$6,370,200
2013	$2,000,000	+	$4,370,200	=	$6,370,200

Step 5: Multiply the Medicaid Transition Factor to the Eligible Discharge Payment to arrive at the Overall EHR Amount
The transition factor equals 1 for year 1, ¾ for year 2, ½ for year 3 and ¼ for year 4. All four years are then added together.

Fiscal Year	Total Eligible Discharge Payment		Medicaid Transition Factor		Overall EHR Amount
2010	$ 6,370,200	X	1	=	$ 6,370,200
2011	$ 6,370,200	X	0.75	=	$ 4,777,650
2012	$ 6,370,200	X	0.5	=	$ 3,185,100
2013	$ 6,370,200	X	0.25	=	$ 1,592,550
			Total EHR Amount		**$ 15,925,500**

Step 6: Calculate the Medicaid Share
The next step requires that the Medicaid Share be applied to the total EHR amount. The Medicaid Share is the percentage of inpatient bed-days (Medicaid, MLIA and HUSKY A managed care) divided by the estimated total inpatient bed days adjusted for charity care. *Note: All bed day totals should exclude nursery, psych and rehab days.* To calculate the Medicaid Share, the hospital will need to provide the following information from the hospital fiscal year that ends during the federal fiscal year prior to the fiscal year that serves as the first payment year:

Total Number of Inpatient Medicaid Bed Days	Total Inpatient Days	Total Charges for All Discharges	Total Charity Care for All Discharges
7,000	21,000	$ 10,000,000	$ 1,300,000

Calculate the Non-Charity Care ratio by subtracting charity care (ALL CHARGES INPATIENT AND OUTPATIENT) from total charges for all discharges (and outpatient) and dividing by total charges for all discharges (this includes outpatient).

The charity care adjustment is the percentage of the total charges that are not associated with charity care.

Total charges $10,000,000

-- Charity Care $1,300,000

= $8,700,000   ⟹ $8,700,000 ÷ $10,000,000 = 87%

Charity Care Adjustment	87%

Calculate the Medicaid Share:

Medicaid Share = Medicaid Inpatient Bed-Days ÷ (Total Inpatient Bed-Days **X** Charity Care Adjustment)

7,000 ÷ (21,000 **X** .87) = 0.383

18,270

Medicaid Share	38.3%

Step 7: Calculate the aggregate incentive amount.
To arrive at the aggregate incentive amount multiply the overall EHR Amount of $15,925,500 by the Medicaid Share of 38.3%.

$15,925,500 **X .**383 **=** $6,099,467

Total Incentive Payment Amount	$6,099,467

This is the total Incentive Amount a hospital can receive for this example

Step 8: Distribute Incentive Payments over a 3 year period:

The Department will issue hospital incentive payments over a 3 year period. The following illustrates the payments in 3 consecutive years at 50, 30 and 20% respectively. The hospital would need to continue to meet the eligibility requirements and meaningful use criteria in all incentive payment years.

2011 @ 50%	2012 @ 30%	2013 @ 20%
$3,049,734	$1,829,840	$1,219,893

Adopt, Implement or Upgrade (AIU) and Meaningful Use (MU)

The goal of the Connecticut Medicaid EHR Incentive Program is to promote the adoption, implementation, upgrade, and meaningful use of certified EHRs.   Hospitals are required to attest to the status of their current certified EHR adoption phase.

- o **Adopted** – acquired, purchased or secured access to certified EHR technology.

- o **Implemented** – installed or commenced utilization of certified EHR technology capable of meeting meaningful use requirements.

- o **Upgraded** – expanded the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing maintenance, and training, or upgrade from existing EHR technology to a federally- certified EHR technology.

- o **Meaningful User** – Eligible Hospitals can attest to meeting meaningful use requirements as set forth by CMS. **Dually eligible hospitals will attest to reaching the MU requirements at the CMS R&A website.   Children's hospitals (Medicaid only hospitals) will attest to MU through MAPIR.**

Attestations and Audits

The Department may access all relevant records and documentation and take any other appropriate quality assurance measures it deems necessary to verify provider attestations or conduct pre-payment or post-payment audits to assure compliance with the provisions of sections 17b-34-1 to 17b-34-9, inclusive, of the Regulations of Connecticut State Agencies and other regulatory and statutory requirements. The department may disallow or recover any amounts paid or pending to the provider for which required documentation is not maintained or not provided to the department upon request.

For purposes of documenting AIU, the provider shall make available to the department all relevant documents, including, but not limited to, one or more of the following documents, as directed by the department:

     (1)   Contract;
     (2)   software license;
     (3)   receipt or evidence of cost;
     (4)   purchase order;
     (5)   evidence of cost or contract for training; or
     (6)   payroll record demonstrating hiring of staff to assist with the implementation.

After conducting an audit, if the department finds that the provider was not eligible for payments made to the provider, the department may disallow and recover those funds. The provider shall promptly repay all disallowed funds to the Department not more than forty-five days after receiving notice of the disallowance. In addition to taking any other lawful actions, the department may also offset such funds against current or future payments that the department otherwise would have made to the provider.

A provider aggrieved by a decision in a final written audit conducted under this section may request a written review from the Department. The provider shall request such review in writing and not later than thirty days after the department's final audit report was issued, together with a detailed written description of each specific item of aggrievement. The scope of the review shall not include or consider facts or circumstances outside of the audit and the final written audit report. An individual other than a person who conducted the audit or made the department's final audit determination shall conduct the review. At the discretion of the person presiding over the review, the person may make informal inquiries to the provider or the Department; accept written statements from the provider and the Department; and hold an informal conference with the Department and the provider for the purpose of fact finding, accepting oral statements, or hearing witness testimony, after giving appropriate notice thereof to the provider and the department. After completing the final review, the person presiding over the review shall issue a final written decision regarding what, if any action will be taken, including, but not limited to, revising the final written audit or any other action within the scope of the Department's authority.

MAPIR Attestations

EHs will need to verify the information displayed in MAPIR and will also need to enter additional required data elements and make attestations about the accuracy of data elements entered in MAPIR. For example, applicants will need to demonstrate that they meet patient volume thresholds, that they are adopting, implementing or upgrading federally-certified EHR systems or are attesting to being a meaningful user of a federally-certified EHR system, and that they meet all other federal program requirements.

The MAPIR system design is based on the CMS Final Rule for the EHR Incentive Program and Connecticut's specific eligibility criteria. In addition to the MAPIR system reviews, all eligible hospitals will be reviewed prior to payment. The Department will verify the information submitted in the application and determine payment amounts

A series of reviews will identify applicants who do not appear to be eligible based on the following elements of the application:

- o   Applicants who do not meet patient volume thresholds
- o   Cost data
- o   Ineligible hospital types
- o   Sanctions

Overpayments

MAPIR will be used to store and track records of incentive payments for all participating hospitals. Once an overpayment is identified, MAPIR will determine the amount of overpayments that have been made and must be returned by the hospital.

When overpayments are identified, the Department will initiate the payment recoupment process and communicate with CMS on repayments.   The Department will attempt to recover any overpayments from instances of abuse or fraud or error.

The Department will request that hospitals submit recoupment payments by check; if a provider fails to submit a payment by check within 90 calendar days of the notice to return the EHR incentive payment, the Department will generate an accounts receivable to offset payment of future claims to recoup the EHR incentive overpayments. Federal law requires the Department to return overpayments within 365 days of identification. Money is either recouped in accordance to federal timeline standards or during the reconciliation process at the beginning of the subsequent program year.

Appeals

A provider aggrieved by a decision concerning only the issues set forth in 42 CFR 495.370(a) or section 17b-34(c) of the Connecticut General Statutes may request an initial review of the department's determination, and such review shall occur only if the department receives the provider's written request for an initial review, together with any supporting documents or data, not more than thirty days after the provider received the department's determination.

An individual other than the person who made the department's determination shall conduct the initial review. The individual who conducts the initial review shall issue a written decision to the provider not more than thirty days after the department receives the request for initial review.

If the provider is aggrieved by the outcome of the initial review, the provider may request an administrative hearing in writing to the commissioner, together with a detailed written description of all items of aggrievement, not more than fourteen days after the date the written initial review decision was issued.

The department shall conduct an administrative hearing requested pursuant to subsection (c) of this section in accordance with chapter 54 of the Connecticut General Statutes.

Part II: Connecticut Medical Assistance Provider Incentive Repository (MAPIR) System

MAPIR Overview

This section of the Connecticut Medicaid EHR Incentive Program Eligible Hospital User Guide describes how users apply for incentive payments through the Medical Assistance Provider Incentive Repository (MAPIR). MAPIR is the state-level information system for the EHR Incentive Program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and interface with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A).

MAPIR is intended to streamline and simplify the hospital enrollment process by interfacing with other systems to verify data. Hospitals will enter data into MAPIR and attest to the validity of data thus improving the accuracy and quality of the data.

The MAPIR system will be used to process provider applications, including:

> Interfacing between the Department and the R&A to:
> - Receive initial hospital registration information
> - Report eligibility decisions to CMS
> - Report payment information (payment date, transaction number, etc.) to CMS
>
> Verify information submitted by applicant
> Determine hospital eligibility
> Allow hospitals to submit:
> - Attestations
> - Payee information
> - Submission confirmation/digital signature
>
> Communicate Payment Determination

To begin in the MAPIR application process, hospitals must:

1. Go to the following link and fill out the information requested so your CCN can be updated in the Medicaid Management Information System that interfaces with MAPIR:

   http://www.surveymonkey.com/s/EHR_Registration_Information

2. Enroll at the R&A - if this is your first payment year and the hospital has not already registered at the R&A

   > Please access the federal Web site below for instructions on how to do this or to register.
   >
   > For general information regarding the Incentive Payment Program:
   > http://www.cms.gov/EHRIncentivePrograms
   >
   > To register:
   > https://ehrincentives.cms.gov/hitech/login.action

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) website before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen:

```
  MAPIR

  Name:                    Not Available

  Applicant NPI:           Not Available

  Status:                 ┌──────────────────────────┐
                          │  Not Registered at R&A    │
                          └──────────────────────────┘

          Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation
          System (R&A).

          You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click here to access the R&A registration
          website.

          If you have successfully completed the R&A registration, please contact the <state> for assistance.
```

Please access the federal Web site below for instructions on how to do this or to register.

> *For general information regarding the Incentive Payment Program:*
> http://www.cms.gov/EHRIncentivePrograms

> *To register:*
> https://ehrincentives.cms.gov/hitech/login.action

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. Once MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

3. Be enrolled in the Connecticut Medical Assistance Program
4. Be free of sanctions or exclusions

Note: In some cases, hospitals will be re-directed to the R&A to correct discrepant data.

Connecticut's Secure Provider Portal – Access to MAPIR

Hospitals can access MAPIR through Connecticut Medical Assistance Program's secure provider portal at www.ctdssmap.com. NOTE: The secure provider portal is located under Provider, Secure Site. Eligible hospitals must log in with their acute care inpatient ID number.

In order to access MAPIR, every hospital has existing Web Secure Provider Portal IDs, most likely several IDs. Most hospitals will be able to gain access to this ID through their billing office as they access the Web secure provider portal on a regular basis. In order to access the MAPIR system, the administrator of your hospital's <u>INPATIENT</u> AVRS Web ID will need to create a "clerk" ID for the individual that will be completing the hospital's attestation in MAPIR. It is important that they do not use the Outpatient AVRS ID because access to MAPIR cannot be gained through that ID.

The hospital Web ID administrator should already know how to set up a clerk account as these IDs must not be shared. The full instructions are on our Web site www.ctdssmap.com, under Information, Publications, Provider Manuals, Chapter 10 – Web Portal, Creating a clerk. If you have questions regarding Web ID set up please contact the Provider Assistance Center at 1-800-842-8440.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report "Registration in Progress". This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

Should the R&A report your registration as "In Progress" and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify one individual to complete the MAPIR application

Note: You must use the same Web Secure Provider Portal User ID throughout the application process including if you start and then have to restart the application.   The same Web Secure Provider Portal User ID should be used in subsequent years as well. If a password is forgotten, the hospital's ID administrator must reset the password. If there is a situation where the user who completed the application in previous years is no longer available for the current year's attestation, please contact the EHR Assistance Center either by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free). Please include your name and NPI number on all correspondence.

Once logged into the secure site, find the MAPIR link on the gray menu bar and click the Open MAPIR button to access the **MAPIR** screen.

Important: If you encounter issues with the way the MAPIR screens display, such as extra lines in tables, you may be running your browser in compatibility mode. To remove the MAPIR site from compatibility mode, in your browser go to Tools and select Compatibility View Settings. Select entries that reference "www.ctdssmap.com" in the URL path from the list and click Remove.

Completing the MAPIR Application

MAPIR uses a tab arrangement to guide you through the application. Following are the different tabs in MAPIR:

- Get Started
- R&A and Contact Info
- Eligibility
- Patient Volume
- Attestation
- Review
- Submit

You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime. Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), CMS Certification Number, Tax Identification Number (TIN), Payment Year, and Program Year at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.
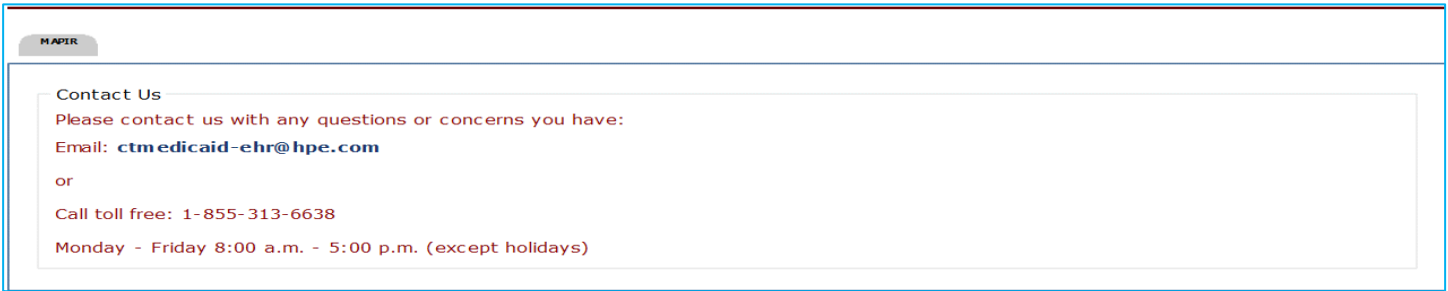
Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).

You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.
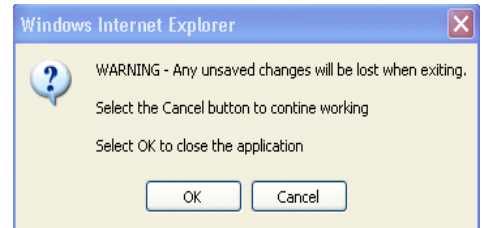
The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.

The **Clear All** button will remove standard activity selections for the screen in which you are working.

A red asterisk (*) indicates a required field.

Note

Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons 🔵 to give the provider additional details about the information being requested.   Moving your cursor over the 🔵 will reveal additional text providing more details.

	🔵	🔵	🔵	🔵	🔵
Fiscal Year	Total Dischar	For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for all locations listed	patient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	* 10890			* $ 109878943	* $ 10990988
10/01/2008-09/30/2009	* 9870				

Step 1 – Getting Started

Log in to the secure account for the hospital from www.ctdssmap.com portal and locate the **MAPIR** link.

Click the link to access the **MAPIR** screen.

The screen below, the Medicaid EHR Incentive Program Participation Dashboard, is the first screen you will see when you begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

The **Stage** is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

You must attest to two years of Stage 1 Meaningful Use before proceeding to Stage 2 Meaningful Use, and three years of Stage 1 if you have attested to Meaningful Use in Program Year 2011. You must then proceed to attest to two years of Stage 2 Meaningful Use. Starting with program year 2015, Modified Stage 2 of Meaningful Use has replaced the previous Stage 1 and Stage 2.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it is not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

If you are a Dually Eligible and Medicaid only hospital, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system the status should be **Not Started**.

From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status. Also from this screen, you can choose to abort an incentive application that is in an Incomplete status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to **Completed**.

The screen on the following page displays an EH that is in the second year of Stage 1 Meaningful Use.

Select an application and click **Continue**.

Medicaid EHR Incentive Program Participation Dashboard

NPI   9999999999   TIN   999999999

CCN   999999

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○	Stage 1 Meaningful Use 90 Days	Completed	1	2013	$195,515.21	Select the "Continue" button to view this application.
○	Stage 1 Meaningful Use	Incomplete	2	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
○	Future	Future	3	Future	Unknown	None at this time
○	Future	Future	4	Future	Unknown	None at this time

Continue

Note

A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to Expired and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with Connecticut Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting Connecticut Medicaid EHR Incentive program helpdesk. A status of *Not Started* indicates that the R&A and Connecticut MMIS information have been matched and you can begin the application process.

The **Status** will vary, depending on your progress with the application. The first time you access the system the status should be **Not Started**.

For more information on statuses, refer to the Additional User Information section later in this guide.

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

The system will perform an online validation of the CMS EHR Certification ID you entered.

Note: As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs. This means that If you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL). If all the following apply to you, MAPIR will bypass the online validation of the CMS EHR Certification ID, allowing you to use your 2011 Edition CEHRT ID:

- *Your Incentive application was started in MAPIR Release 5.5 or higher*

- *Your incentive application has a Program Year 2011 through 2014*

- *Your CEHRT ID entered is a 2011 Edition*

After Program Year 2014, MAPIR will no longer bypass the online validation described above.

Note
A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (https://chpl.healthit.gov/)

This screen confirms you successfully entered your **CMS EHR Certification ID**.
Click **Next** to continue, or click **Previous** to go back.

Payment Year	1	Program Year	2014

MAPIR

Name: MAPIR Memorial Hospital

Applicant NPI: 9999999999

Status: *Not Started*

We have confirmed that you have entered a valid CMS EHR Certification ID. Click **here** for additional information regarding the Certified Health IT Product List (CHPL).

> When ready click the **Next** button to continue, or click **Previous** to go back.

CMS EHR Certification ID: **A014E01EPAKJEA3**

Previous   Next

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

Select the option for the Stage of Attestation applicable to you and click the **Get Started** button.

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.

| Payment Year | 1 | Program Year | 2016 |

MAPIR

Name:	MAPIR HOSPITAL
Applicant NPI:	2011062207
Status:	*Not Started*

IMPORTANT:

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR and apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

Please select the Stage of Attestation that you would like to complete for this application: * = Required field

*Option (Select to Continue)	Stage
○	Adoption Implementation Upgrade
○	Stage 1 Meaningful Use
○	Stage 2 Meaningful Use

Exit   Get Started

If you selected an incentive application that you are not associated with, you will receive a message indicating that a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact the EHR Assistance Center either by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free) for assistance.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.

If you have a State-to-State Switch or Program Switch incentive application, you will not be able to proceed beyond this point. MAPIR is unable to assign a Stage to your incentive application. You will need to contact the EHR Assistance Center either by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free) for assistance.

The **Get Started** screen contains information that includes your facility **Name** and **Applicant NPI**. Also included is the current status of your application.

Click **Continue** to proceed to the **R&A/Contact Info** section.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	▮▮▮▮▮▮
Payment Year	1	Program Year	2016

Get Started | R&A/Contact Info ☐ | Eligibility ☐ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

Name: MAPIR HOSPITAL

Applicant NPI: 2011062207

Status: *Incomplete*   [Continue]

Click **here** if you would like to eliminate all information saved to date, and start over from the beginning.

Navigation Keys within the system:

- **Save and Continue:** At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time.
- **Previous:** Allows you to move to the previous screen
- **Reset:** Allows you to reset the values within the screen you are currently on.

Note: You will be able to review and edit all entered information before submitting.

Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).

A few key points to assist you in navigating MAPIR as you complete the registration process.

- Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings.
- Please note that whoever begins the MAPIR application must be the same person who completes the application.
- When a MAPIR electronic tab is completed a **green** check mark will appear in the corner of the tab.
- You can go back in the application tabs to review information content but **not forward**.

Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the Connecticut Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the Connecticut Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial **R&A/Contact Info** screen contains information about this section.

Click **Begin** to access the **R&A/Contact Info** screen to confirm information and to enter your contact information.

See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point. The Reset button will not reset the R&A information. If the R&A information is incorrect you will need to return to the R&A Web site to correct it.

Name	MAPIR Memorial Hospital	**NPI**	9999999999		
CCN	999999	**Hospital TIN**	999999999		
Payment Year	3	**Program Year**	2016		

Get Started	R&A/Contact Info ✓	Eligibility ✓	Patient Volumes ✓	Attestation ☐	Review	Submit

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*
> *Click **Reset** to restore this panel back to the starting point.*

Legal Business Name	MAPIR Memorial Hospital	**Hospital NPI**	9999999999
CCN	999999	**Hospital TIN**	999999999

Business Address	123 Medical Way
	Echo Bay, FL 32212-2858

Business Phone	999-999-9999

Incentive Program	MEDICAID	**Deemed Medicare Eligible Status?**		**State**	CT

Eligible Hospital Type	Childrens_Hospitals

R&A Registration ID	9999999999

R&A Registration Email Address	hospital@email.com

CMS EHR Certification Number	A1A1A1A1A1A1A1A

(*) Red asterisk indicates a required field.

* Is this information accurate? ● Yes ○ No

[Previous] [Reset] [Save & Continue]

Enter the required contact information.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

Note

For incentive applications that were created prior to the implementation of MAPIR Release 5.4 and progressed passed this page, the fields on this screen will be limited to Contact Name, Contact Phone, Contact Phone Extension, and Contact Email Address.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	2	Program Year	2014

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐ |

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.*

(*) Red asterisk indicates a required field.

Primary Contact

* First Name	Hospital	* Last Name	Provider
* Phone	899 - 999 - 9999	Phone Extension	99999
* Email Address	hospital@preparer.com	* Verify Email	hospital@preparer.com
* Department	EHR Dept.		
* Address Line 1	8888 Street		
Address Line 2			
* City	City		
* State	Pennsylvania		
* Zip Code	89765		

Alternate Contact

First Name	Alternate	Last Name	Contact
Phone	777 - 777 - 7777	Phone Extension	77777
Email Address	any.email@email.com	Verify Email	any.email@email.com

Previous   Reset   Save & Continue

This screen confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Click **Continue** to proceed to the **Eligibility** section.

Step 3 – Eligibility

The Eligibility section will ask questions to allow Connecticut Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program.

The initial **Eligibility** screen contains information about this section.

Click **Begin** to proceed to the **Hospital Eligibility Questions**.

Select **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	**Hospital TIN**	999999999
Payment Year	2	**Program Year**	2015

Get Started | R&A/Contact Info ☑ | Eligibility ▣ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

Hospital Eligibility Questions

Please answer the following questions so that we can determine your eligibility for the program.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please confirm that you are choosing the Medicaid incentive program.   ◉ Yes ○ No   ❓

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado?   ○ Yes ◉ No   ❓

* Is your facility licensed to operate in all states in which services are rendered?   ◉ Yes ○ No   ❓

Previous   Reset   Save & Continue

This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.

Step 4 - Patient Volumes

The Patient Volumes section gathers information about your facility locations, the 90-day period you intend to use for reporting the Medicaid patient volume requirement, and the actual patient volumes. Additionally, you will be asked about how you utilize your certified EHR technology.

- An acute care hospital must have at least a 10 percent Medicaid patient volume for each year for which the hospital seeks an EHR incentive payment.
- A children's hospital is exempt from meeting a patient volume threshold

There are three parts to the Patient Volumes section:

Part 1 of 3 establishes the 90-day period for reporting patient volumes. This 90-day period must be in the <u>preceding</u> fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90 day period. DSS encourages providers to select the previous fiscal year as a continuous 90-day volume reporting period to ensure a date range is selected that falls within the last completed fiscal year. Also, while MAPIR will allow providers to select 12 Months Preceding Attestation Date – CT cannot support that selection. Providers will be directed to select the last completed fiscal year preceding the payment year. Furthermore, EHs who select 12 months preceding attestations may experience a delay in payment.

Part 2 of 3 contains screens to enter locations for reporting **Medicaid Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period. You will be asked to enter the total CT Medicaid encounters in the continuous 90-day period in the preceding fiscal year and the total encounters in the same 90-day period.

Part 3 of 3 contains screens to enter your hospital **Patient Volume Cost Data** information. This information will be used to calculate your hospital incentive payment amount. This will be accessible in Year One only, this screen will already be completed in second payment year's attestation and cannot be modified.

Hospitals will be required to provide and attest to the following information for the incentive payment to be calculated:
- Total Discharges (inpatient) for the most recent 4 fiscal years
- Total Number of Medicaid Inpatient Bed Days
- Total Number of Inpatient Bed Days
- Total Charges for all Inpatient and Outpatient (no exclusions*)
- Total Charges for Charity Care for all Inpatient and Outpatient (no exclusions*)

Note: All bed day totals and discharges should exclude nursery, psych and rehab days. *Do not exclude nursery, psych and rehab from Charges.

Children's hospitals (separately certified children's hospitals with CCNs in the 3300 – 3399 range) are not required to meet the 10% Medicaid patient volume requirement. Based on a hospital's CCN, MAPIR will bypass these patient volume screens.

The initial **Patient Volumes** screen contains information about this section.

If you represent a Children's Hospital, click **Begin** to go to the **Patient Volume Cost Data (Part 3 of 3)**, section in this guide, to bypass entering patient volumes and adding locations.

Note: **Children's Hospitals will not see any patient volume related screens. If you are a Children's Hospital please click here to advance to the next appropriate page in the user guide.**

If you represent an Acute Care or Critical Access Hospital, click **Begin** to proceed to the **Patient Volume 90 Day Period (Part 1 of 3)** screen.

Name	MAPIR HOSPITAL		
		NPI	2011062207
CCN	070098	**Hospital TIN**	
Payment Year	1	**Program Year**	2013

Get Started | **R&A/Contact Info** ☑ | **Eligibility** ☑ | **Patient Volumes** ☑ | **Attestation** ☑ | **Review** | **Submit** ☑

To be eligible for a Medicaid EHR incentive payment the EH must meet the following criteria:

- An acute care hospital must have at least a 10 percent Medicaid patient volume for each year for which the hospital seeks an EHR incentive payment.
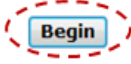- A children's hospital is exempt from meeting a patient volume threshold.

Acute Care Hospitals:
The Patient Volume section gathers information about your facility locations, the 90-day period you intend to use for meeting the Medicaid patient volume requirement, and the patient volumes themselves. A Medicaid enrolled acute care hospital must annually meet patient volume requirements.

Medicaid patient volume is calculated by dividing the total CT Medicaid encounters in any representative, continuous 90-day period either in the preceding fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90-day period.

- Enter the start date for the 90-day reporting period in which you will demonstrate the required Medicaid patient volume participation level.
- In order to meet the patient volume requirements of the Medicaid EHR Incentive Program you must provide information about your facility locations. MAPIR will present a list of facility locations that the Connecticut Medicaid program office has on record. If you have additional facility locations you will be given the opportunity to add them.

Children's hospitals:
Separately certified children's hospitals with CCNs with last four digits in the 3300 - 3399 range, are not required to meet the 10% Medicaid patient volume requirement. MAPIR will know based on your CCN to bypass the patient volume screen, click on **Begin** to bypass to Part 3 of this section.

Eligible Hospital User Manual

Begin

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

The Patient Volume 90 Day Period section collects information about the Medicaid Patient Volume reporting period. Enter the start date for the 90 day reporting period in which you will demonstrate the required Medicaid patient volume participation level. The start date is the first day of the continuous 90-day period for reporting patient volume in the preceding fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90 day period. DSS encourages you to select the previous fiscal year as a continuous 90-day volume reporting period to ensure a date range is selected that falls within the last completed fiscal year and then enter your start date.

NOTE: While MAPIR will allow providers to select 12 Months Preceding Attestation Date – CT cannot support that selection. Providers will be directed to select the last completed fiscal year preceding the payment year. Furthermore, EHs who select 12 months preceding attestations may result in a delay in payment.

> EXAMPLE: If requesting an EHR Incentive payment for 2012, the start of your continuous 90-day period must start and end between October 1, 2010 and September 30, 2011, the preceding fiscal year.

Enter a **Start Date** or select one from the calendar icon located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved values.

Name	MAPIR Memorial Hospital	
		NPI 9999999999
CCN	999999	**Hospital TIN** 999999999
Payment Year	1	**Program Year** 2013

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit |

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. The continuous 90 day volume reporting period may be from either the last completed fiscal year preceding the payment year or the previous 12 months prior to the attestation date. Select either previous fiscal year or previous 12 months, then enter the Start Date of your continuous 90-day period.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

◉ Last Completed Fiscal Year Preceding the Payment Year   ◯ 12 Months Preceding Attestation Date

* Start Date: 02/06/2012   🔲
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

[Previous]   [Reset]   (**Save & Continue**)

Review the **Start Date** and **End Date** information. The 90 Day **End Date** has been calculated for you.

Click **Save & Continue** to review your selection, or click **Previous** to go back.

Name	MAPIR Memorial Hospital	
	NPI	9999999999
CCN	999999	**Hospital TIN** 999999999
Payment Year	1	**Program Year** 2013

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Start Date: Feb 06, 2012
End Date: May 05, 2012

Previous   Save & Continue

Patient Volume (Part 2 of 3) - Location

Once you have determined what time period to report patient volumes, MAPIR will display your practice location(s) on file with the Connecticut Medical Assistance program office according to the NPI entered in your CMS R&A Registration. You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology. The information will be used to determine your eligibility for the incentive program.

For purposes of calculating hospital patient volume a Medicaid encounter means–
- Services rendered to a HUSKY A, HUSKY C or HUSKY D individual per inpatient discharge where HUSKY A, HUSKY C or HUSKY D paid for part or all of the service, or paid for part or all of the individual's premiums, co-payments and/or cost-sharing
- Services rendered in an emergency department (ED) in any one day where HUSKY A, HUSKY C or HUSKY D paid for part or all of the service, or paid for part or all of the individual's premiums, co-payments and/or cost-sharing.

NOTE: Some hospitals use different NPIs for their inpatient and outpatient services. Only their inpatient NPI/AVRS ID will show in MAPIR. In order to include emergency department services a provider may need to add the outpatient facility location to MAPIR.

If you have additional locations that you need in order to enter Patient Volume information you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information. All locations added to MAPIR should be under the same Centers for Medicare and Medicaid Programs (CMS) Certification Number (CCN) entered on your CMS R&A Registration.

In order to meet the requirements of the Medicaid EHR Incentive Program, you must provide information about your facility. The information will be used to determine your eligibility for the incentive program.

Review the listed locations. Add new locations by clicking **Add Location**.

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested information for your new location.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	9999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☐   Review   Submit

Patient Volume (Part 2 of 3) - Location

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Location Name:** New Location
* **Address Line 1:** 123 Main Street
* **Address Line 2:**
* **Address Line 3:**
* **City:** Anytown
* **State:** Alabama
* **Zip (5+4):** 12345 -

[Previous]   [Reset]   [Save & Continue]

In this example the screen shows one location on file and one added location.

This screen shows one location on file and one added location.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note
The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	**NPI**	9999999999
CCN	9999999	**Hospital TIN**	999999999
Payment Year	1	**Program Year**	2011

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

Patient Volume (Part 2 of 3) - Location

CO has the following information on the locations for your facility.

If you wish to report patient volumes for a location or site that is not listed, click **Add Location.**

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

Provider ID	Location Name	Address	Available Actions
9999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA	
N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location   Refresh

Previous   Reset   Save & Continue

Click **Begin** to proceed to the screens where you will enter patient volumes.

Enter **Patient Volumes** for each of the locations listed on the screen.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

In State Medicaid Discharges (Inpatient and ED Visits) + Other Medicaid Discharges (Inpatient and ED Visits)

Divided by

Total Discharges All Lines of Business (Inpatient and ED Visits)

Note the **Total %** patient volume field. This percentage must be greater than or equal to 10% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to continue, or **Previous** to go back.

Name	MAPIR Memorial Hospital	
		NPI 9999999999
CCN	9999999	**Hospital TIN** 999999999
Payment Year	1	**Program Year** 2011

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit |

Patient Volume (Part 2 of 3) – Enter Volume

The patient volumes selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
9999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA	*In State Medicaid:* 883 *Other Medicaid:* 0 *Total Discharges:* 8600	10%
N/A	New Location	123 Main Street Anytown, AL 12345	*In State Medicaid:* 200 *Other Medicaid:* 500 *Total Discharges:* 1000	70%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1083	500	9600	16%

Previous   Save & Continue

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

The following screens will request Patient Volume Cost Data. This information will be used to calculate your hospital incentive payment amount when completing the **hospital's first year attestation**. The total hospital incentive payment is calculated in your first payment year and distributed over three years by Connecticut Medical Assistance program. To receive subsequent year payments you must only attest to the eligibility requirements, patient volume requirements (except Children's hospitals), and meaningful use each year.

Enter the **Start Date** of the hospital fiscal year that ends during the prior Federal fiscal year to the fiscal year that serves as the first payment year, or select one from the calendar icon located to the right of the Start Date field.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Year 2 and subsequent years will see their Cost Data as it was submitted in Year 1. This data was used to calculate their total hospital incentive payment for all three years. Modifications must not be made to this data unless there was a change in the <u>year one</u> data that should result in change in payment.

If you would like to change the hospital cost data, refer to the Change Hospital Cost Report Data section of this manual. If you would like to proceed using the existing hospital cost data from the previous paid application, click **Save & Continue**.

If you are accessing MAPIR for the first time and received one or more incentive payments from another state, the Hospital Cost Data (Part 3 of 3) screen will display zeroes. You will not be able to enter data. After submitting your application, contact the EHR Assistance Center either by email at ctmedicaid-ehr@dxc.com or by phone at 1-855-313-6638 (toll free).

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2013

Get Started | R&A/Contact Info ✓ | Eligibility ✓ | Patient Volumes ✓ | Attestation ☐ | Review | Submit

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Please enter the **Start Date** of the most recent completed hospital fiscal year.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Start Date: 10/01/2011
mm/dd/yyyy

Previous   Reset   Save & Continue

This screen displays your **Fiscal Year Start Date** and the **Fiscal Year End Date.**

If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to review your selection, or click **Previous** to go back.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2013

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Please review the start and end dates below. The dates should reflect the hospital's most recent completed fiscal year

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Fiscal Year Start Date: Oct 01, 2011
Fiscal Year End Date: Sep 30, 2012

[Previous]   [Save & Continue]

Hospital Cost Report Data (Part 3 of 3)

On this screen you will enter the data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges (Inpatient and Outpatient)**, and **Total Charges – Charity Care (Inpatient and Outpatient)**. Important Note: Nursery, Psych and Rehab bed days and discharges are not to be used in cost data. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

If you have questions about the calculation please see Patient Volume Calculation.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	**NPI** 9999999999
CCN	999999	**Hospital TIN** 999999999
Payment Year	1	**Program Year** 2013

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

Hospital Cost Report Data (Part 3 of 3)

Please enter your **hospital cost report data** for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.

Note: You will not be able to change the Fiscal years which were previously entered.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*
*Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2011-09/30/2012	* 44444	* 55555	* 7777777	* $ 8888888888	* $ 22222222
10/01/2010-09/30/2011	* 33333				
10/01/2009-09/30/2010	* 22222				
10/01/2008-09/30/2009	* 11111				

Previous | Reset | Save & Continue

Review the numbers you entered.

Click **Save & Continue** to continue, or click **Previous** to go back.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	9999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Hospital Cost Report Data (Part 3 of 3)

Please review your *hospital cost report data* below.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges – All Discharges	Total Charges – Charity Care
07/01/2010-06/30/2011	44444	55555	777777	$1,234,567,890.00	$2,231,456.00
07/01/2009-06/30/2010	33333				
07/01/2008-06/30/2009	22222				
07/01/2007-06/30/2008	11111				

Previous   Save & Continue

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

Click **Continue** to proceed to the **Attestation** section.

Change Hospital Cost Report Data

When you have applied since the start of the program in the same state and your payment year is 2 or higher, MAPIR allows you to revise previously entered hospital cost report data. The Hospital Cost Report Data screen will display the data from the previously paid application. The revised hospital cost report data that you enter will be referenced when MAPIR calculates your total EHR incentive amount, overriding any amount for previous years. When viewing any previous applications, MAPIR will continue to display the cost report data that was entered originally for reference purposes only. The fiscal years entered on the payment year 1 application cannot be changed.

From the Hospital Cost Report Data screen, click **Change Data**.

Name	MAPIR Memorial Hospital		NPI	9999999999
CCN	999999		Hospital TIN	999999999
Payment Year	2		Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Hospital Cost Report Data (Part 3 of 3)

Please review your *hospital cost report data* below. If you wish to update the data shown below please select the Change Data button.

Note: You will not be able to change the Fiscal years which were previously entered.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*
*Click **Change Data** to change previously entered data.*

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges – All Discharges	Total Charges – Charity Care
01/01/2010-12/31/2010	80	128	128000	$3,207,850.00	$7,800.00
01/01/2009-12/31/2009	80				
01/01/2008-12/31/2008	80				
01/01/2007-12/31/2007	80				

Previous | Save & Continue | Change Data

Confirm if you want to proceed to change the hospital cost report data. Be advised that if you elect to proceed the data that was previously entered for hospital cost report data will be erased.

Click **Confirm** to proceed. Click **Cancel** to return to the previous screen.

Name	MAPIR Memorial Hospital

NPI	9999999999

CCN   9999999   **Hospital TIN**   999999999
Payment Year   2   **Program Year**   2012

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Change Data and Reenter Hospital Cost Report Data

To submit your request to delete all information, select *Confirm*. Select *Cancel* to return to the previous screen.

Important: By selecting to Change Data, you are opting to erase all data previously entered for Hospital Cost Report Data

Cancel   Confirm

On this screen you will re-enter the hospital cost report data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges**, and **Total Charges – Charity Care**.

Click **Save & Continue** to review your selection, or click **Previous** to go back to the existing hospital cost report data. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital		NPI	9999999999
CCN	999999		Hospital TIN	999999999
Payment Year	1		Program Year	2013

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Hospital Cost Report Data (Part 3 of 3)

Please enter your *hospital cost report data* for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.

Note: You will not be able to change the Fiscal years which were previously entered.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2011-09/30/2012	* 44444	* 55555	* 7777777	* $ 8888888888	* $ 22222222
10/01/2010-09/30/2011	* 33333				
10/01/2009-09/30/2010	* 22222				
10/01/2008-09/30/2009	* 11111				

Previous | Reset | Save & Continue

If you re-enter the hospital cost report data and the values match the existing hospital cost report data on file, you will receive an error message. The re-entered data cannot match the existing data on file.

Review your revised hospital cost report data.

Once you save the revised hospital cost report data you cannot revert to the hospital cost report data on file. At this point, if you decide you do not want to revise the existing hospital cost data on file, abort the current application and start over again.

Click **Save & Continue** to continue with new amounts, or click **Previous** to go back to the first Hospital Cost Report Data screen. Click **Change Data** to change the data again.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	9999999	**Hospital TIN**	999999999
Payment Year	2	**Program Year**	2012

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Hospital Cost Report Data (Part 3 of 3)

Please review your *hospital cost report data* below. If you wish to update the data shown below please select the Change Data button.

Note: You will not be able to change the Fiscal years which were previously entered.

> When ready click the **Save & Continue** button to continue, or click **Previous** to go back.
> Click **Change Data** to change previously entered data.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2010-12/31/2010	90	138	128000	$3,707,849.00	$8,000.00
01/01/2009-12/31/2009	90				
01/01/2008-12/31/2008	90				
01/01/2007-12/31/2007	90				

[Previous] (Save & Continue) [Change Data]

Once you have submitted the application, MAPIR recalculates the incentive payment for that year based on the revised hospital cost data as well as the remaining payments. If the new calculation results in a revised payment for the current year, you will receive a payment for the revised amount.

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

Click **Continue** to proceed to the **Attestation** section.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	3	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

You have now completed the *Patient Volumes* section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The *Attestation* section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Step 5 – Attestation

This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption**, **Implementation**, **Upgrade**, and **Meaningful Use**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase.

For the first year of participation in the Medicaid EHR Incentive program, Eligible Hospitals will have the option to attest to **Adoption**, **Implementation**, **Upgrade,** or **Meaningful Use**. After the first year of participation, the Eligible Hospitals are required to attest to **Meaningful Use**.

This initial Attestation screen provides information about this section.

Click **Begin** to continue to the **Attestation** section.

If you are a Dually Eligible Hospital, but have not been approved for Meaningful Use Attestation during the current Program Year at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A), you will not be permitted to proceed with the MAPIR application process until you have completed this process at the R&A.

Click **Exit** to exit the MAPIR application or select any of the previously completed tabs.

Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR System Adoption Phase**.

The screen shown below is the Attestation Phase (Part 1 of 3) screen you will see if it is your first year participating (Payment Year 1).

If it is not your first year participating (Payment Year 2 or beyond), turn to the Meaningful Use Phase section of this guide.

NOTE: Dually-eligible hospitals will not see this screen since MU attestation is done at the CMS R&A Web site. If you have registered at the R&A as a Dually Eligible hospital and are Deemed Eligible, you will bypass Attestation. Proceed to the Attestation Phase (Part 3 of 3) section of this guide.

After making your selection, the next screen you see will depend on the phase you selected.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

For **Adoption** continue to the next page of this guide.

For **Implementation** turn to page 67 of this guide.

For **Upgrade** turn to page 71 of this guide.

For **Meaningful Use** turn to page 75 of this guide.

Adoption Phase

For **Adoption** select the Adoption button. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Proceed to the Attestation Phase (Part 3 of 3) section of this guide.

Name	MAPIR Memorial Hospital			
		NPI	9999999999	)
CCN	999999	Hospital TIN	999999999	
Payment Year	1	Program Year	2012	

Get Started **R&A/Contact Info** ☑ **Eligibility** ☑ **Patient Volumes** ☑ **Attestation** ☑ **Review** **Submit** ☐

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase.**

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*
> *Click **Reset** to restore this panel to the starting point.*

○ **Adoption:** ⑦
    You are acquiring certified EHR Technology.

○ **Implementation:** ⑦
    You are installing certified EHR Technology.

○ **Upgrade:** ⑦
    You are expanding functionality of certified EHR Technology.

○ **Meaningful Use:** ⑦
    You are capturing meaningful use measures using a certified EHR technology.

[**Previous**] [**Reset**] [**Save & Continue**]

Implementation Phase

For **Implementation** select the Implementation button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button**.**

Click **Other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Get Started	R&A/Contact Info ☑	Eligibility ☑	Patient Volumes ☑	Attestation ☑	Review	Submit ☐

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the ***Save & Continue*** *button to review your selection, or click* ***Previous*** *to go back.*
Click ***Reset*** *to restore this panel to the starting point.*
After saving, click the ***Clear All*** *button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	⦿	○
Workflow Redesign	○	⦿
Software Installation	○	○
Hardware Installation	○	⦿
Peripherals Installation	○	⦿
Internet Connectivity / Broadband	○	○
Uploading Patient Data	○	○
Electronic Prescribing	○	⦿
Health Information Exchange (i.e. labs, pharmacy)	○	○
Physical Redesign of Workspace	○	○
Training	○	○

[Other (Click to Add)]

[Previous]   [Reset]   [Clear All]   [Save & Continue]

This screen shows an example of entering activities other than what was in the Implementation Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.
> After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete	
Workflow Analysis	◉	○	
Workflow Redesign	○	◉	
Software Installation	○	○	
Hardware Installation	○	◉	
Peripherals Installation	○	◉	
Internet Connectivity / Broadband	○	○	
Uploading Patient Data	○	○	
Electronic Prescribing	○	◉	
Health Information Exchange (i.e. labs, pharmacy)	○	○	
Physical Redesign of Workspace	○	○	
Training	○	◉	
Other: Reviewed EHR certification Information	○	○	Delete

Other (Click to Add)

Previous | Reset | Clear All | **Save & Continue**

Review the **Implementation Activity** you selected.

Click **Save & Continue** to continue, or click **Previous** to go back.

Proceed to the Attestation Phase (Part 3 of 3) section of this guide to continue.

Upgrade Phase

For **Upgrade** select the Upgrade button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

Click **Other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

This screen shows an example of entering activities other than what was in the Upgrade Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐ |

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete	
Upgrading Software Version	●	○	
Upgrading Hardware or Peripherals	○	○	
Clinical Decision Support	○	●	
Electronic Prescribing	○	○	
Computerized Provider Order Entry	○	○	
Adding Functionality / Modules (personal health record, mental health, dental)	○	○	
Other: Reviewed EHR Certification Information	○	●	Delete

Other (Click to Add)

Previous   Reset   Clear All   Save & Continue

Review the **Upgrade Activities** you selected.

Click **Save & Continue** to proceed, or click **Previous** to return.

Proceed to the Attestation Phase (Part 3 of 3) section of this guide to continue.

Name	MAPIR Memorial Hospital	

		NPI	999999999	
CCN	999999	**Hospital TIN**	999999999	
Payment Year	1	**Program Year**	2011	

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ◻ | Review | Submit ☐

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Upgrade Activity	Planned	Complete
Upgrading Software Version	✓	
Clinical Decision Support		✓
(Other) Reviewed EHR Certification Information		✓

Previous   Save & Continue

Meaningful Use Phase

For **Meaningful Use** select the Meaningful Use button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Select an EHR System Adoption Phase for reporting **Meaningful Use of certified EHR technology**. The selections available to you will depend on the Program Year you are in.

If you are in Program Year 2015 or higher and have previously attested to Adoption, Implementation, or Upgrade, you may attest to Meaningful Use (90 days) or Meaningful Use (Full Year).

If you are in Program Year 2015 or higher and you have previously attested to Meaningful Use, you must attest to Meaningful Use (Full Year); therefore, only this option will display.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	**NPI**	9999999999
CCN	999999	**Hospital TIN**	999999999
Payment Year	2	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ◼ | Review | Submit ☐

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.

◉ **Meaningful Use (90 days)** ⑦
   You are capturing meaningful use measures using a certified EHR technology.

○ **Meaningful Use (Full Year)** ⑦
   You are capturing meaningful use measures using a certified EHR technology.

[Previous] [Reset] [Save & Continue]

Depending on the selection made on the previous screen, the Attestation EHR Reporting Period (Part 1 of 3) screen will display with the 90-day period or the full year period. The example below displays the 90-day period for an incentive application in Program Year 2014.

Enter a **Start Date** or use the calendar located to the right of the Start Date field.

For Program Year 2015, the 90 day EHR reporting period must fall within the Program Year begin and end date range, and not include days in a grace period.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	
		NPI 9999999999
CCN	999999	**Hospital TIN** 999999999
Payment Year 2		**Program Year** 2014

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ■   Review   Submit

Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
> Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Start Date:** 01/01/2014   🗔
mm/dd/yyyy

Previous   Reset   Save & Continue

This screen shows an example of a **Start Date** of Jan 01, 2014 and a system-calculated **End Date** of Mar 31, 2014.

Click **Save & Continue** to review your selection, or click **Previous** to go back.

The Medicaid EHR Incentive Program was originally planned to roll out in three stages with increasing requirements for participation. All EHs begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of Meaningful Use and a full year in their second year of Meaningful Use (except for Program Year 2014 and 2015).

CMS announced Modified Stage 2 Rule for Meaningful Use in October 2014 to go into effect for Program Year 2015. The Modified Stage 2 Rule outlines different requirements for EHs scheduled to be in Stage 1 or Stage 2 for Program Years 2015 and 2016.

- If the EH was scheduled to be in Stage 1 in Program Year 2015, the Modified Stage 2 provides Alternate Measures and/or Alternate Exclusions for certain objectives.

- If the EH was scheduled to be in Stage 1 in Program Year 2016, the Modified Stage 2 provides Alternate Exclusions for certain objectives.

These Meaningful Use Requirements for EHs for the two program years are addressed in different sections of this manual.

This screen displays the General Requirement question that needs to be completed in order to proceed with the attestation.

Click **Yes** or **No** to the first question.

Click **Save & Continue** to proceed to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

2015 Modified Stage 2 with Alternates Objectives – for Hospitals previously scheduled to be in Stage 1

The screen on the following page displays the Attestation Meaningful Use Objectives topic list and Clinical Quality Measures list. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Meaningful Use Objectives

For Program Years 2015 and higher the Meaningful Use Measures have been changed to Meaningful Use Objectives.

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

Click **Begin** to start a topic.

Meaningful Use Objectives (1-8)

This screen provides information about the Meaningful Use Objectives for 2015 Modified Stage 2 with Alternates. This applies to hospitals who were scheduled to be in Stage 1 in the 2015 program year.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (1-8).

Click **Begin** to continue to the Meaningful Use Objective List Table.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	▓▓▓▓▓
Payment Year	3	Program Year	2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Meaningful Use Objectives 1-8: The following section includes 8 of the 9 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Hospitals (EHs) are required to complete all 9 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EH meets the criteria for the Exclusion or Alternate Exclusion, then the EH can claim that Exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the **'CLICK HERE'** link at the top of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY displayed** in whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The checkmark means the section is completed but does not mean you passed or failed the objective.
6. You may review the completed objectives by selecting the **'EDIT'** button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have an opportunity to change and electronically sign again.

Instructions: Users may adequately answer each measure they intend to meet by correctly completing the numerator and denominator, answering yes or no to the objective, or choosing an exclusion if they meet the requirements for that exclusion. Use the data obtained from your EHR system for the attestation period. When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application. Excel, Word and PDF format files, each file no greater than 10 Mega Bytes (MB) in size, can be uploaded into MAPIR.

Begin

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** and return to the Topic List.

Screen 1 of 2

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.		EDIT
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT

Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	EDIT

Return to Main

Objective 1 – Protect Patient Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▣   Review   Submit

Attestation Meaningful Use Objectives

Objective 1 - Protect Patient Health Information

ⓘ *Click HERE to review CMS Guidelines for this measure.*

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306 (d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

*Did you meet this measure?
○ Yes ○ No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY): [＿＿＿＿＿]

Name and Title (Person who conducted or reviewed the security risk analysis): [＿＿＿＿＿＿＿＿＿＿]

[Previous] [Reset] [Save & Continue]

Objective 2 – Clinical Decision Support (CDS) - Selection

Enter information in all required fields.

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

*When ready click the **Continue** button to review your selection, or click **Previous** to go back.*

(*) Red asterisk indicates a required field.

*Select from the following options:

○ Modified Stage 2
Measure 1 - Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.
Measure 2 - The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

○ Modified Stage 2 Alternate Measure 1
Measure 1 - Implement one clinical decision support rule.
Measure 2 - The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Previous | Continue

Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 2 Alternate – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ✓ | Eligibility ✓ | Patient Volumes ✓ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 2 Alternate - Clinical Decision Support (CDS)

ⓘ Click **HERE** to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.

Measure 1: Implement one clinical decision support rule.

*Did you meet this measure?
○ Yes ○ No

Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

*Did you meet this measure?
○ Yes ○ No

[Previous] [Reset] [Save & Continue]

Objective 3 – Computerized Provider Order Entry (CPOE) – Selection

Enter information in all required fields.

Click **Continue** to review your selection or click **Previous** to go back.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▣   Review   Submit

Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

*When ready click the **Continue** button to review your selection, or click **Previous** to go back.*

(*) Red asterisk indicates a required field.

*Select from the following options:

○ Modified Stage 2
Measure 1 – More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Measure 2 – More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Measure 3 – More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

○ Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
Measure 1 – More than **30 percent of all unique patients** with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE.
Measure 2 – More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 2 - Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.
Measure 3 – More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 3 - Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

○ Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
Measure 1 – More than **30 percent of all medication orders** created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Measure 2 – More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 2 - Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.
Measure 3 – More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 3 - Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

[Previous] [Continue]

Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 3 Alternate 1 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 3 Alternate 1 - Computerized Provider Order Entry (CPOE)

🛈 Click **HERE** to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than **30 percent of all unique patients** with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE.

Numerator 1: The number of unique patients in the denominator recorded using CPOE.
Denominator 1: Number of unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [＿＿＿＿＿＿]   *** Denominator 1:** [＿＿＿＿＿＿]

Alternate Exclusion 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Does this exclusion apply to you?
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: [＿＿＿＿＿＿]   **Denominator 2:** [＿＿＿＿＿＿]

Alternate Exclusion 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Does this exclusion apply to you?
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: [＿＿＿＿＿＿]   **Denominator 3:** [＿＿＿＿＿＿]

[Previous] [Reset] [Save & Continue]

Objective 3 Alternate 2 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 3 Alternate 2 - Computerized Provider Order Entry (CPOE)

ⓘ Click <u>HERE</u> to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than **30 percent of all medication orders** created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* **Numerator 1:** [   ]   * **Denominator 1:** [   ]

Alternate Exclusion 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

***Does this exclusion apply to you?**
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: [   ]   **Denominator 2:** [   ]

Alternate Exclusion 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

***Does this exclusion apply to you?**
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: [   ]   **Denominator 3:** [   ]

Previous | Reset | Save & Continue

Objective 4 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▤ | Review | Submit

Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

ⓘ *Click HERE to review CMS Guidelines for this measure.*

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH 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 of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

ALTERNATE EXCLUSION: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply to you?
○ Yes ○ No

If the exclusion does not apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Numerator: [   ]   **Denominator:** [   ]

Previous | Reset | Save & Continue

Objective 6 – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▦   Review   Submit

Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

ⓘ Click HERE to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

ALTERNATE EXCLUSION: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

*Does this exclusion apply to you?
○ Yes ○ No

If the exclusion does not apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

Numerator: [   ] **Denominator:** [   ]

Previous   Reset   Save & Continue

Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▨ | Review | Submit

Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator 1: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [   ]   * Denominator 1: [   ]

Measure 2 Exclusion: Any hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does this exclusion apply to you?
○ Yes ○ No

Measure 2 Alternate Exclusion: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Does this exclusion apply to you?
○ Yes ○ No

If neither of the exclusions apply to you, complete entries for Measure 2.

Measure 2: For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Numerator 2: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.
Denominator 2: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Numerator 2: [   ]   Denominator 2: [   ]

[Previous] [Reset] [Save & Continue]

After you enter information for an objective, click the **Save & Continue** button. You will be returned to the Meaningful Use Objectives List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			EDIT

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Click **Return to Main** and return to the Attestation Meaningful Use Objectives screen.

This is screen 1 of 2 of the Meaningful Use Objective List Table.

Name		Medical Hospital	NPI		9999999999
CCN		999999	Hospital TIN		999999999
Payment Year		1	Program Year		2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ☐ |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = No Measure 2 = No	EDIT
Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = Only EHR Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Numerator 2 = 500 Denominator 2 = 1000 Measure 3 Numerator 3 = 500 Denominator 3 = 1000	EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion = No Alternate Exclusion = No Numerator = 500 Denominator = 1000	EDIT

This is screen 2 of 2 of the Meaningful Use Objective List Table.

Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Alternate Exclusion = No Numerator = 500 Denominator = 1000	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	Alternate Exclusion = Excluded	EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Alternate Exclusion = Excluded	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Measure 2 Exclusion = Excluded	EDIT

Return to Main

If all objectives were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

2015 Modified Stage 2 with Alternates MU Required Public Health Objective (9) – for Hospitals previously scheduled to be in Stage 1

This initial screen provides information about the Required Public Health Objective for 2015 Modified Stage 2 with Alternates.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	▓▓▓▓▓▓
Payment Year	3	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Required Public Health Objective 9: As part of the Meaningful Use Attestation, an Eligible Hospital (EH) who is scheduled to be in Stage 1 in 2015 is required to attest to two (2) Public Health Options. If you cannot successfully attest to one (1) of the two (2) selected Options, then you must qualify for an Exclusion or Alternate Exclusion from the remaining Options to pass the Public Health Objective.

In the next section, you will select two (2) options for Attestation. There are multiple Exclusions for each Public Health Options. See the **Eligible Hospital Public Health Reporting specification sheet** for a complete list.

EHs choosing Modified Stage 2 with Alternates:

- Must attest to at least 2 Options from the Public Health Reporting Options 1-4.
- Option 3 (Specialized Registry) may be reported more than once.
- If you cannot successfully attest to any Option then you must qualify for an exclusion or Alternate Exclusion for all Options to pass the Public Health Objective.
- May claim up to three (3) Alternate Exclusions for the Public Health Objective for Option 1 (Immunization), Option 2(Syndromic Surveillance), Option 3 (Specialized Registry) or Option 4 (Reportable Laboratory).

Helpful Hints:

1. For more details on each objective, select **'CLICK HERE'** link at the top of each screen.
2. The checkmark means the section is completed but does not mean you passed or failed the objectives.
3. You may review the completed objectives by selecting the **'EDIT'** button.
4. Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the objective is not met. If the objective is not met, you will have an opportunity to change and electronically sign again.

Begin

Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	**NPI**	9999999999
CCN	999999	**Hospital TIN**	999999999
Payment Year	1	**Program Year**	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

You must attest to 2 Public Health options. If you are unable to attest to 2 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Required Public Health Objective Worksheet

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

Name	Medical Hospital	**NPI**	9999999999	
CCN	999999	**Hospital TIN**	999999999	
Payment Year	1	**Program Year**	2015	

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		EDIT
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		EDIT

Return to Selection List

Objective 9 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 1 - Immunization Registry Reporting

ⓘ Click **HERE** to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.
○ Yes ○ No

Provider may claim an exclusion for the measure of the Stage 2 Immunization Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.
○ Yes ○ No

[Previous] [Reset] [Save & Continue]

Objective 9 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▤ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 2 - Syndromic Surveillance Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not have an emergency or urgent care department.
○ Yes ○ No
Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No
Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No
Provider may claim an exclusion for the measure of the Stage 2 Syndromic Surveillance Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.
○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▦ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 3A - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Does this option apply to you?
○ Yes ○ No

If 'Yes', enter the name of the specialized registry used below.

[   ]

Active Engagement Options: Please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
○ Yes ○ No

Provider may claim an exclusion for the measure of the Stage 2 Specialized Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.
○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 3B – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 3B - Specialized Registry Reporting

ⓘ Click **HERE** to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

Previous | Reset | Save & Continue

Objective 9 Option 3C – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☐   Review   Submit

Attestation Meaningful Use Objectives

Objective 9 Option 3C - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

Previous   Reset   Save & Continue

Objective 9 Option 4 – Electronic Reportable Laboratory Results Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 4 - Electronic Reportable Laboratory Results Reporting

ⓘ *Click* HERE *to review CMS Guidelines for this measure.*

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No

Provider may claim an exclusion for the measure of the Stage 2 Electronic Reportable Laboratory Results Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.
○ Yes ○ No

Previous | Reset | Save & Continue

After you enter information for an option for Objective 9 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 9 option will be displayed in the Entered column of the table as shown in the example below.

Note: Click the **Edit** button in the Select column any point prior to submitting the application to edit an Objective 9 option.

Once you have attested to all the Objective 9 options, click **Return to Selection List** to return to the Public Health Selection screen.

*(**Note:** The above screenshot does not display the measures attested do, but is illustrating the button to use once finished).*

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▤ | Review | Submit

Attestation Meaningful Use Objectives

You must attest to 2 Public Health options. If you are unable to attest to 2 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Click **Return to Main** to return to the Attestation Meaningful Use Objectives screen. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all options for Objective 9 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the Clinical Quality Measures.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) section.

2015 Modified Stage 2 Objectives – for Hospitals previously scheduled to be in Stage 2

The screen on the following page displays the Attestation Meaningful Use Objectives topic list and Clinical Quality Measures list. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Meaningful Use Objectives

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

Click **Begin** to start a topic.

Meaningful Use Objectives (1-8)

This screen provides information about the Meaningful Use Objectives for 2015 Modified Stage 2.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (1-8). This applies to hospitals who were scheduled to be in Stage 2 in the 2015 program year.

Click **Begin** to continue to the Meaningful Use Objective List Table.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	
Payment Year	3	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Meaningful Use Objectives 1-8: The following section includes 8 of the 9 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Hospitals (EHs) are required to complete all 9 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EH meets the criteria for the Exclusion or Alternate Exclusion, then the EH can claim that Exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the **'CLICK HERE'** link at the top of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY displayed in** whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The checkmark means the section is completed but does not mean you passed or failed the objective.
6. You may review the completed objectives by selecting the **'EDIT'** button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have an opportunity to change and electronically sign again.

Instructions: Users may adequately answer each measure they intend to meet by correctly completing the numerator and denominator, answering yes or no to the objective, or choosing an exclusion if they meet the requirements for that exclusion. Use the data obtained from your EHR system for the attestation period. When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application. Excel, Word and PDF format files, each file no greater than 10 Mega Bytes (MB) in size, can be uploaded into MAPIR.

Begin

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** and return to the Topic List.

Screen 1 of 2

Name	MAPIR Medical Hospital	**NPI**		9999999999
CCN	999999	**Hospital TIN**		999999999
Payment Year	4	**Program Year**		2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐ |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.		EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT

Screen 2 of 2

Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.		EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		EDIT
Objective 6	Use clinically relevant information from the Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.		EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).		EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.		EDIT

Return to Main

Objective 1 – Protect Patient Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☐   Review   Submit

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

ⓘ Click **HERE** to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.

*Did you meet this measure?
○ Yes ○ No

Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

*Did you meet this measure?
○ Yes ○ No

Previous   Reset   Save & Continue

Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☐

Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [   ]   * Denominator 1: [   ]

Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 2: [   ]   * Denominator 2: [   ]

Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 3: [   ]   * Denominator 3: [   ]

[Previous]   [Reset]   [Save & Continue]

Objective 4 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☐

Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

ⓘ *Click* <u>HERE</u> *to review CMS Guidelines for this measure.*

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH 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 of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

* **Numerator:** [   ]   * **Denominator:** [   ]

[Previous]   [Reset]   [Save & Continue]

Objective 6 – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☐

Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

ⓘ *Click* HERE *to review CMS Guidelines for this measure.*

> *When ready click the* **Save & Continue** *button to review your selection, or click* **Previous** *to go back. Click* **Reset** *to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

* **Numerator:** [   ]   * **Denominator:** [   ]

Previous   Reset   Save & Continue

Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☐

Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator 1: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [＿＿＿＿＿]   * Denominator 1: [＿＿＿＿＿]

Measure 2 Exclusion: Any hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.
○ Yes ○ No

Measure 2: For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Numerator 2: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.
Denominator 2: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Numerator 2: [＿＿＿＿＿]   Denominator 2: [＿＿＿＿＿]

[Previous] [Reset] [Save & Continue]

After you enter information for an objective, click the **Save & Continue** button. You will be returned to the Meaningful Use Objectives List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ▢

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			EDIT

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Click **Return to Main** and return to the Attestation Meaningful Use Objectives screen.

This is screen 1 of 2 of the Meaningful Use Objective List Table.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started	R&A/Contact Info ☑	Eligibility ☑	Patient Volumes ☑	Attestation ▣	Review	Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = No Measure 2 = No	EDIT
Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = Only EHR Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Numerator 2 = 500 Denominator 2 = 1000 Measure 3 Numerator 3 = 500 Denominator 3 = 1000	EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion = No Alternate Exclusion = No Numerator = 500 Denominator = 1000	EDIT

This is screen 2 of 2 of the Meaningful Use Objective List Table.

Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Alternate Exclusion = No Numerator = 500 Denominator = 1000 EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	Alternate Exclusion = Excluded EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Alternate Exclusion = Excluded EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Measure 2 Exclusion = Excluded EDIT

Return to Main

If all objectives were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

2015 Modified Stage 2 MU Required Public Health Objective (9) – for Hospitals previously scheduled to be in Stage 2

This initial screen provides information about the Required Public Health Objective for 2015 Modified Stage 2.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	▇▇▇▇
Payment Year	3	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Required Public Health Objective 9: As part of the Meaningful Use Attestation, Eligible Hospitals are required to attest to three (3) Public Health Options. If you cannot successfully attest to any one (1) of the three (3) selected Options, then you must qualify for an Exclusion or Alternate Exclusion from the remaining Options to pass the Public Health Objective.
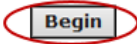
In the next section, you will select three (3) options for Attestation. There are multiple Exclusions for each Public Health Options. See the **Eligible Hospital Public Health Reporting specification sheet** for a complete list.

EHs choosing Modified Stage 2:

- Must attest to at least 3 Options from the Public Health Reporting Options 1-4.
- Option 3 (Specialized Registry) may be reported three times as Objective 9 Option 3A, Objective 9 Option 3B and Objective 9 Option 3C.
- If you cannot successfully attest to any Option then you must qualify for an exclusion for all Options to pass the Public Health Objective.
- May claim an alternate exclusion Measure 3A (Specialized Registry).

Helpful Hints:

1. For more details on each objective, select **'CLICK HERE'** link at the top of each screen.
2. You may review the completed objectives by selecting the **'EDIT'** button.
3. After completing the Public Health Objective, you will receive a checkmark indicating the section is completed but this does not mean you passed or failed the objective.
4. Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the objective is not met. If the objective is not met, you will have an opportunity to change and electronically sign again.

Begin

Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name Medical Hospital	**NPI** 9999999999
CCN 999999	**Hospital TIN** 999999999
Payment Year 4	**Program Year** 2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options.
Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Required Public Health Objective Worksheet

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

Attestation Meaningful Use Objectives

To edit information, select the "**EDIT**" button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the "**Return to Selection List**" button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		EDIT
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		EDIT

Return to Selection List

Objective 9 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 9 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 2 - Syndromic Surveillance Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not have an emergency or urgent care department.
○ Yes ○ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 3A - Specialized Registry Reporting

ⓘ Click **HERE** to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Does this option apply to you?
○ Yes ○ No

If 'Yes', enter the name of the specialized registry used below.

[   ]

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
○ Yes ○ No

Eligible hospitals and CAHs scheduled to be in Stage 2 may claim an alternate exclusion for Measure Option 3.
○ Yes ○ No

[Previous]   [Reset]   [Save & Continue]

Objective 9 Option 3B – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 3B - Specialized Registry Reporting

ℹ️ Click **HERE** to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[_____]

Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

Previous | Reset | Save & Continue

Objective 9 Option 3C – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started R&A/Contact Info ☑ Eligibility ☑ Patient Volumes ☑ Attestation ▣ Review Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 3C - Specialized Registry Reporting

🛈 *Click* <u>HERE</u> *to review CMS Guidelines for this measure.*

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

***Active Engagement Options:** Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

[Previous]   [Reset]   [Save & Continue]

Objective 9 Option 4 – Electronic Reportable Laboratory Results Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 4 - Electronic Reportable Laboratory Results Reporting

ⓘ *Click HERE to review CMS Guidelines for this measure.*

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No

Previous | Reset | Save & Continue

After you enter information for an option for Objective 9 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 9 option will be displayed in the Entered column of the table as shown in the example below.

Note: Click the **Edit** button in the Select column any point prior to submitting the application to edit an Objective 9 option.

Once you have attested to all the Objective 9 options, click **Return to Selection List** to return to the Public Health Selection screen.

*(**Note:** The above screenshot does not display the measures attested do, but is illustrating the button to use once finished).*

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Click **Return to Main** to return to the Attestation Meaningful Use Objectives screen. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all options for Objective 9 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the Clinical Quality Measures.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) section.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▥   Review   Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (1-8), Required Public Health Objective (9), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✔

Please Note: Specific requirements apply to the Required Public Health Objective (9). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✔ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
✔	Meaningful Use Objectives (1-8)	8/8	EDIT / Clear All
✔	Required Public Health Objective (9)	6/6	EDIT / Clear All
	Clinical Quality Measures		Begin

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous   Save & Continue

2016 Modified Stage 2 with Alternates Objectives – for Hospitals previously scheduled to be in Stage 1

The screen on the following page displays the Attestation Meaningful Use Objectives topic list and Clinical Quality Measures list. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Meaningful Use Objectives

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

Click **Begin** to start a topic.

Meaningful Use Objectives (1-8)

This screen provides information about the Meaningful Use Objectives for 2016 Modified Stage 2 with Alternates. This applies to hospitals who were scheduled to be in Stage 1 in the 2016 program year.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (1-8).

Click **Begin** to continue to the Meaningful Use Objective List Table.

Name	MAPIR HOSPITAL	**NPI**	2011062207
CCN	070098	**Hospital TIN**	▮▮▮▮▮
Payment Year	3	**Program Year**	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Meaningful Use Objectives 1-8: The following section includes 8 of the 9 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Hospitals (EHs) are required to complete all 9 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EH meets the criteria for the Exclusion or Alternate Exclusion, then the EH can claim that Exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the **'CLICK HERE'** link at the top of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY displayed in** whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The checkmark means the section is completed but does not mean you passed or failed the objective.
6. You may review the completed objectives by selecting the **'EDIT'** button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have an opportunity to change and electronically sign again.

Instructions: Users may adequately answer each measure they intend to meet by correctly completing the numerator and denominator, answering yes or no to the objective, or choosing an exclusion if they meet the requirements for that exclusion. Use the data obtained from your EHR system for the attestation period. When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application. Excel, Word and PDF format files, each file no greater than 10 Mega Bytes (MB) in size, can be uploaded into MAPIR.

Begin

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** and return to the Topic List.

Screen 1 of 2

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.		EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT

Screen 2 of 2

Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.		EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.		EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).		EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.		EDIT

Return to Main

Objective 1 – Protect Patient Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 1 - Protect Patient Health Information

ⓘ *Click HERE to review CMS Guidelines for this measure.*

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306 (d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.

*Did you meet this measure?
○ Yes ○ No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY): [   ]

Name and Title (Person who conducted or reviewed the security risk analysis): [   ]

[Previous] [Reset] [Save & Continue]

Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

ℹ️ Click HERE to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.

*Did you meet this measure?
○ Yes ○ No

Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

*Did you meet this measure?
○ Yes ○ No

[Previous]   [Reset]   [Save & Continue]

Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [_____]   *** Denominator 1:** [_____]

Alternate Exclusion 2: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

*Does this exclusion apply to you?
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: [_____]   **Denominator 2:** [_____]

Alternate Exclusion 3: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

*Does this exclusion apply to you?
○ Yes ○ No

If 'No', complete entries in the Numerator and Denominator.

Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: [_____]   **Denominator 3:** [_____]

[Previous] [Reset] [Save & Continue]

Objective 4 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started **R&A/Contact Info ☑** **Eligibility ☑** **Patient Volumes ☑** **Attestation ☑** **Review** **Submit ☑**

Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

ⓘ *Click* HERE *to review CMS Guidelines for this measure.*

> *When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

*Does this exclusion apply to you?
○ Yes ○ No

ALTERNATE EXCLUSION: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure for an EHR reporting period in 2016 if they were scheduled to demonstrate Stage 1.

*Does this exclusion apply to you?
○ Yes ○ No

If the exclusions do not apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.
Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

Numerator: [_____] **Denominator:** [_____]

[Previous] [Reset] [Save & Continue]

Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

ⓘ *Click HERE to review CMS Guidelines for this measure.*

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH 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 of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

* Numerator: [   ]   * Denominator: [   ]

Previous   Reset   Save & Continue

Objective 6 – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	**NPI**		9999999999
CCN	999999	**Hospital TIN**		999999999
Payment Year	2	**Program Year**		2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 6 - Patient-Specific Education

ⓘ *Click* <u>HERE</u> *to review CMS Guidelines for this measure.*

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.

Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by Certified EHR Technology.
Denominator: Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

* **Numerator:** [＿＿＿＿＿＿]   * **Denominator:** [＿＿＿＿＿＿]

Previous   Reset   Save & Continue

Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

ℹ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator 1: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [   ]   * Denominator 1: [   ]

Measure 2 Exclusion: Any hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.
○ Yes ○ No

Measure 2: For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Numerator 2: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.
Denominator 2: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Numerator 2: [   ]   **Denominator 2:** [   ]

[Previous]   [Reset]   [Save & Continue]

After you enter information for an objective, click the **Save & Continue** button. You will be returned to the Meaningful Use Objectives List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

Name	MAPIR Medical Hospital	**NPI**	9999999999
CCN	999999	**Hospital TIN**	999999999
Payment Year	2	**Program Year**	2016

| Get Started | R&A/Contact Info ✓ | Eligibility ✓ | Patient Volumes ✓ | Attestation ✓ | Review | Submit ✓ |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a) (1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Click **Return to Main** and return to the Attestation Meaningful Use Objectives screen.

This is screen 1 of 2 of the Meaningful Use Objective List Table.

Name	MAPIR Medical Hospital	**NPI**	9999999999	
CCN	999999	**Hospital TIN**	999999999	
Payment Year	2	**Program Year**	2016	

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = No	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = No Measure 2 = No	EDIT

This is screen 2 of 2 of the Meaningful Use Objective List Table.

Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = Only EHR Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Alternate Exclusion 2 = No Numerator 2 = 500 Denominator 2 = 1000 Measure 3 Alternate Exclusion 3 = No Numerator 3 = 500 Denominator 3 = 1000	EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion = No Alternate Exclusion = No Numerator = 500 Denominator = 1000	EDIT
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Numerator = 500 Denominator = 1000	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	Numerator = 500 Denominator = 1000	EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 500 Denominator = 1000	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Measure 2 Measure 2 Exclusion = No Numerator 2 = 500 Denominator 2 = 1000	EDIT

Return to Main

If all objectives were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

2016 Modified Stage 2 with Alternates MU Required Public Health Objective (9) – for Hospitals previously scheduled to be in Stage 1

This initial screen provides information about the Required Public Health Objective for 2016 Modified Stage 2 with Alternates.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.

Required Public Health Objective 9: As part of the Meaningful Use Attestation, Eligible Hospitals are required to attest to three (3) Public Health Options. If you cannot successfully attest to any one (1) of the three (3) selected Options, then you must qualify for an Exclusion or Alternate Exclusion from the remaining Options to pass the Public Health Objective.

In the next section, you will select three (3) options for Attestation. There are multiple Exclusions for each Public Health Options. See the **Eligible Hospital Public Health Reporting specification sheet** for a complete list.

EHs choosing Modified Stage 2:

- Must attest to at least 3 Options from the Public Health Reporting Options 1-4.
- Option 3 (Specialized Registry) may be reported three times as Objective 9 Option 3A, Objective 9 Option 3B and Objective 9 Option 3C.
- If you cannot successfully attest to any Option then you must qualify for an exclusion for all Options to pass the Public Health Objective.
- May claim an alternate exclusion Measure 3A (Specialized Registry).

Helpful Hints:

1. For more details on each objective, select **'CLICK HERE'** link at the top of each screen.
2. You may review the completed objectives by selecting the **'EDIT'** button.
3. After completing the Public Health Objective, you will receive a checkmark indicating the section is completed but this does not mean you passed or failed the objective.
4. Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the objective is not met. If the objective is not met, you will have an opportunity to change and electronically sign again.

Begin

Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Required Public Health Objective Worksheet

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | **R&A/Contact Info** ☑ | **Eligibility** ☑ | **Patient Volumes** ☑ | **Attestation** ☑ | **Review** | **Submit** ☑

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		EDIT
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		EDIT

Return to Selection List

The Objective 9 options you selected to attest to will display on the Required Public Health Objective List Table. The example below displays the six options selected on the previous screen.

You must complete all the options on this screen.

Once the measures are successfully entered and saved for an option it will be displayed in the Entered column on this screen. Click **Edit** to enter or edit information for a measure, or click **Return to Selection List** to return to the previous Required Public Health Objective List Table.

Objective 9 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ☐

Attestation Meaningful Use Objectives

Objective 9 Option 1 - Immunization Registry Reporting

ⓘ *Click HERE to review CMS Guidelines for this measure.*

> *When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.
○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 2 - Syndromic Surveillance Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

   *Does this option apply to you?
   ○ Yes ○ No

   Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

   ☐ Completed registration to submit data

   ☐ Testing and validation

   ☐ Production

   EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

   Does not have an emergency or urgent care department.
   ○ Yes ○ No
   Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
   ○ Yes ○ No
   Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.
   ○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 9 Option 3B – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 9 Option 3B - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

   *Enter the name of the specialized registry used below.

   [   ]

   *Active Engagement Options: Select one of the options listed below.

   ☐ Completed registration to submit data

   ☐ Testing and validation

   ☐ Production

   [Previous]   [Reset]   [Save & Continue]

Objective 9 Option 3C – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started   R&A/Contact Info ✓   Eligibility ✓   Patient Volumes ✓   Attestation ▣   Review   Submit

Attestation Meaningful Use Objectives

Objective 9 Option 3C - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

[Previous]   [Reset]   [Save & Continue]

Objective 9 Option 4 – Electronic Reportable Laboratory Results Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 4 - Electronic Reportable Laboratory Results Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No

Previous | Reset | Save & Continue

After you enter information for an option for Objective 9 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 9 option will be displayed in the Entered column of the table as shown in the example below.

Note: Click the **Edit** button in the Select column any point prior to submitting the application to edit an Objective 9 option.

Once you have attested to all the Objective 9 options, click **Return to Selection List** to return to the Public Health Selection screen.

Name MAPIR Medical Hospital	**NPI**	9999999999
CCN 999999	**Hospital TIN**	999999999
Payment Year 2	**Program Year**	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	Measure Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No	EDIT
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	Measure Option 2 = No Exclusion 1 = No Exclusion 2 = Excluded Exclusion 3 = No	EDIT
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	Measure Option 3A = Yes Specialized Registry = test Active Engagement Option = Completed registration to submit data	EDIT
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	Specialized Registry = Test Active Engagement Option = Testing and validation	EDIT
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	Specialized Registry = Test Active Engagement Option = Completed registration to submit data	EDIT
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	Measure Option 4 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No	EDIT

Return to Selection List

*(**Note:** The above screenshot does not display the measures attested do, but is illustrating the button to use once finished).*

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▦ | Review | Submit

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options.
Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | Save & Continue

Click **Return to Main** to return to the Attestation Meaningful Use Objectives screen. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all options for Objective 9 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the Clinical Quality Measures.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) section.

2016 Modified Stage 2 Objectives – for Hospitals previously scheduled to be in Stage 2

The screen on the following page displays the Attestation Meaningful Use Objectives topic list and Clinical Quality Measures list. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Meaningful Use Objectives

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (1-8), Required Public Health Objective (9) and Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

Click **Begin** to start a topic.

Meaningful Use Objectives (1-8)

This screen provides information about the Meaningful Use Objectives for 2016 Modified Stage 2. This applies to hospitals who were scheduled to be in Stage 2 in the 2016 program year.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (1-8).

Click **Begin** to continue to the Meaningful Use Objective List Table.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	**Hospital TIN**	▓▓▓▓▓▓
Payment Year	3	**Program Year**	2016

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Meaningful Use Objectives 1-8: The following section includes 8 of the 9 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Hospitals (EHs) are required to complete all 9 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EH meets the criteria for the Exclusion or Alternate Exclusion, then the EH can claim that Exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the '**CLICK HERE**' link at the top of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY displayed in** whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The checkmark means the section is completed but does not mean you passed or failed the objective.
6. You may review the completed objectives by selecting the '**EDIT**' button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have an opportunity to change and electronically sign again.

Instructions: Users may adequately answer each measure they intend to meet by correctly completing the numerator and denominator, answering yes or no to the objective, or choosing an exclusion if they meet the requirements for that exclusion. Use the data obtained from your EHR system for the attestation period. When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application. Excel, Word and PDF format files, each file no greater than 10 Mega Bytes (MB) in size, can be uploaded into MAPIR.

Begin

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** and return to the Topic List.

Screen 1 of 2

Name	MAPIR Medical Hospital	**NPI**	9999999999
CCN	999999	**Hospital TIN**	9999999999
Payment Year	4	**Program Year**	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.		EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT
Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.		EDIT

Screen 2 of 2

Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.		EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).		EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.		EDIT

Return to Main

Objective 1 – Protect Patient Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

ⓘ *Click* HERE *to review CMS Guidelines for this measure.*

When ready click the **Save & Continue** *button to review your selection, or click* **Previous** *to go back. Click* **Reset** *to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.

*Did you meet this measure?
○ Yes ○ No

Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

*Did you meet this measure?
○ Yes ○ No

Previous   Reset   Save & Continue

Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   **Attestation** ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

ⓘ *Click* **HERE** *to review CMS Guidelines for this measure.*

When ready click the **Save & Continue** *button to review your selection, or click* **Previous** *to go back. Click* **Reset** *to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [   ]   * Denominator 1: [   ]

Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 2: [   ]   * Denominator 2: [   ]

Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 3: [   ]   * Denominator 3: [   ]

Previous   Reset   Save & Continue

Objective 4 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

ⓘ *Click* HERE *to review CMS Guidelines for this measure.*

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
○ This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

*Does this exclusion apply to you?
○ Yes ○ No

ALTERNATE EXCLUSION: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2016 they were scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2016.

*Does this exclusion apply to you?
○ Yes ○ No

If the exclusions do not apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

Numerator: [_____]   **Denominator:** [_____]

Previous   Reset   Save & Continue

Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 6 – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

* Numerator: [   ]   * Denominator: [   ]

[Previous]   [Reset]   [Save & Continue]

Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

🛈 Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information.

Numerator 1: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: [＿＿＿＿＿]   * Denominator 1: [＿＿＿＿＿]

Measure 2 Exclusion: Any hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.
○ Yes ○ No

Measure 2: For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Numerator 2: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.
Denominator 2: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Numerator 2: [＿＿＿＿＿]   Denominator 2: [＿＿＿＿＿]

[Previous] [Reset] [Save & Continue]

After you enter information for an objective, click the **Save & Continue** button. You will be returned to the Meaningful Use Objectives List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☐   Review   Submit ☐

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = Yes Date = 09/21/2015 Name and Title = test	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Click **Return to Main** and return to the Attestation Meaningful Use Objectives screen.

This is screen 1 of 2 of the Meaningful Use Objective List Table.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ◼ | Review | Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	Measure = Yes Date = 09/21/2015 Name and Title = test	EDIT
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 = Yes	EDIT

This is screen 2 of 2 of the Meaningful Use Objective List Table.

Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = All Measure 1 Numerator 1 = 810 Denominator 1 = 1000 Measure 2 Alternate Exclusion 2 = No Numerator 2 = 650 Denominator 2 = 1000 Measure 3 Alternate Exclusion 3 = No Numerator 3 = 550 Denominator 3 = 1000	EDIT
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion = No Alternate Exclusion = No Numerator = 850 Denominator = 1000	EDIT
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Numerator = 550 Denominator = 1000	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	Numerator = 550 Denominator = 1000	EDIT
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 550 Denominator = 1000	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download, and transmit to a third party their health information. For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Numerator 1 = 550 Denominator 1 = 1000 Measure 2 Measure 2 Exclusion = Excluded	EDIT

Return to Main

If all objectives were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

Modified Stage 2 MU Required Public Health Objective (9) – for Hospitals previously scheduled to be in Stage 2

This initial screen provides information about the Required Public Health Objective for 2016 Modified Stage 2.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.

Name	MAPIR HOSPITAL	**NPI**	2011062207	
CCN	070098	**Hospital TIN**	▮▮▮▮▮▮	
Payment Year	3	**Program Year**	2016	

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   **Attestation** ☑   Review   Submit ☑

Required Public Health Objective 9: As part of the Meaningful Use Attestation, Eligible Hospitals are required to attest to three (3) Public Health Options. If you cannot successfully attest to any one (1) of the three (3) selected Options, then you must qualify for an Exclusion or Alternate Exclusion from the remaining Options to pass the Public Health Objective.

In the next section, you will select three (3) options for Attestation. There are multiple Exclusions for each Public Health Options. See the **Eligible Hospital Public Health Reporting specification sheet** for a complete list.

EHs choosing Modified Stage 2:

- Must attest to at least 3 Options from the Public Health Reporting Options 1-4.
- Option 3 (Specialized Registry) may be reported three times as Objective 9 Option 3A, Objective 9 Option 3B and Objective 9 Option 3C.
- If you cannot successfully attest to any Option then you must qualify for an exclusion for all Options to pass the Public Health Objective.
- May claim an alternate exclusion Measure 3A (Specialized Registry).

Helpful Hints:

1. For more details on each objective, select **'CLICK HERE'** link at the top of each screen.
2. You may review the completed objectives by selecting the **'EDIT'** button.
3. After completing the Public Health Objective, you will receive a checkmark indicating the section is completed but this does not mean you passed or failed the objective.
4. Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the objective is not met. If the objective is not met, you will have an opportunity to change and electronically sign again.

Begin

Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☐
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☐
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☐
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☐
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☐
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☐

Return to Main | Reset | Save & Continue

Required Public Health Objective Worksheet

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

Name	Medical Hospital	**NPI**	9999999999	
CCN	999999	**Hospital TIN**	999999999	
Payment Year	4	**Program Year**	2016	

Get Started	R&A/Contact Info ☑	Eligibility ☑	Patient Volumes ☑	Attestation ☑	Review	Submit ☑

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		EDIT
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		EDIT
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		EDIT

Return to Selection List

Objective 9 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Objectives

Objective 9 Option 1 - Immunization Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.
○ Yes ○ No

[Previous]   [Reset]   [Save & Continue]

Objective 9 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 2 - Syndromic Surveillance Reporting

ⓘ Click **HERE** to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not have an emergency or urgent care department.
○ Yes ○ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.
○ Yes ○ No

Previous | Reset | Save & Continue

Objective 9 Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Attestation Meaningful Use Objectives

Objective 9 Option 3A - Specialized Registry Reporting

🛈 Click **HERE** to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Does this option apply to you?
○ Yes ○ No

If 'Yes', enter the name of the specialized registry used below.

[   ]

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
○ Yes ○ No

Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
○ Yes ○ No

The eligible hospital or CAH did not plan to report on specialized registry data, therefore the eligible hospital or CAH is able to claim an exclusion.
○ Yes ○ No

[Previous] [Reset] [Save & Continue]

Objective 9 Option 3B – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 9 Option 3B - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

***Active Engagement Options:** Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

Previous   Reset   Save & Continue

Objective 9 Option 3C – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Attestation Meaningful Use Objectives

Objective 9 Option 3C - Specialized Registry Reporting

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

[   ]

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

Previous   Reset   Save & Continue

Objective 9 Option 4 – Electronic Reportable Laboratory Results Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

After you enter information for an option for Objective 9 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 9 option will be displayed in the Entered column of the table as shown in the example below.

Note: Click the **Edit** button in the Select column any point prior to submitting the application to edit an Objective 9 option.

Once you have attested to all the Objective 9 options, click **Return to Selection List** to return to the Public Health Selection screen.

*(**Note:** The above screenshot does not display the measures attested do, but is illustrating the button to use once finished).*

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

| Get Started | R&A/Contact Info ✓ | Eligibility ✓ | Patient Volumes ✓ | Attestation ☑ | Review | Submit |

Attestation Meaningful Use Objectives

You must attest to 3 Public Health options. If you are unable to attest to 3 options, you must attest or take an exclusion on all 4 options. Note: Option 3 may be attested to three times but only 3A can be excluded.

When all options have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	☑
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	☑
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 4 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	☑

Return to Main | Reset | **Save & Continue**

Click **Return to Main** to return to the Attestation Meaningful Use Objectives screen. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all options for Objective 9 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the Clinical Quality Measures.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) section.

2015 Modified Stage 2 with Alternates and 2015 Modified Stage 2

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete. Click the **Begin** button to start Clinical Quality Measures.

Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

2015 Modified Stage 2 with Alternates

2015 Modified Stage 2

Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

Meaningful Use Clinical Quality Measure Worklist Table

This screen displays the Meaningful Use Clinical Quality Selection screen. There are 29 Meaningful Use Clinical Quality Measures and five domains available for attestation. Select a minimum of 16 Meaningful Use Clinical Quality Measures from at least three different domains.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit |

Attestation Meaningful Use Measures

Instructions:

Select a minimum of 16 clinical quality measures by checking the box next to the measure you are attesting. The measures selected must be chosen from at least three different domains.

When all CQMs have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Measure#	Domain	Title	Select
CMS32 v4	Care Coordination	Median Time from ED Arrival to ED Departure for Discharged ED Patients	☑
CMS102 v3	Care Coordination	Assessed for Rehabilitation	☑
CMS9 v3	Clinical Process/Effectiveness	Exclusive Breast Milk Feeding	☑
CMS30 v4	Clinical Process/Effectiveness	Statin Prescribed at Discharge	☑
CMS31 v3	Clinical Process/Effectiveness	Hearing Screening Prior To Hospital Discharge	☑
CMS53 v3	Clinical Process/Effectiveness	Primary PCI Received Within 90 Minutes of Hospital Arrival	☑
CMS60 v3	Clinical Process/Effectiveness	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	☑
CMS71 v4	Clinical Process/Effectiveness	Anticoagulation Therapy for Atrial Fibrillation/Flutter	☑
CMS72 v3	Clinical Process/Effectiveness	Antithrombotic Therapy By End of Hospital Day 2	☑
CMS73 v3	Clinical Process/Effectiveness	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	☑
CMS91 v4	Clinical Process/Effectiveness	Thrombolytic Therapy	☐
CMS100 v3	Clinical Process/Effectiveness	Aspirin Prescribed at Discharge	☑
CMS104 v3	Clinical Process/Effectiveness	Discharged on Antithrombotic Therapy	☐
CMS105 v3	Clinical Process/Effectiveness	Discharged on Statin Medication	☐
CMS109 v3	Clinical Process/Effectiveness	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	☐
CMS113 v3	Clinical Process/Effectiveness	Elective Delivery	☐
CMS172 v4	Efficient Use of Healthcare Resources	Prophylactic Antibiotic Selection for Surgical Patients	☑
CMS188 v4	Efficient Use of Healthcare Resources	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	☐
CMS26 v2	Patient and Family Engagement	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	☐
CMS55 v3	Patient and Family Engagement	Median Time from ED Arrival to ED Departure for Admitted ED Patients	☑
CMS107 v3	Patient and Family Engagement	Stroke Education	☐
CMS110 v3	Patient and Family Engagement	Venous Thromboembolism Discharge Instructions	☑
CMS111 v3	Patient and Family Engagement	Median Admit Decision Time to ED Departure Time for Admitted Patients	☐
CMS108 v3	Patient Safety	Venous Thromboembolism Prophylaxis	☐
CMS114 v3	Patient Safety	Incidence of Potentially-Preventable Venous Thromboembolism	☑
CMS171 v4	Patient Safety	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	☑
CMS178 v4	Patient Safety	Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	☐
CMS185 v3	Patient Safety	Healthy Term Newborn	☐
CMS190 v3	Patient Safety	Intensive Care Unit Venous Thromboembolism Prophylaxis	☐

| Return to Main | Reset | Save & Continue |

The screen below displays the Meaningful Use Clinical Quality Measure Worklist Table. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Click **Edit** to enter or edit information for the measure, or click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ☐ |

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32 v4-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination		EDIT
CMS102 v3-Assessed for Rehabilitation	Care Coordination		EDIT
CMS9 v3-Exclusive Breast Milk Feeding	Clinical Process/Effectiveness		EDIT
CMS30 v4-Statin Prescribed at Discharge	Clinical Process/Effectiveness		EDIT
CMS31 v3-Hearing Screening Prior To Hospital Discharge	Clinical Process/Effectiveness		EDIT
CMS53 v3-Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness		EDIT
CMS60 v3-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process/Effectiveness		EDIT
CMS71 v4-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness		EDIT
CMS72 v3-Antithrombotic Therapy By End of Hospital Day 2	Clinical Process/Effectiveness		EDIT
CMS73 v3-Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	Clinical Process/Effectiveness		EDIT
CMS100 v3-Aspirin Prescribed at Discharge	Clinical Process/Effectiveness		EDIT
CMS172 v4-Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources		EDIT
CMS55 v3-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient and Family Engagement		EDIT
CMS110 v3-Venous Thromboembolism Discharge Instructions	Patient and Family Engagement		EDIT
CMS114 v3-Incidence of Potentially-Preventable Venous Thromboembolism	Patient Safety		EDIT
CMS171 v4-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Patient Safety		EDIT

Return

The following is a list of the 29 Clinical Quality Measures available for you to attest to:

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS55 v3	Clinical Quality Measure 1	Patient and Family Engagement	Screen 1
CMS111 v3	Clinical Quality Measure 2		Screen 1
CMS107 v3	Clinical Quality Measure 8		Screen 3
CMS110 v3	Clinical Quality Measure 14		Screen 5
CMS26 v2	Clinical Quality Measure 26		Screen 5
CMS104 v3	Clinical Quality Measure 3	Clinical Process/Effectiveness	Screen 2
CMS71 v4	Clinical Quality Measure 4		Screen 2
CMS91 v4	Clinical Quality Measure 5		Screen 3
CMS72 v3	Clinical Quality Measure 6		Screen 2
CMS105 v3	Clinical Quality Measure 7		Screen 2
CMS73 v3	Clinical Quality Measure 12		Screen 3
CMS109 v3	Clinical Quality Measure 13		Screen 3
CMS100 v3	Clinical Quality Measure 16		Screen 2
CMS113 v3	Clinical Quality Measure 17		Screen 3
CMS60 v3	Clinical Quality Measure 18		Screen 2
CMS53 v3	Clinical Quality Measure 19		Screen 3
CMS30 v4	Clinical Quality Measure 20		Screen 2
CMS9 v3	Clinical Quality Measure 27		Screen 3
CMS31 v3	Clinical Quality Measure 29		Screen 3
CMS102 v3	Clinical Quality Measure 9	Care Coordination	Screen 3
CMS32 v4	Clinical Quality Measure 25		Screen 1
CMS108 v3	Clinical Quality Measure 10	Patient Safety	Screen 3
CMS190 v3	Clinical Quality Measure 11		Screen 2
CMS114 v3	Clinical Quality Measure 15		Screen 3
CMS171 v4	Clinical Quality Measure 22		Screen 4
CMS178 v4	Clinical Quality Measure 24		Screen 3

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS185 v3	Clinical Quality Measure 28		Screen 3
CMS188 v4	Clinical Quality Measure 21	Efficient Use of Healthcare Resources	Screen 4
CMS172 v4	Clinical Quality Measure 23		Screen 4

There are 29 Meaningful Use Clinical Quality Measure screens.   As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Measure Numbers use this screen layout:

CMS55v3, CMS111v3, and CMS32v4

Screen 2

The following Measure Numbers use this screen layout:

CMS104v3, CMS71v4, CMS72v3, CMS105v3, CMS190v3, and CMS30v4, CMS100v3, CMS60v3

Screen 3

The following Measure Numbers use this screen layout:

CMS91 v4, CMS107 v3, CMS102 v3, CMS108 v3, CMS73 3, CMS109 v3, CMS114 v3, CMS113 v3, CMS53 v3, CMS178 v4, CMS9 v3, CMS185 v3, and CMS31 v3

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☐   Review   Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 5

ⓘ Click **HERE** to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain:	Clinical Process/Effectiveness
Measure Number:	CMS91 v5.0.000
NQF Number:	0437
Measure Title:	Thrombolytic Therapy
Measure Description:	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom t-PA was initiated at this hospital within 3 hours of time last known well.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

* **Numerator:** [_____]   * **Denominator:** [_____]   * **Performance Rate (%):** [_____]   * **Exception:** [_____]

Previous   Reset   Save & Continue

Screen 4

The following Measure Numbers use this screen layout:

CMS171v4, CMS188v4, and CMS172v4

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▣   Review   Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 22

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain:	Patient Safety
Measure Number:	CMS171 v5.1.000
NQF Number:	0527
Measure Title:	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
Measure Description:	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

Population Criteria 1 - Coronary artery bypass graft (CABG) procedures

* Numerator 1: [   ]   * Denominator 1: [   ]   * Performance Rate 1(%): [   ]   * Exclusion 1: [   ]

Population Criteria 2 - Other cardiac surgery

* Numerator 2: [   ]   * Denominator 2: [   ]   * Performance Rate 2(%): [   ]   * Exclusion 2: [   ]

Population Criteria 3 - Hip arthroplasty

* Numerator 3: [   ]   * Denominator 3: [   ]   * Performance Rate 3(%): [   ]   * Exclusion 3: [   ]

Population Criteria 4 - Knee arthroplasty

* Numerator 4: [   ]   * Denominator 4: [   ]   * Performance Rate 4(%): [   ]   * Exclusion 4: [   ]

Population Criteria 5 - Colon surgery

* Numerator 5: [   ]   * Denominator 5: [   ]   * Performance Rate 5(%): [   ]   * Exclusion 5: [   ]

Population Criteria 6 - Abdominal hysterectomy

* Numerator 6: [   ]   * Denominator 6: [   ]   * Performance Rate 6(%): [   ]   * Exclusion 6: [   ]

Population Criteria 7 - Vaginal hysterectomy

* Numerator 7: [   ]   * Denominator 7: [   ]   * Performance Rate 7(%): [   ]   * Exclusion 7: [   ]

Population Criteria 8 - Vascular surgery

* Numerator 8: [   ]   * Denominator 8: [   ]   * Performance Rate 8(%): [   ]   * Exclusion 8: [   ]

Previous   Reset   Save & Continue

Screen 5

The following Measure Numbers use this screen layout:

CMS26 v2 and CMS110 v3

Name	MAPIR Medical Hospital	**NPI**	9999999999
CCN	999999	**Hospital TIN**	999999999
Payment Year	4	**Program Year**	2015

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ▣   Review   Submit ☐

Attestation Meaningful Use Measures

Clinical Quality Measure 26

ⓘ Click **HERE** to review CMS Guidelines for this measure.

> When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain:	Patient and Family Engagement
Measure Number:	CMS26 v3.0.000
NQF Number:	Not Applicable
Measure Title:	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
Measure Description:	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.

* Numerator: [＿＿＿]   * Denominator: [＿＿＿]   * Performance Rate (%): [＿＿＿]

[Previous]   [Reset]   [Save & Continue]

After you enter information for a measure and click **Save & Continue**, you will be returned to the Clinical Quality Measure List Table. The information you entered for that measure will display in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button for the next measure.

The screens on the following pages display the Meaningful Use Quality Measures Worklist Table with data entered for every measure selected to attest to.

This is screen 1 of 2 of the Meaningful Use Quality Measures Worklist Table.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2015

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit ☐ |

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS102 v3-Assessed for Rehabilitation	Care Coordination	Numerator = 4 Denominator = 3 Performance Rate (%) = 25.0 Exclusion = 2	EDIT
CMS31 v3-Hearing Screening Prior To Hospital Discharge	Clinical Process/Effectiveness	Numerator = 100 Denominator = 200 Performance Rate (%) = 50.0 Exclusion = 5	EDIT
CMS53 v3-Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 100 Denominator = 200 Performance Rate (%) = 50.0 Exclusion = 7	EDIT
CMS60 v3-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 120 Denominator = 130 Performance Rate (%) = 45.0 Exclusion = 3 Exception = 9	EDIT
CMS71 v4-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness	Numerator = 50 Denominator = 100 Performance Rate (%) = 56.0 Exclusion = 3 Exception = 5	EDIT
CMS72 v3-Antithrombotic Therapy By End of Hospital Day 2	Clinical Process/Effectiveness	Numerator = 28 Denominator = 45 Performance Rate (%) = 56.0 Exclusion = 7 Exception = 8	EDIT
CMS73 v3-Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	Clinical Process/Effectiveness	Numerator = 230 Denominator = 450 Performance Rate (%) = 35.0 Exclusion = 9	EDIT
CMS91 v4-Thrombolytic Therapy	Clinical Process/Effectiveness	Numerator = 90 Denominator = 100 Performance Rate (%) = 79.0 Exception = 4	EDIT
CMS104 v3-Discharged on Antithrombotic Therapy	Clinical Process/Effectiveness	Numerator = 240 Denominator = 500 Performance Rate (%) = 89.0 Exclusion = 5 Exception = 8	EDIT

This is screen 2 of 2 of the Meaningful Use Quality Measures Worklist Table.

CMS105 v3-Discharged on Statin Medication	Clinical Process/Effectiveness	Numerator = 30 Denominator = 60 Performance Rate (%) = 90.0 Exclusion = 5 Exception = 1	EDIT
CMS109 v3-Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	Clinical Process/Effectiveness	Numerator = 79 Denominator = 100 Performance Rate (%) = 87.0 Exclusion = 3	EDIT
CMS113 v3-Elective Delivery	Clinical Process/Effectiveness	Numerator = 90 Denominator = 150 Performance Rate (%) = 78.0 Exclusion = 6	EDIT
CMS55 v3-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient and Family Engagement	Measure Observation 1 = 12 Measure Population 1 = 28 Measure Observation 2 = 34 Measure Population 2 = 67 Measure Observation 3 = 43 Measure Population 3 = 89	EDIT
CMS114 v3-Incidence of Potentially-Preventable Venous Thromboembolism	Patient Safety	Numerator = 45 Denominator = 98 Performance Rate (%) = 85.0 Exclusion = 4	EDIT
CMS171 v4-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Patient Safety	Numerator 1 = 50 Denominator 1 = 100 Performance Rate 1(%) = 78.0 Exclusion 1 = 3 Numerator 2 = 75 Denominator 2 = 143 Performance Rate 2(%) = 89.0 Exclusion 2 = 3 Numerator 3 = 87 Denominator 3 = 132 Performance Rate 3(%) = 90.0 Exclusion 3 = 3 Numerator 4 = 57 Denominator 4 = 123 Performance Rate 4(%) = 56.0 Exclusion 4 = 3 Numerator 5 = 76 Denominator 5 = 100 Performance Rate 5(%) = 78.0 Exclusion 5 = 4 Numerator 6 = 56 Denominator 6 = 100 Performance Rate 6(%) = 45.0 Exclusion 6 = 5 Numerator 7 = 123 Denominator 7 = 200 Performance Rate 7(%) = 67.0 Exclusion 7 = 6 Numerator 8 = 79 Denominator 8 = 100 Performance Rate 8(%) = 78.0 Exclusion 8 = 7	EDIT
CMS190 v3-Intensive Care Unit Venous Thromboembolism Prophylaxis	Patient Safety	Numerator = 45 Denominator = 78 Performance Rate (%) = 79.0 Exclusion = 3 Exception = 2	EDIT

(Return)

This screen displays all three Meaningful Use Measure topics as complete in the Measures Topic List for 2015 Modified Stage 2 with Alternates and 2015 Modified Stage 2. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▪ | Review | Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (1-8), Required Public Health Objective (9), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✅

Please Note: Specific requirements apply to the Required Public Health Objective (9). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✅ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
✅	Meaningful Use Objectives (1-8)	8/8	EDIT / Clear All
✅	Required Public Health Objective (9)	6/6	EDIT / Clear All
✅	Clinical Quality Measures	16/16	EDIT / Clear All

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous   Save & Continue

2016 Modified Stage 2 with Alternates and 2016 Modified Stage 2

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete. Click the **Begin** button to start Clinical Quality Measures.

Manual Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

2016 Modified Stage 2 with Alternates

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	
Payment Year	3	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs)

As part of the meaningful use attestation process, Eligible Hospitals are required to complete sixteen (16) CQMs from at least three (3) different domains. There are five (5) domains and twenty-nine (29) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed by the CMS number then by domain name. You will not be able to proceed with your attestation without selecting a minimum of **sixteen (16) CQMs from three(3) different domains.**

Begin

2016 Modified Stage 2

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	
Payment Year	3	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs)

As part of the meaningful use attestation process, Eligible Hospitals are required to complete sixteen (16) CQMs from at least three (3) different domains. There are five (5) domains and twenty-nine (29) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed by the CMS number then by domain name. You will not be able to proceed with your attestation without selecting a minimum of **sixteen (16) CQMs from three(3) different domains.**

Begin

Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

Meaningful Use Clinical Quality Measure Worklist Table

This screen displays the Meaningful Use Clinical Quality Selection screen. There are 29 Meaningful Use Clinical Quality Measures and five domains available for attestation. Select a minimum of 16 Meaningful Use Clinical Quality Measures from at least three different domains.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	4	Program Year	2016

Get Started   R&A/Contact Info ☑   Eligibility ☑   Patient Volumes ☑   Attestation ☑   Review   Submit ☑

Attestation Meaningful Use Measures

Instructions:

Select a minimum of 16 clinical quality measures by checking the box next to the measure you are attesting. The measures selected must be chosen from at least three different domains.

When all CQMs have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Measure#	Domain	Title	Select
CMS32 v5.0.000	Care Coordination	Median Time from ED Arrival to ED Departure for Discharged ED Patients	☑
CMS102 v4.0.000	Care Coordination	Assessed for Rehabilitation	☑
CMS9 v4.1.000	Clinical Process/Effectiveness	Exclusive Breast Milk Feeding	☑
CMS30 v5.0.000	Clinical Process/Effectiveness	Statin Prescribed at Discharge	☑
CMS31 v4.0.000	Clinical Process/Effectiveness	Hearing Screening Prior To Hospital Discharge	☑
CMS53 v4.0.000	Clinical Process/Effectiveness	Primary PCI Received Within 90 Minutes of Hospital Arrival	☑
CMS60 v4.0.000	Clinical Process/Effectiveness	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	☑
CMS71 v5.0.000	Clinical Process/Effectiveness	Anticoagulation Therapy for Atrial Fibrillation/Flutter	☑
CMS72 v4.1.000	Clinical Process/Effectiveness	Antithrombotic Therapy By End of Hospital Day 2	☑
CMS73 v4.0.000	Clinical Process/Effectiveness	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	☑
CMS91 v5.0.000	Clinical Process/Effectiveness	Thrombolytic Therapy	☑
CMS100 v4.0.000	Clinical Process/Effectiveness	Aspirin Prescribed at Discharge	☑
CMS104 v4.1.000	Clinical Process/Effectiveness	Discharged on Antithrombotic Therapy	☑
CMS105 v4.0.000	Clinical Process/Effectiveness	Discharged on Statin Medication	☑
CMS109 v4.0.000	Clinical Process/Effectiveness	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	☑
CMS113 v4.0.000	Clinical Process/Effectiveness	Elective Delivery	☑
CMS172 v5.1.000	Efficient Use of Healthcare Resources	Prophylactic Antibiotic Selection for Surgical Patients	☑
CMS188 v5.2.000	Efficient Use of Healthcare Resources	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	☐
CMS26 v3.0.000	Patient and Family Engagement	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	☐
CMS55 v4.0.000	Patient and Family Engagement	Median Time from ED Arrival to ED Departure for Admitted ED Patients	☐
CMS107 v4.0.000	Patient and Family Engagement	Stroke Education	☐
CMS110 v4.0.000	Patient and Family Engagement	Venous Thromboembolism Discharge Instructions	☐
CMS111 v4.0.000	Patient and Family Engagement	Median Admit Decision Time to ED Departure Time for Admitted Patients	☐
CMS108 v4.0.000	Patient Safety	Venous Thromboembolism Prophylaxis	☐
CMS114 v4.0.000	Patient Safety	Incidence of Potentially-Preventable Venous Thromboembolism	☐
CMS171 v5.1.000	Patient Safety	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	☐
CMS178 v5.0.000	Patient Safety	Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	☐
CMS185 v4.0.000	Patient Safety	Healthy Term Newborn	☐
CMS190 v4.0.000	Patient Safety	Intensive Care Unit Venous Thromboembolism Prophylaxis	☐

Return to Main   Reset   Save & Continue

The screen below displays the Meaningful Use Clinical Quality Measure Worklist Table. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Click **Edit** to enter or edit information for the measure, or click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32 v5.0.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination		EDIT
CMS102 v4.0.000-Assessed for Rehabilitation	Care Coordination		EDIT
CMS9 v4.1.000-Exclusive Breast Milk Feeding	Clinical Process/Effectiveness		EDIT
CMS30 v5.0.000-Statin Prescribed at Discharge	Clinical Process/Effectiveness		EDIT
CMS31 v4.0.000-Hearing Screening Prior To Hospital Discharge	Clinical Process/Effectiveness		EDIT
CMS53 v4.0.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness		EDIT
CMS60 v4.0.000-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process/Effectiveness		EDIT
CMS71 v5.0.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness		EDIT
CMS172 v5.1.000-Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources		EDIT
CMS188 v5.2.000-Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources		EDIT
CMS26 v3.0.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient and Family Engagement		EDIT
CMS55 v4.0.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient and Family Engagement		EDIT
CMS111 v4.0.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Patient and Family Engagement		EDIT
CMS108 v4.0.000-Venous Thromboembolism Prophylaxis	Patient Safety		EDIT
CMS114 v4.0.000-Incidence of Potentially-Preventable Venous Thromboembolism	Patient Safety		EDIT
CMS171 v5.1.000-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Patient Safety		EDIT

Return

The following is a list of the 29 Clinical Quality Measures available for you to attest to:

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS55 v4	Clinical Quality Measure 1	Patient and Family Engagement	Screen 1
CMS111 v4	Clinical Quality Measure 2		Screen 1
CMS107 v4	Clinical Quality Measure 8		Screen 3
CMS110 v4	Clinical Quality Measure 14		Screen 5
CMS26 v3	Clinical Quality Measure 26		Screen 5
CMS104 v4.1	Clinical Quality Measure 3	Clinical Process/Effectiveness	Screen 2
CMS71 v5	Clinical Quality Measure 4		Screen 2
CMS91 v5	Clinical Quality Measure 5		Screen 3
CMS72 v4.1	Clinical Quality Measure 6		Screen 2
CMS105 v4	Clinical Quality Measure 7		Screen 2
CMS73 v4	Clinical Quality Measure 12		Screen 3
CMS109 v4	Clinical Quality Measure 13		Screen 3
CMS100 v4	Clinical Quality Measure 16		Screen 2
CMS113 v4	Clinical Quality Measure 17		Screen 3
CMS60 v4	Clinical Quality Measure 18		Screen 2
CMS53 v4	Clinical Quality Measure 19		Screen 3
CMS30 v5	Clinical Quality Measure 20		Screen 2
CMS9 v4.1	Clinical Quality Measure 27		Screen 3
CMS31 v4	Clinical Quality Measure 29		Screen 3
CMS102 v4	Clinical Quality Measure 9	Care Coordination	Screen 3
CMS32 v5	Clinical Quality Measure 25		Screen 1
CMS108 v4	Clinical Quality Measure 10	Patient Safety	Screen 3
CMS190 v4	Clinical Quality Measure 11		Screen 2
CMS114 v4	Clinical Quality Measure 15		Screen 3
CMS171 v5.1	Clinical Quality Measure 22		Screen 4
CMS178 v5	Clinical Quality Measure 24		Screen 3

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS185 v4	Clinical Quality Measure 28		Screen 3
CMS188 v5.2	Clinical Quality Measure 21	Efficient Use of Healthcare Resources	Screen 4
CMS172 v5.1	Clinical Quality Measure 23		Screen 4

There are 29 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Measure Numbers use this screen layout:

CMS55 v4, CMS111 v4, and CMS32 v5

Screen 2

The following Measure Numbers use this screen layout:

CMS104 v4.1, CMS71 v5, CMS72 v4.1, CMS105 v4, CMS190 v4, and CMS30 v5, CMS100 v4, CMS60 v4

Screen 3

The following Measure Numbers use this screen layout:

CMS91 v5, CMS107 v4, CMS102 v4, CMS108 v4, CMS73 v4, CMS109 v4, CMS114 v4, CMS113 v4, CMS53 v4, CMS178 v5, CMS9 v4.1, CMS185 v4, and CMS31 v4

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	3	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 5

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain:	Clinical Process/Effectiveness
Measure Number:	CMS91 v5.0.000
NQF Number:	0437
Measure Title:	Thrombolytic Therapy
Measure Description:	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom t-PA was initiated at this hospital within 3 hours of time last known well.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

* Numerator: [____]   *** Denominator:** [____]   *** Performance Rate (%):** [____]   *** Exception:** [____]

Previous | Reset | Save & Continue

Screen 4

The following Measure Numbers use this screen layout:

CMS171 v5.1, CMS188 v5.2, and CMS172 v5.1

Name	MAPIR Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	3	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 22

ⓘ Click HERE to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain:	Patient Safety
Measure Number:	CMS171 v5.1.000
NQF Number:	0527
Measure Title:	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
Measure Description:	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

Population Criteria 1 - Coronary artery bypass graft (CABG) procedures

* Numerator 1: [____]   * Denominator 1: [____]   * Performance Rate 1(%): [____]   * Exclusion 1: [____]

Population Criteria 2 - Other cardiac surgery

* Numerator 2: [____]   * Denominator 2: [____]   * Performance Rate 2(%): [____]   * Exclusion 2: [____]

Population Criteria 3 - Hip arthroplasty

* Numerator 3: [____]   * Denominator 3: [____]   * Performance Rate 3(%): [____]   * Exclusion 3: [____]

Population Criteria 4 - Knee arthroplasty

* Numerator 4: [____]   * Denominator 4: [____]   * Performance Rate 4(%): [____]   * Exclusion 4: [____]

Population Criteria 5 - Colon surgery

* Numerator 5: [____]   * Denominator 5: [____]   * Performance Rate 5(%): [____]   * Exclusion 5: [____]

Population Criteria 6 - Abdominal hysterectomy

* Numerator 6: [____]   * Denominator 6: [____]   * Performance Rate 6(%): [____]   * Exclusion 6: [____]

Population Criteria 7 - Vaginal hysterectomy

* Numerator 7: [____]   * Denominator 7: [____]   * Performance Rate 7(%): [____]   * Exclusion 7: [____]

Population Criteria 8 - Vascular surgery

* Numerator 8: [____]   * Denominator 8: [____]   * Performance Rate 8(%): [____]   * Exclusion 8: [____]

Previous | Reset | Save & Continue

Screen 5

The following Measure Numbers use this screen layout:

CMS26 v3 and CMS110 v4

After you enter information for a measure and click **Save & Continue**, you will be returned to the Clinical Quality Measure List Table. The information you entered for that measure will display in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button for the next measure.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32 v5.0.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination	Measure Observation 1 = 500 Measure Population 1 = 1000 Exclusion 1 = 0 Measure Observation 2 = 500 Measure Population 2 = 1000 Exclusion 2 = 0 Measure Observation 3 = 500 Measure Population 3 = 1000 Exclusion 3 = 0 Measure Observation 4 = 500 Measure Population 4 = 1000 Exclusion 4 = 0	EDIT
CMS102 v4.0.000-Assessed for Rehabilitation	Care Coordination		EDIT

The screens on the following pages display the Meaningful Use Quality Measures Worklist Table with data entered for every measure selected to attest to.

This is screen 1 of 2 of the Meaningful Use Quality Measures Worklist Table.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2016

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32 v5.0.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination	Measure Observation 1 = 500 Measure Population 1 = 1000 Exclusion 1 = 0 Measure Observation 2 = 500 Measure Population 2 = 1000 Exclusion 2 = 0 Measure Observation 3 = 500 Measure Population 3 = 1000 Exclusion 3 = 0 Measure Observation 4 = 500 Measure Population 4 = 1000 Exclusion 4 = 0	EDIT
CMS102 v4.0.000-Assessed for Rehabilitation	Care Coordination	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0	EDIT
CMS9 v4.1.000-Exclusive Breast Milk Feeding	Clinical Process/Effectiveness	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 20.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 20.0 Exclusion 2 = 0	EDIT
CMS30 v5.0.000-Statin Prescribed at Discharge	Clinical Process/Effectiveness	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0 Exception = 0	EDIT
CMS31 v4.0.000-Hearing Screening Prior To Hospital Discharge	Clinical Process/Effectiveness	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0	EDIT
CMS53 v4.0.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0 Exception = 0	EDIT
CMS60 v4.0.000-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0 Exception = 0	EDIT
CMS71 v5.0.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness	Numerator = 500 Denominator = 1000 Performance Rate (%) = 20.0 Exclusion = 0 Exception = 0	EDIT

This is screen 2 of 2 of the Meaningful Use Quality Measures Worklist Table.

CMS172 v5.1.000-Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 20.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3(%) = 40.0 Exclusion 3 = 0 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4(%) = 40.0 Exclusion 4 = 0 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5(%) = 40.0 Exclusion 5 = 0 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6(%) = 40.0 Exclusion 6 = 0 Numerator 7 = 500 Denominator 7 = 1000 Performance Rate 7(%) = 40.0 Exclusion 7 = 0 Numerator 8 = 500 Denominator 8 = 1000 Performance Rate 8(%) = 40.0 Exclusion 8 = 0	EDIT
CMS188 v5.2.000-Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 40.0 Exclusion 1 = 0 Exception 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0 Exception 2 = 0	EDIT
CMS26 v3.0.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient and Family Engagement	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0	EDIT
CMS55 v4.0.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient and Family Engagement	Measure Observation 1 = 500 Measure Population 1 = 1000 Measure Observation 2 = 500 Measure Population 2 = 1000 Measure Observation 3 = 500 Measure Population 3 = 1000	EDIT
CMS111 v4.0.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Patient and Family Engagement	Measure Observation 1 = 500 Measure Population 1 = 1000 Measure Observation 2 = 500 Measure Population 2 = 1000 Measure Observation 3 = 500 Measure Population 3 = 1000	EDIT
CMS108 v4.0.000-Venous Thromboembolism Prophylaxis	Patient Safety	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0	EDIT
CMS114 v4.0.000-Incidence of Potentially-Preventable Venous Thromboembolism	Patient Safety	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0	EDIT
CMS171 v5.1.000-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Patient Safety	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 40.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3(%) = 40.0 Exclusion 3 = 0 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4(%) = 40.0 Exclusion 4 = 0 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5(%) = 40.0 Exclusion 5 = 0 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6(%) = 40.0 Exclusion 6 = 0 Numerator 7 = 500 Denominator 7 = 1000 Performance Rate 7(%) = 40.0 Exclusion 7 = 0 Numerator 8 = 500 Denominator 8 = 1000 Performance Rate 8(%) = 40.0 Exclusion 8 = 0	EDIT

Return

This screen displays all three Meaningful Use Measure topics marked complete in the Measures Topic List for 2016 Modified Stage 2 with Alternates and 2016 Modified Stage 2. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

Name	Medical Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use Objective Review

Objective Number	Objective	Entered
Objective 1	Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Measure = No
Objective 2	Use clinical decision support to improve performance on high priority health conditions.	Measure 1 = No Measure 2 = No
Objective 3	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	Patient Records = Only EHR Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Percentage = 50% Measure 2 Numerator 2 = 500 Denominator 2 = 1000 Percentage = 50% Measure 3 Numerator 3 = 500 Denominator 3 = 1000 Percentage = 50%
Objective 4	Generate and transmit permissible discharge prescriptions electronically (eRx).	Patient Records = All Exclusion = No Alternate Exclusion = No Numerator = 500 Denominator = 1000 Percentage = 50%
Objective 5	The eligible hospital or CAH 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 of care record for each transition of care or referral.	Alternate Exclusion = No Numerator = 500 Denominator = 1000 Percentage = 50%
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Alternate Exclusion = Excluded
Objective 7	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Alternate Exclusion = Excluded
Objective 8	Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	Measure 1 Numerator 1 = 500 Denominator 1 = 1000 Percentage = 50% Measure 2 Measure 2 Exclusion = Excluded

This is screen 2 of 4 of the Meaningful Use Measures Summary.

Required Public Health Objective Review

Objective Number	Objective	Entered
Objective 9 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No
Objective 9 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 2 = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No
Objective 9 Option 3A	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 3A = Yes Specialized Registry = TEST Active Engagement Option = Production
Objective 9 Option 3B	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Specialized Registry = TEST Active Engagement Option = Testing and validation
Objective 9 Option 3C	The eligible hospital or CAH is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Specialized Registry = TEST Active Engagement Option = Completed registration to submit data
Objective 9 Option 4	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 4 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No

Meaningful Use Clinical Quality Measure Review

Measure Code	Domain	Title	Entered
CMS32 v4	Care Coordination	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 500 Measure Population 1 = 1000 Measure Observation 2 = 500 Measure Population 2 = 1000 Measure Observation 3 = 500 Measure Population 3 = 1000 Measure Observation 4 = 500 Measure Population 4 = 1000
CMS102 v3	Care Coordination	Assessed for Rehabilitation	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0
CMS9 v3	Clinical Process/Effectiveness	Exclusive Breast Milk Feeding	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 40.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0

This is screen 3 of 4 of the Meaningful Use Measures Summary.

CMS30 v4	Clinical Process/Effectiveness	Statin Prescribed at Discharge	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0 Exception = 0
CMS31 v3	Clinical Process/Effectiveness	Hearing Screening Prior To Hospital Discharge	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0
CMS53 v3	Clinical Process/Effectiveness	Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0
CMS60 v3	Clinical Process/Effectiveness	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0 Exception = 0
CMS71 v4	Clinical Process/Effectiveness	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0 Exception = 0
CMS72 v3	Clinical Process/Effectiveness	Antithrombotic Therapy By End of Hospital Day 2	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0 Exception = 0
CMS73 v3	Clinical Process/Effectiveness	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0
CMS100 v3	Clinical Process/Effectiveness	Aspirin Prescribed at Discharge	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0 Exception = 0
CMS172 v4	Efficient Use of Healthcare Resources	Prophylactic Antibiotic Selection for Surgical Patients	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 40.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3(%) = 40.0 Exclusion 3 = 0 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4(%) = 40.0 Exclusion 4 = 0 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5(%) = 40.0 Exclusion 5 = 0 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6(%) = 40.0 Exclusion 6 = 0 Numerator 7 = 500 Denominator 7 = 1000 Performance Rate 7(%) = 40.0 Exclusion 7 = 0 Numerator 8 = 500 Denominator 8 = 1000 Performance Rate 8(%) = 40.0 Exclusion 8 = 0

This is screen 4 of 4 of the Meaningful Use Measures Summary.

CMS55 v3	Patient and Family Engagement	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 500 Measure Population 1 = 1000 Measure Observation 2 = 500 Measure Population 2 = 1000 Measure Observation 3 = 500 Measure Population 3 = 1000
CMS110 v3	Patient and Family Engagement	Venous Thromboembolism Discharge Instructions	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0
CMS114 v3	Patient Safety	Incidence of Potentially-Preventable Venous Thromboembolism	Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0
CMS171 v4	Patient Safety	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	Numerator 1 = 500 Denominator 1 = 1000 Performance Rate 1(%) = 40.0 Exclusion 1 = 0 Numerator 2 = 500 Denominator 2 = 1000 Performance Rate 2(%) = 40.0 Exclusion 2 = 0 Numerator 3 = 500 Denominator 3 = 1000 Performance Rate 3(%) = 40.0 Exclusion 3 = 0 Numerator 4 = 500 Denominator 4 = 1000 Performance Rate 4(%) = 40.0 Exclusion 4 = 0 Numerator 5 = 500 Denominator 5 = 1000 Performance Rate 5(%) = 40.0 Exclusion 5 = 0 Numerator 6 = 500 Denominator 6 = 1000 Performance Rate 6(%) = 40.0 Exclusion 6 = 0 Numerator 7 = 500 Denominator 7 = 1000 Performance Rate 7(%) = 40.0 Exclusion 7 = 0 Numerator 8 = 500 Denominator 8 = 1000 Performance Rate 8(%) = 40.0 Exclusion 8 = 0

Previous   Save & Continue

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains questions regarding the average length of stay for your facility and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

Click the **Payment Address** from the list below to be used for your Incentive Payment.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

This screen confirms you successfully completed the **Attestation** section.

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

Step 6 – Review Application

The Review section allows you to review all information you entered into your application. If you find errors, you can click the associated tab and proceed to correct the information. When you have corrected the information you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review. Please review all information carefully before proceeding to the Submit section. Once your application is submitted you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information.

When you have finished reviewing all the information, click the **Submit** tab to proceed.

This is screen 1 of 3 of the Review tab display.

Note

If you are in Program Year 2014, the CEHRT ID Information section on the following screen will also display the Meaningful Use Reporting Option and Reason for Delay (if applicable).

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2015

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Print

Status

Incomplete

CEHRT ID Information

CMS EHR Certification ID: A014E01EPAKJEA3

R&A Verification

Legal Business Name		Hospital NPI	9999999999
CCN	999999	Hospital TIN	999999999

Business Address	1600 Pennsylvania Avenue
	Washington, DC 20500

Business Phone	999-999-9999

Incentive Program	MEDICAID	Deemed Medicare Eligible Status?		State	DC

Eligible Hospital Type	Physician

R&A Registration ID	9999999999

R&A Registration Email	user@email.com

CMS EHR Certification Number	Q0000000I0CKMAA

Is this information accurate?	Yes

This is screen 2 of 3 of the Review tab display.

Primary Contact Information

First Name	Hospital
Last Name	Provider
Phone	899-999-9999
Phone Extension	99999
Email Address	hospital@preparer.com
Department	EHR Dept.
Address	888 Street
	City, PA 89765

Alternate Contact Information

First Name	Alternate
Last Name	Contact
Phone	777-777-7777
Phone Extension	77777
Email Address	any.email@email.com

Eligibility Questions

Please confirm that you are choosing the Medicaid incentive program.	**Yes**
Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado?	**No**
Is your facility licensed to operate in all states in which services are rendered?	**Yes**

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

Start Date: Feb 12, 2014
End Date: May 12, 2014

Patient Volume (Part 2 of 3) – Enter Volume

Provider ID	Location Name	Address	Encounter Volumes		% Medicaid Discharges
9999999999	Smith Grace L	740 E State St Sharon, PA 16146-3395	*In State Medicaid:* *Other Medicaid:* *Total Discharges:*	883 0 8600	10%
N/A	New Location	123 Main Street Anytown, AL 12345	*In State Medicaid:* *Other Medicaid:* *Total Discharges:*	200 500 1000	70%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1083	500	9600	16%

This is screen 3 of 3 of the Review tab display.

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Fiscal Year Start Date: Jan 01, 2010
Fiscal Year End Date: Dec 31, 2010

Hospital Cost Report Data (Part 3 of 3)

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2010-12/31/2010	2754	2754	28802880	$1,188,756,696.00	$56,452,000.00
01/01/2009-12/31/2009	2817				
01/01/2008-12/31/2008	2880				
01/01/2007-12/31/2007	2946				

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Jan 14, 2015
End Date: Apr 13, 2015

Attestation Phase Meaningful Use Measures

Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period?   Yes

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
Meaningful Use Measures

Attestation Phase (Part 3 of 3)

Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.   Yes

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

The mailing address below will be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
999999999, 9999999999	MAPIR Memorial	1600 Pennsylvania Avenue NW Washington, DC 20500-	

Top

[Continue]

Step 7 – Submit Your Application

In this section you will able to review the information that you submitted in MAPIR and upload documentation supporting our attestation.

MAPIR displays the information and allows you to print the information entered. Please review the information you've provided for accuracy and completeness. This will be your opportunity to make changes prior to final submission.

Review and Check Errors – MAPIR will check you application for errors. If errors are present you will have the opportunity to go back to the tab where the error occurred and correct it. If you do not want to correct the errors you can still submit your application, however, the errors may affect the processing of your application.

The following documents are to be uploaded into MAPIR (Must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 10 MB)

- Invoice/Purchase Order – Document indicating that provider has paid for the EHR system within the program year; it should indicate an agreement between provider/practice and EHR vendor and total purchase price (redacted is acceptable)
- Contract/User agreement – which must include company name and name of specific product/services purchased
- Cart Page – E-mail or screenshot
- **Children's Hospital Requirements (Should be submitted in addition to items listed above):**
- Certified EHR technology MU reports (which must include numerator, denominators, exclusions and percentages for each of the required objectives and CQMs
- Security Risk Analysis (SRA) Checklist completed within Program Year being attested to
- Electronic Laboratory Reporting (Public Health registration confirmation)
- Public Health meaningful use measure exclusion letter, if applicable (there are different exclusion letters for PY2015 and PY2016)

The initial **Submit** screen contains information about this section. Click **Begin** to continue to the submission process.

This screen lists the current status of your application and any error messages identified by the system.

You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Get Started   **R&A/Contact Info** ☑   **Eligibility** ☑   **Patient Volumes** ☑   **Attestation** ☑   **Review**   **Submit** ☑

Status

Incomplete

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

You must participate in the Medicaid incentive program in order to qualify.   (Review)

[Save & Continue]

To upload files, click **Browse** to navigate to the file you wish to upload.

Note: Excel, Word and Portable Data Format (PDF) files, each up to 10 megabytes (MB) in size are acceptable documentation to upload.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

Files must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB in size.

File name must be less than or equal to **100 characters**.

File Location: [   ]   [Browse...]

[Upload File]

[Previous]   [Reset]   [Save & Continue]

The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.

Check the file name in the file name box.

Click **Upload File** to begin the file upload process.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

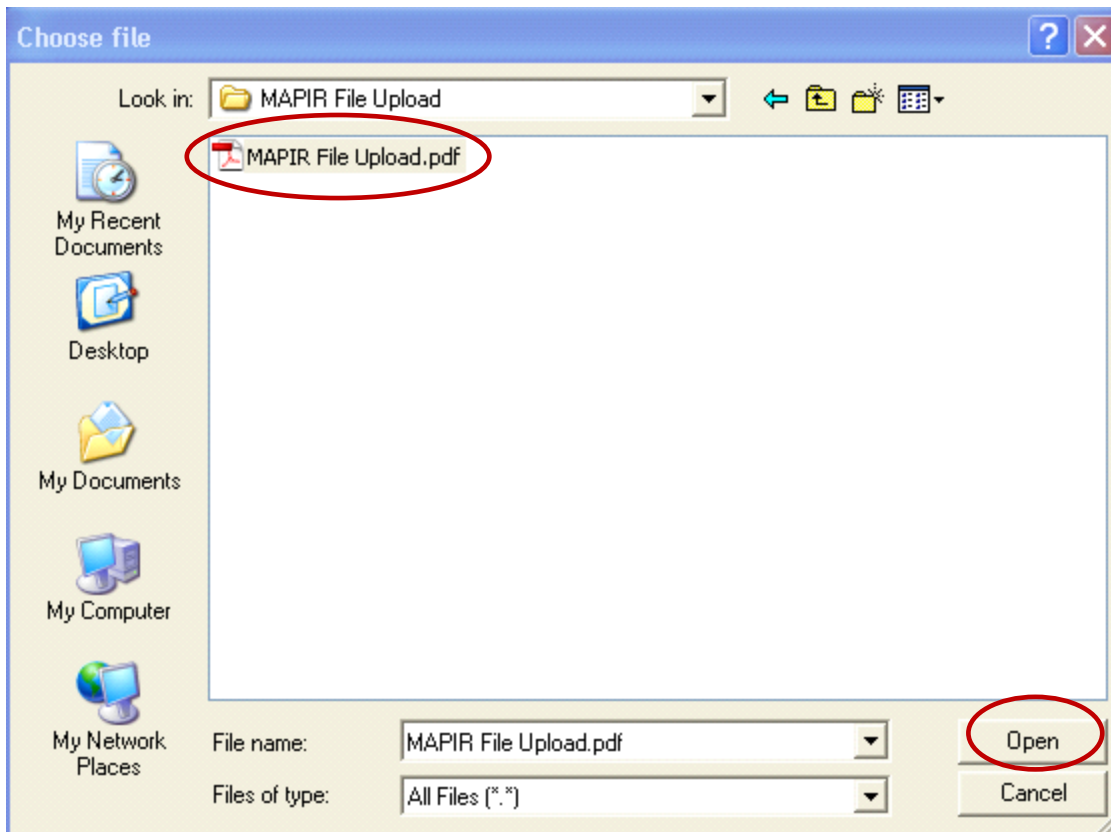Files must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB in size.

File name must be less than or equal to *100 characters.*

File Location: C:\Users\cooganr\Documents\MAPIR FILE 5.1 .docx   Browse....

Upload File

Previous   Reset   Save & Continue

Note the *"File has been successfully uploaded."* message.

Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times as necessary.

All of the files you uploaded will be listed in the **Uploaded Files** section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To delete an uploaded file click the **Delete** button in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point.

Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	51708	04/23/2013	View Delete

• **File has been successfully uploaded.**

Previous   Reset   Save & Continue
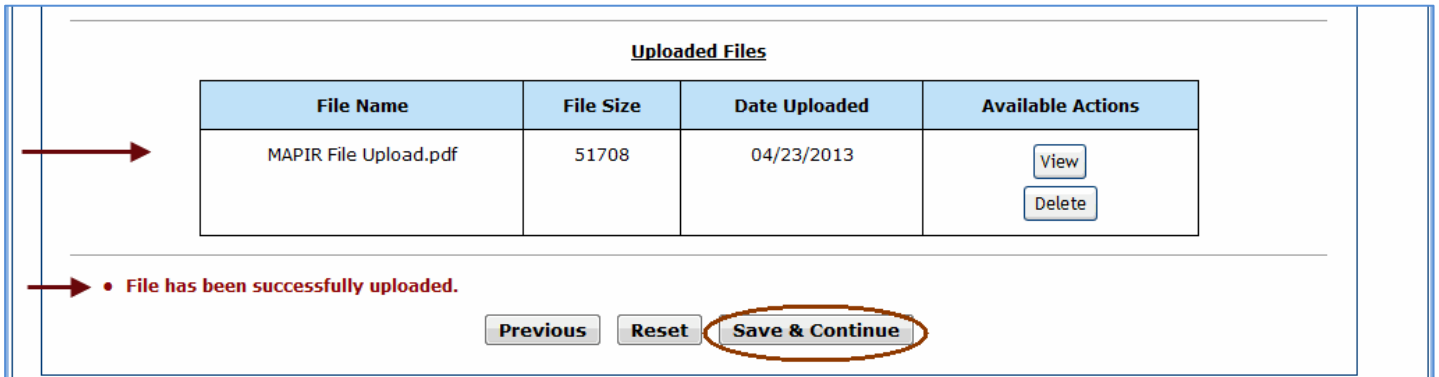
This screen depicts the Preparer signature screen.

Click the check box to indicate you have reviewed all information.

Enter your **Preparer Name** and **Preparer Relationship.**

Click **Sign Electronically** to proceed.

Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital		
		NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Get Started | **R&A/Contact Info** ✓ | **Eligibility** ✓ | **Patient Volumes** ✓ | **Attestation** ✓ | **Review** | **Submit** ◼

Application Submission (Part 2 of 2)

As the *preparer* of this location on behalf of the facility, please *attest* to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.
State specific text to support the attestation

(*) Red asterisk indicates a required field.

☑ *By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR *(as displayed on the **Review** panel).*

Electronic Signature of Preparer for Facility:

* Preparer Name: Hospital Preparer   * Preparer Relationship: EHR Incentive Coordinator   ⊙

To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous   **Reset**   **Sign Electronically**

Your actual incentive payment will be calculated and verified by the Connecticut Medicaid program office. This screen shows an **Example Payment** Disbursement over 3 Years. **THIS IS NOT THE AMOUNT YOU WILL RECEIVE.**

No information is required on this screen.

Note

This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit, and return at any time to complete the submission process.

To submit your application, click **Submit Application** at the bottom of this screen.

Name	MAPIR HOSPITAL	NPI	2011062207
CCN	070098	Hospital TIN	060220678

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a three year payment. The columns represent the first year of participation, and the rows represent the three years of potential participation.

To submit your application, click the **Submit Application** button (you will **not** be able to make any changes to your application after submission).

Example Payment Disbursement over 3 Years
Year 1 50%, Year 2 30%, Year 3 20%

Year	Example Calculation	Example Amount
Year 1	$15,925,500 * 50%	$7,962,750
Year 2	$15,925,500 * 30%	$4,777,650
Year 3	$15,925,500 * 20%	$3,185,100

Submit Application

The check indicates your application has been successfully submitted.

Click **OK**.

When your application has been successfully submitted, you will see the application status of Submitted.

Click **Exit** to exit MAPIR.

Name MAPIR HOSPITAL		**NPI** 2011062207
CCN 070098		**Hospital TIN** ▮▮▮▮▮
Payment Year 1		**Program Year** 2013

Current Status | **Review Application** | **Document Upload**

Name: MAPIR HOSPITAL	Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).
Applicant NPI: 2011062207	A few key points to assist you in navigating MAPIR as you complete the registration process.
Status: *Submitted*	• Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings. • Please note that whoever begins the MAPIR application must be the same person who completes the application. • When a MAPIR electronic tab is completed a **green** check mark will appear in the corner of the tab. • You can go back in the application tabs to review information content but **not forward**.

Select **Review Application** to view the information that was entered on the application that was submitted.

This screen shows that your MAPIR session has ended. You should now close your browser window.

MAPIR

Exit MAPIR
Your session has ended. To complete the log out process, you must close your browser. ⬅

Post Submission Activities

This section contains information about post application submission activities. At any time you can check the status of your application by logging into the Connecticut Medicaid portal. When you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI   1053477075   TIN   ████████

CCN   070035

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○	Implementation	Completed	1	2012	$41,080.96	Select the "Continue" button to view this application.
○	Stage 1 Meaningful Use 90 Days	Denied	2	2013	$0.00	Select the "Continue" button to view this application
○	Stage 1 Meaningful Use 90 Days	Submitted	2	2013	$2,506.10	Select the "Continue" button to view this application.
○	Stage 1 Meaningful Use	Incomplete	3	2014	Unknown	Select the "Continue" button to process this application or click **Abort** to eliminate all progress.

Providers will not be able to select the Stage (Adoption/Implementation/Upgrade or Meaningful Use stage/EHR reporting period) from the MAPIR dashboard.

*For an application in a 'Not Started' status, providers will select the Stage of attestation by selecting the **Application** and clicking **Continue**.*

The MAPIR Dashboard displays the Stage on previously submitted applications.

[Continue]

The screen below shows an application in a status of Completed. You can click the Review Application tab to review your application; however, you will not be able to make changes.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

Once your application has been processed by the Connecticut Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	2	Program Year	2012

Current Status   Review Application   Submission Outcome   Document Upload

ℹ️ Select "Print" to generate a printer friendly version of this information.   [Print]

Status

Completed

Payment Amount

You have been approved to receive a payment in the amount of $2,624,441.02

Provider Information

Name: MAPIR Memorial Hospital

Applicant NPI: 9999999999

After the attestation is Payment Approved, payment will be made during the regular financial cycle in 2-4 weeks depending on cut off dates for payment. The financial transaction is reflected under the payee hospital's AVRS ID's Remittance Advice and included in their Electronic Fund Transfer (EFT). The payment will be reflected on the Financial Transaction page under Non-Claim Specific Payouts and the transaction will be identified by a Reason Code of 8510 – Medicaid EHR Incentive Payment

```
REPORT:   CRA-TRAN-R                      interChange MMIS                         Date:  09/16/2011
   RA#:   1027704               MEDICAID MANAGEMENT INFORMATION SYSTEM             PAGE:         1
                                     PROVIDER REMITTANCE ADVICE
                                      FINANCIAL TRANSACTIONS

MAPIR HOSPITAL                                                    PAYEE ID      NPI 2011062207
PO BOX 5027                                                       ISSUE DATE         09/16/2011
MAPIR,     CT 06904                                               TAXONOMY           273R00000X
                                                                 P. AVRS ID


                        ---------------NON-CLAIM SPECIFIC PAYOUTS------------

TRANSACTION                    PAYOUT    REASON  APPLICANT/    APPLICANT/
   NUMBER      --CCN--        --AMOUNT-- CODE    CLIENT NO.    CLIENT NAME           LIAB DATE

   100002113               1,415,866.07 8510

         TOTAL PAYOUTS:     1,415,866.07

                        ---------------REFUNDS FROM PROVIDERS----------------
```

EOB Description Page:

```
        FINANCIAL TRANSACTIONS REASON CODES


            EXPENDITURES REASON CODES
RSN CODE       REASON CODE DESCRIPTION
8510           Medicaid EHR incentive payment
```

The following table lists some of the statuses your application may go through.

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.
Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.
Expired	An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed and it is only viewable to the provider.

Additional User Information

This section contains an explanation of additional user information, system messages, and validation messages you may receive.

Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the **Get Started** tab. Click the here link on the screen to start over from the beginning.

This screen asks you to confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

If you clicked **Confirm** you will receive the following confirmation message: "To **continue** click **OK**.

Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following state Medicaid program contact information.

MAPIR Error Message –This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.

Validation Messages –The following is an example of the validation message – You have entered an invalid CMS EHR Certification ID. Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR.

| Payment Year | 1 | Program Year | 2014 |

MAPIR

Name: MAPIR Memorial Hospital

Applicant NPI: 9999999999

Status: *Not Started*

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click **here** to access the CHPL website. You must enter a valid certification number.

> *Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.*
> *Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

---

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

`000000000000000`
(No dashes or spaces should be entered.)

• **You have entered an invalid CMS EHR Certification ID.** ⬅

[Exit]   [Reset]   [Next]

Validation Message Table
Please enter all required information.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must verify that you have reviewed all information entered into MAPIR.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must be licensed in the state(s) in which you practice.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
All amounts must be between 0 and 999,999,999,999,999.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
The denominator must be greater than or equal to the numerator.
The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.
You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.

Validation Message Table
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.
The date you have entered is in an invalid format.
The number you have entered is invalid, it must be a positive whole number.
You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.
You must attest to at least one Public Health measure. The measure selected may be an exclusion.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The selection you have made is not a valid option at this time.
You have made an invalid selection.
The time you have entered is in an invalid format.
You must select at least 5 menu measures.
Values entered match the existing cost data on file.
The Start Date you have entered was attested to in a previous Payment Year.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
Files must be in Excel, Word and Portable Data Format (PDF).
Files up to 10 megabytes (MB) in size are acceptable documentation to upload.
You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.
You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.
You must answer all Exclusion questions with a Yes or No answer to proceed.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal. The acceptable range for Performance Rate value is 0.0 to 100.0.
You must select at least 3 menu measures to proceed.
You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.
Your EHR Attestation selection does not match the stage selection made when you started your application.
Delay reason must be 500 characters or less.
ONC Service is unavailable
You have entered an invalid CMS EHR Certification ID for the current "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"

Acronyms and Terms

Acronym/Term	Definition
CCN	CMS Certification Number
CHIP	Children's Health Insurance Program
CHPL	ONC Certified Health IT Product List
CMS	Center for Medicare and Medicaid Services
EH	Eligible Hospital
EHR	Electronic Health Record
EP	Eligible Professional
MAPIR	Medical Assistance Provider Incentive Repository
NPI	National Provider Identifier
ONC	Office of the National Coordinator for Health Information Technology
Program Switch Incentive Application	The first incentive application from an EH that has switched from Medicare or Dually Eligible to Medicaid or from Medicaid to Medicare or Dually Eligible.
R&A	CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System
State-To-State Switch Incentive Application	The first incentive application from an EH that has switched from one state to another.
TIN	Taxpayer Identification Number