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## Meaningful Use Objectives

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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:


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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Requirements</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Measured by Medical Assistance discharges over total discharges)</td>
<td></td>
</tr>
<tr>
<td>Acute Care including CAH</td>
<td>Acute care: CCNs between 0001 – 0879</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Critical Access Hospitals: CCNs between 1300 – 1399</td>
<td></td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>CCNs between 3300 – 3399</td>
<td>No patient volume requirement</td>
</tr>
</tbody>
</table>
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:


   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.


   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](http://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](http://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 DXC ctmedicaid-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.

Medicaid patient volume calculations are based on inpatient discharges and emergency department visits, 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) do not 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:

<table>
<thead>
<tr>
<th>April 1, 2010 – June 29, 2010 - FFY 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid FFS, MLIA, and HUSKY A Inpatient Discharges and ED Visits</td>
</tr>
<tr>
<td>Total Hospital Inpatient Discharges and ED Visits</td>
</tr>
</tbody>
</table>

The eligibility calculation is as follows:

\[
\frac{(\text{Medicaid Discharges} + \text{Medicaid ED Visits})}{(\text{Total Discharges} + \text{Total ED Visits})} = \text{Medicaid Patient Volume} \]

\[
\frac{2,225}{6,725} = 33\%
\]
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).

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Calculating Annual Growth Rate</th>
<th>Average Annual Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>26,900</td>
<td>26,900 – 25,800 ÷ 25,800 = 4.3%</td>
<td>4.3</td>
</tr>
<tr>
<td>2009</td>
<td>25,800</td>
<td>25,800 – 24,700 ÷ 24,700 = 4.5%</td>
<td>4.5</td>
</tr>
<tr>
<td>2008</td>
<td>24,700</td>
<td>24,700 - 23,500 ÷ 23,500 = 5.1%</td>
<td>5.1</td>
</tr>
</tbody>
</table>

**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%.

<table>
<thead>
<tr>
<th>Projected Inpatient Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year 2010</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>26,900</td>
</tr>
<tr>
<td>X 1.046</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
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 counted are 21,851 (23,000 – 1,149) which then gets multiplied by the $200 per discharge.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Calculated Discharges</th>
<th>Eligible Discharges</th>
<th>@ $200 Per Discharge</th>
<th>Eligible Discharge Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>26,900</td>
<td>21,851</td>
<td>$200</td>
<td>$4,370,200</td>
</tr>
<tr>
<td>2011</td>
<td>28,137</td>
<td>21,851</td>
<td>$200</td>
<td>$4,370,200</td>
</tr>
<tr>
<td>2012</td>
<td>29,432</td>
<td>21,851</td>
<td>$200</td>
<td>$4,370,200</td>
</tr>
<tr>
<td>2013</td>
<td>30,766</td>
<td>21,851</td>
<td>$200</td>
<td>$4,370,200</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Base Year Amount</th>
<th>Eligible Discharge Payment</th>
<th>Total Eligible Discharge Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$2,000,000</td>
<td>+ $4,370,200</td>
<td>= $6,370,200</td>
</tr>
<tr>
<td>2011</td>
<td>$2,000,000</td>
<td>+ $4,370,200</td>
<td>= $6,370,200</td>
</tr>
<tr>
<td>2012</td>
<td>$2,000,000</td>
<td>+ $4,370,200</td>
<td>= $6,370,200</td>
</tr>
<tr>
<td>2013</td>
<td>$2,000,000</td>
<td>+ $4,370,200</td>
<td>= $6,370,200</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Eligible Discharge Payment</th>
<th>Medicaid Transition Factor</th>
<th>Overall EHR Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$6,370,200</td>
<td>× 1</td>
<td>$6,370,200</td>
</tr>
<tr>
<td>2011</td>
<td>$6,370,200</td>
<td>× 0.75</td>
<td>$4,777,650</td>
</tr>
<tr>
<td>2012</td>
<td>$6,370,200</td>
<td>× 0.5</td>
<td>$3,185,100</td>
</tr>
<tr>
<td>2013</td>
<td>$6,370,200</td>
<td>× 0.25</td>
<td>$1,592,550</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Total Number of Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Days</th>
<th>Total Charges for All Discharges</th>
<th>Total Charity Care for All Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,000</td>
<td>21,000</td>
<td>$10,000,000</td>
<td>$1,300,000</td>
</tr>
</tbody>
</table>

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.

\[
\text{Total charges} = 10,000,000 \\
\text{-- Charity Care} = 1,300,000 \\
\text{Charity Care Adjustment} = \frac{8,700,000}{10,000,000} = 87\%
\]

**Calculate the Medicaid Share:**

\[
\text{Medicaid Share} = \frac{\text{Medicaid Inpatient Bed-Days}}{\left( \text{Total Inpatient Bed-Days} \times \text{Charity Care Adjustment} \right)}
\]

\[
7,000 \div (21,000 \times .87) = 0.383
\]

\[
18,270
\]

<table>
<thead>
<tr>
<th>Medicaid Share</th>
<th>38.3%</th>
</tr>
</thead>
</table>

**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%.

\[
15,925,500 \times .383 = 6,099,467
\]

<table>
<thead>
<tr>
<th>Total Incentive Payment Amount</th>
<th>$6,099,467</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>2011 @ 50%</th>
<th>2012 @ 30%</th>
<th>2013 @ 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,049,734</td>
<td>$1,829,840</td>
<td>$1,219,893</td>
</tr>
</tbody>
</table>
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.

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

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

- **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.

- **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 AUU, 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:

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


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](http://www.cms.gov/EHRIncentivePrograms)

   To register:


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:
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](http://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 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](http://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.

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.

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.
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.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Patient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2009-09/30/2010</td>
<td>10890</td>
<td>8000</td>
<td>$109878943</td>
<td>$10990988</td>
</tr>
<tr>
<td>10/01/2008-09/30/2009</td>
<td>8000</td>
<td>8000</td>
<td>$109878943</td>
<td>$10990988</td>
</tr>
</tbody>
</table>
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.
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/](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.
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.

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@dxco.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.

---

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>070098</td>
</tr>
<tr>
<td>Payment Year</td>
<td>1</td>
</tr>
<tr>
<td>NPI</td>
<td>2011062207</td>
</tr>
<tr>
<td>Hospital TIN</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Program Year</td>
<td>2016</td>
</tr>
</tbody>
</table>

**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.
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.
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.
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.

---

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

The **Patient Volumes** 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.
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 preceding 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.
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.
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.
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.
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.
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:

\[
\text{In State Medicaid Discharges (Inpatient and ED Visits)} + \text{Other Medicaid Discharges (Inpatient and ED Visits)} \\
\text{Divided by} \\
\text{Total Discharges All Lines of Business (Inpatient and ED Visits)}
\]

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.
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 year one 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).

![Hospital Cost Report Data – Fiscal Year (Part 3 of 3)](image)
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.
**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.

---

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2011-09/30/2012</td>
<td>44444</td>
<td>*SSSSS</td>
<td>777777</td>
<td>8888888888</td>
<td>2222222222</td>
</tr>
<tr>
<td>10/01/2010-09/20/2011</td>
<td>33333</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/02/2009-09/20/2010</td>
<td>22222</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/01/2008-09/30/2009</td>
<td>11111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Review the numbers you entered.

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2010-06/30/2011</td>
<td>44444</td>
<td>55555</td>
<td>77777</td>
<td>$1,234,567,890.00</td>
<td>$2,231,456.00</td>
</tr>
<tr>
<td>07/01/2009-06/30/2010</td>
<td>33333</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/01/2008-06/30/2009</td>
<td>22222</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/01/2007-06/30/2008</td>
<td>11111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

---

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**
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**.

---

### 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.)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2010-12/31/2010</td>
<td>80</td>
<td>128</td>
<td>128000</td>
<td>$3,207,850.00</td>
<td>$7,800.00</td>
</tr>
<tr>
<td>01/01/2009-12/31/2009</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>01/01/2008-12/31/2008</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/2007-12/31/2007</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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.
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.

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.

---

**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.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2010-12/31/2010</td>
<td>90</td>
<td>138</td>
<td>128000</td>
<td>$3,707,849.00</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>01/01/2009-12/31/2009</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/2008-12/31/2008</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/2007-12/31/2007</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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.
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.
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.
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.
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.

<table>
<thead>
<tr>
<th>Implementation Activity</th>
<th>Planned</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workflow Analysis</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Workflow Redesign</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Hardware Installation</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Peripherals Installation</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>(Other) Reviewed EHR Certification Information</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
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.

---

**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".

*Red asterisk indicates a required field.*
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.

(*) Red asterisk indicates a required field.
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.

---

**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.

<table>
<thead>
<tr>
<th>Upgrade Activity</th>
<th>Planned</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upgrading Software Version</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>(Other) Reviewed EHR Certification Information</td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

---

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.
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.
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI</td>
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</tr>
<tr>
<td>CCN</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Hospital TIN</td>
<td>999999999999</td>
</tr>
<tr>
<td>Program Year</td>
<td>2014</td>
</tr>
</tbody>
</table>

**Attestation EHR Reporting Period (Part 1 of 3)**

Please review the **Start Date** and **End 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.

- **Start Date:** Jan 01, 2014
- **End Date:** Mar 31, 2014
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.
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical Hospital</th>
<th>NPI</th>
<th>99999999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>99999999</td>
<td>Hospital TIN</td>
<td>99999999999</td>
</tr>
<tr>
<td>Payment Year</td>
<td>1</td>
<td>Program Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 C.F.R. 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 C.F.R. 164.312(a)(25)(v) and 45 C.F.R. 164.306(e)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 2</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 3</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 4</td>
<td>Generate and transmit permissible discharge prescriptions electronically (etc).</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 5</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 7</td>
<td>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.</td>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view, online, download, and transmit their health information within 36 hours of hospital discharge.</td>
<td>More than 50 percent of all unique patients who are discharged from an 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**.

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
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</tr>
<tr>
<td>Payment Year</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NPI</th>
<th>Hospital TIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9999999999</td>
</tr>
<tr>
<td>Program Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

**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 164.306(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)(i)(v) and 45 CFR 164.306 (g)(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):** ________

[Attestation Meaningful Use Objectives page]

[Table and input fields for Objective 1]
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**.

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)**

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.
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical Hospital</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99999999</td>
<td></td>
<td>9999999999</td>
<td>2015</td>
</tr>
</tbody>
</table>

![Image of Attestation screen]

**Objective 2**

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
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.
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.

---

**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 measures 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 20 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.
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.

(*) 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: [ ]
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.
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.
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.
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.

![Medication Reconciliation Objective 7](image-url)

- **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 22).

**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 22) was the receiving party of the transition.

![Objective 7 Medication Reconciliation](image-url)
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.

---

**Objective 8: Patient Electronic Access**

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

**Measure 1:** More than 59 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 country 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:**
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).

### Meaningful Use Objective List Table

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>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 164.314(a)(2)(v) 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.</td>
<td>Measure - No</td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 2</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 3</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>
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.
### 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
- Denominator = 1000

### 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

### 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 90 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

### 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 = 500
  - Denominator = 1000

- Measure 2
  - Measure 2 Exclusion = Excluded

[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.
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.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9 Option 1</td>
<td>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.</td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
<td>✓</td>
</tr>
<tr>
<td>Objective 9 Option 2</td>
<td>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.</td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td>✓</td>
</tr>
<tr>
<td>Objective 9 Option 3A</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>✓</td>
</tr>
<tr>
<td>Objective 9 Option 3B</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>✓</td>
</tr>
<tr>
<td>Objective 9 Option 3C</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>✓</td>
</tr>
<tr>
<td>Objective 9 Option 4</td>
<td>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.</td>
<td>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.</td>
<td>✓</td>
</tr>
</tbody>
</table>
Required Public Health Objective Worksheet

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

### Required Public Health Objective List Table

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9</td>
<td>Option 1</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 2</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3A</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3B</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3C</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
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</tr>
<tr>
<td>Objective 9</td>
<td>Option 4</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</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.
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.

---

Option 2 – Syndromic Surveillance Reporting

The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

**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 where no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in a specific state or in a specific 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
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 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.

---

**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 this objective.

- [ ] 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 Certification 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
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.

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
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.

![Attestation Meaningful Use Objectives](image)

- **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
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).
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.
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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHR) through the implementation of appropriate technical capabilities.</td>
<td>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(g)(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.</td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>

| 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. |
| 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. |
| Objective 5 | The eligible hospital or CAH that 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. |
| 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. |
| 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). |
| Objective 8 | Provide patients the ability to view, 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. |
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.
**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 - Computerized Provider Order Entry (CPOE)

**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 80 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:** The 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:**
- **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:**
- **Denominator 3:**

---

![Attestation Panel](image-url)
### 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical Hospital</th>
<th>NPI</th>
<th>Hospital TIN</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Attestation Meaningful Use Objectives

**Objective 4 – Electronic Prescribing**

Click **HERE** to view CMS Guidelines for this measure.

When ready click **Save & Continue** 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 2015 they were scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.

- [ ] 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: |
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.

![Image of the MAPIR User Interface](image_url)
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.
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.

---

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

**Measure 1:** More than 95 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:** 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:** 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.

**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.

**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:** The number of patients (or patient-authorized representatives) in the denominator who view, download, or transmit to a third party their health information.

**Denominator:** 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.
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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical Hospital</th>
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<th>Hospital TIN</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>99999999</td>
<td>99999999999999999</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>Payment Year</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>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 164.314(a)(2)(v) 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.</td>
<td>Measure = No</td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 2</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 3</td>
<td>You must choose an option for this objective. Select the EDIT button to continue.</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>
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.

### 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.

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<tbody>
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<td>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)(v) 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.</td>
<td>Measure = No</td>
<td>CLICK</td>
</tr>
</tbody>
</table>
| 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 | CLICK |
| 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 | CLICK |
| Objective 4 | Generate and transmit permissible discharge prescriptions electronically (eRx). | More than 10 percent of hospital discharge medication orders for permissible prescriptions (new and changed prescriptions) are covered for a drug formulary and transmitted electronically using Certified EHR Technology. | Patient Records = All
Exclusion = No
Alternate Exclusion = No
Numerator = 50
Denominator = 1000 | CLICK |
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Objective</th>
<th>Description</th>
<th>Alternate Exclusion</th>
<th>Measure 1</th>
<th>Measure 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 5</td>
<td>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.</td>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</td>
<td>Alternate Exclusion – No Denominator = 1000</td>
<td>Nominator = 500 Denominator = 1000</td>
<td>Measure 2 Exclusion – Excluded</td>
</tr>
<tr>
<td>Objective 7</td>
<td>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.</td>
<td>Objective</td>
<td>The eligible hospital or CAH performs medication reconciliation for more than 90 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).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.</td>
<td></td>
<td>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 2018, 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

---

### 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.
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.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9</td>
<td>Option 1</td>
<td>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.</td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 2</td>
<td>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.</td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3A</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3B</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 3C</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
</tr>
<tr>
<td>Objective 9</td>
<td>Option 4</td>
<td>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.</td>
<td>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 (EHR) results.</td>
</tr>
</tbody>
</table>
Required Public Health Objective Worksheet

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

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

---

**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.

(*) 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
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.

![Attestation Meaningful Use Objectives](image)

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
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.

![Attestation Meaningful Use Objectives](image_url)

*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
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.
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.
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.

![Image of the electronic form for Objective 9 Option 4](image-url)
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).
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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3A - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3B - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3C - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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.

![Attestation Meaningful Use Objectives](image)

<table>
<thead>
<tr>
<th>Completed?</th>
<th>Topics</th>
<th>Progress</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td><strong>Meaningful Use Objectives (1-8)</strong></td>
<td>8/8</td>
<td>[EDIT] [Clear All]</td>
</tr>
<tr>
<td>✔️</td>
<td><strong>Required Public Health Objective (9)</strong></td>
<td>6/6</td>
<td>[EDIT] [Clear All]</td>
</tr>
</tbody>
</table>

**Clinical Quality Measures**

- **Begin** button

*Note:* When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
**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.

![Image of MAPIR User Guide for Eligible Hospitals](image-url)

<table>
<thead>
<tr>
<th>Completed?</th>
<th>Topics</th>
<th>Progress</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Meaningful Use Objectives (1-8)</strong></td>
<td></td>
<td>![Begin Button]</td>
</tr>
<tr>
<td></td>
<td><strong>Required Public Health Objective (9)</strong></td>
<td></td>
<td>![Begin Button]</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Quality Measures</strong></td>
<td></td>
<td>![Begin Button]</td>
</tr>
</tbody>
</table>

**Note:** When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
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.
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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certified EHR Technology (CEHRT) through the implementation of appropriate</td>
<td>security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CF</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>technical capabilities.</td>
<td>R 164.308(a)(2)(V) and 45 CFR 164.308(d)(1), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH’s risk management process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority health</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Screen 2 of 2

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>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.</th>
<th>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 50 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 4</td>
<td>Generate and transmit permissible discharge prescriptions electronically (edRx).</td>
<td>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.</td>
</tr>
<tr>
<td>Objective 5</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</td>
<td>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.</td>
</tr>
<tr>
<td>Objective 7</td>
<td>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.</td>
<td>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).</td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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**.
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 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.
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.
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.

---

**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.

### Measure 1

**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 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? *Yes* or *No*

**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:
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).

### 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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.306(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 164.306(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.</td>
<td>Measure = No</td>
<td>EDIT</td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority health conditions.</td>
<td>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.</td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>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 164.308(a)(2)(iv) and 45 CFR 164.308(b)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH’s risk management process.</td>
<td>Measure = No</td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority health conditions.</td>
<td>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.</td>
<td>Measure 1 = No Measure 2 = No</td>
<td></td>
</tr>
</tbody>
</table>
This is screen 2 of 2 of the Meaningful Use Objective List Table.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 3</td>
<td>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.</td>
<td>Measure 1</td>
<td>1 = 500</td>
<td>1 = 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2</td>
<td>2 = No</td>
<td>2 = 500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 3</td>
<td>3 = No</td>
<td>3 = 1000</td>
</tr>
<tr>
<td>Objective 4</td>
<td>Generate and transmit permissible discharge prescriptions electronically (eRx).</td>
<td>Patient Records = All Exclusion = No</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alternate Exclusion = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 5</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</td>
<td>More than 10 percent of all unique patient visits 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.</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>Objective 7</td>
<td>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.</td>
<td>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).</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.</td>
<td>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.</td>
<td>1 = 500</td>
<td>1 = 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2 Exclusion = No</td>
<td>2 = No</td>
<td>2 = 500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2</td>
<td>2 = 1000</td>
<td></td>
</tr>
</tbody>
</table>

[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 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.
# Required Public Health Objective Worksheet

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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
<td>[EDIT]</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td>[EDIT]</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>[EDIT]</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>[EDIT]</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>[EDIT]</td>
<td></td>
</tr>
<tr>
<td>Objective 9</td>
<td>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.</td>
<td>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 (EHR) results.</td>
<td>[EDIT]</td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

**Objective 9 Option 1 – Immunization Registry Reporting**

Enter information in all required fields.

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


done

<table>
<thead>
<tr>
<th>Name</th>
<th>CCN</th>
<th>MAPIR Medical Hospital 999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Year</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NPI</th>
<th>Hospital TN 999999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

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.

---

**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.
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.

---

**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

---
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.
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.

![Attestation Panel]

- **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 (ERL) 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 ERL 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
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).
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.

---

**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.
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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.</td>
<td>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(e)(2), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH’s risk management process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority health conditions.</td>
<td>Implement five clinical decision support interventions related to four or more clinical quality measures as 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 reaction checks for the entire EHR reporting period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 4</td>
<td>Generate and transmit permissible discharge prescriptions electronically (eRx).</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 5</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 7</td>
<td>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.</td>
<td>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 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view, online, download, and transmit their health information within 36 hours of hospital discharge.</td>
<td>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, 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**.

(*) 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)(v) 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):
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**.
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 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.

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Medical Hospital</strong></th>
<th><strong>NPI</strong></th>
<th><strong>Hospital TIN</strong></th>
<th><strong>Program Year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>999999</td>
<td>99999999</td>
<td>9999999999</td>
<td>2016</td>
</tr>
<tr>
<td>Payment Year</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attestation Meaningful Use Objectives**

**Objective 4 – Electronic Prescribing**

1. 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.
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.

![Image of the MAPIR interface for Objective 6 – Patient Specific Education]
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.
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).

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Medical Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>9999999999999999999999</td>
</tr>
<tr>
<td>Payment Year</td>
<td>2016</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td>Certified EHR Technology (CEHRT) through the implementation of appropriate</td>
<td>security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>technical capabilities.</td>
<td>CFR 164.312(a)(2)(i) and 45 CFR 164.308(a)(3), and implement security updates as necessary and correct identified security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>deficiencies as part of the eligible hospital or CAH’s risk management process.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Objective 2      | Use clinical decision support to improve performance on high priority health | 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, 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.

```
<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the</td>
<td>Conduct or review a security risk analysis in accordance with the</td>
<td>Measure = Yes</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td>Certified EHR Technology (CEHRT) through the implementation of appropriate</td>
<td>requirements in 45 CFR 164.308(a)(1), including addressing the security</td>
<td>Date = 09/21/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>technical capabilities.</td>
<td>(to include encryption) of ePHI created or maintained by Certified</td>
<td>Name and Title = test</td>
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<tr>
<td></td>
<td></td>
<td>EHR. Technology in accordance with requirements in 45 CFR 164.312(a)(2)(v)</td>
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<td></td>
<td></td>
<td>and 45 CFR 164.306(d)(3), and implement security updates as necessary</td>
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<tr>
<td></td>
<td></td>
<td>and correct identified security deficiencies as part of the eligible</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>hospital or CAH's risk management process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority</td>
<td>Implement five clinical decision support interventions related to four</td>
<td>Measure 1 = Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>health conditions.</td>
<td>or more clinical quality measures at a relevant point in patient care</td>
<td>Measure 2 = Yes</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>for the entire EHR reporting period. Absent four clinical quality</td>
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<td></td>
<td></td>
<td>measures related to an eligible hospital or CAH's scope of practice</td>
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<td></td>
<td></td>
<td>or patient population, the clinical decision support interventions</td>
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<tr>
<td></td>
<td></td>
<td>must be related to high priority health conditions. The eligible</td>
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<td>hospital or CAH has enabled and implemented the functionality for drug-</td>
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<td></td>
<td></td>
<td>drug and drug-allergy interaction checks for the entire EHR reporting</td>
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<tr>
<td></td>
<td></td>
<td>period.</td>
<td></td>
<td></td>
</tr>
</tbody>
</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 = 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 = 550 Denominator 1 = 1000 Measure 2 Exclusion = Excluded |
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.

---

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.

![Attestation Meaningful Use Objectives Table](image-url)
### Required Public Health Objective Worksheet

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

#### 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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
</table>
| 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](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](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](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](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](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 (ERL) results. | | ![EDIT](EDIT)
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Medical Hospital</th>
<th>NPI Hospital TIN</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>999999</td>
<td>999999999</td>
<td>2016</td>
</tr>
<tr>
<td>Payment Year</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Objective 9 Option 2 - Syndromic Surveillance Reporting

- **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

- **Click HERE to review CMR 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.
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 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.

---

**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 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
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.

![Form Image]

**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
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.
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.

![Objective 9 Option 4 - Electronic Reportable Laboratory Results Reporting](image-url)
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).
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

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9, Option 1</td>
<td>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.</td>
<td>Option 1 - Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</td>
<td>☑</td>
</tr>
<tr>
<td>Objective 9, Option 2</td>
<td>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.</td>
<td>Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td>☑</td>
</tr>
<tr>
<td>Objective 9, Option 3A</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>☑</td>
</tr>
<tr>
<td>Objective 9, Option 3B</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>☑</td>
</tr>
<tr>
<td>Objective 9, Option 3C</td>
<td>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.</td>
<td>Option 3 - Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</td>
<td>☑</td>
</tr>
<tr>
<td>Objective 9, Option 4</td>
<td>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.</td>
<td>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 (EHR) results.</td>
<td>☑</td>
</tr>
</tbody>
</table>

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.

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

2015 Modified Stage 2 with Alternates

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.

![Attestation Meaningful Use Measures Table](image-url)
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.

![Meaningful Use Clinical Quality Measure Worklist Table](image-url)

**Table Legend:**
- **Title**: Name of the clinical quality measure.
- **Domain**: Category of the measure.
- **Entered**: Status of the measure (e.g., entered or not entered).
- **Select**: Option to edit or select the measure.

**Example Measures:**
- CMS32 v4: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- CMS102 v3: Assessed for Rehabilitation
- CMS59 v3: Exclusive Breast Milk Feeding
- CMS30 v4: Statin Prescribed at Discharge
- CMS31 v3: Hearing Screening Prior To Hospital Discharge
- CMS53 v3: Primary PCI Received Within 90 Minutes of Hospital Arrival
- CMS50 v3: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
- CMS51 v4: Anticoagulation Therapy for Atrial Fibrillation/Flutter
- CMS72 v3: Antithrombotic Therapy By End of Hospital Day 2
- CMS73 v3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
- CMS100 v3: Aspirin Prescribed at Discharge
- CMS172 v4: Prophylactic Antibiotic Selection for Surgical Patients
- CMS55 v3: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- CMS110 v2: Venous Thromboembolism Discharge Instructions
- CMS114 v3: Incidence of Potentially-Preventable Venous Thromboembolism
- CMS171 v4: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
The following is a list of the 29 Clinical Quality Measures available for you to attest to:

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Clinical Quality Measure</th>
<th>Domain</th>
<th>Screen Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS55 v3</td>
<td>Clinical Quality Measure 1</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS111 v3</td>
<td>Clinical Quality Measure 2</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS107 v3</td>
<td>Clinical Quality Measure 8</td>
<td>Patient and Family</td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS110 v3</td>
<td>Clinical Quality Measure 14</td>
<td></td>
<td>Screen 5</td>
</tr>
<tr>
<td>CMS26 v2</td>
<td>Clinical Quality Measure 26</td>
<td></td>
<td>Screen 5</td>
</tr>
<tr>
<td>CMS104 v3</td>
<td>Clinical Quality Measure 3</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS71 v4</td>
<td>Clinical Quality Measure 4</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS91 v4</td>
<td>Clinical Quality Measure 5</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS72 v3</td>
<td>Clinical Quality Measure 6</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS105 v3</td>
<td>Clinical Quality Measure 7</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS73 v3</td>
<td>Clinical Quality Measure 12</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS109 v3</td>
<td>Clinical Quality Measure 13</td>
<td>Clinical Process/Effectiveness</td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS100 v3</td>
<td>Clinical Quality Measure 16</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS113 v3</td>
<td>Clinical Quality Measure 17</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS60 v3</td>
<td>Clinical Quality Measure 18</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS53 v3</td>
<td>Clinical Quality Measure 19</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS30 v4</td>
<td>Clinical Quality Measure 20</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS9 v3</td>
<td>Clinical Quality Measure 27</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS31 v3</td>
<td>Clinical Quality Measure 29</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS102 v3</td>
<td>Clinical Quality Measure 9</td>
<td>Care Coordination</td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS32 v4</td>
<td>Clinical Quality Measure 25</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS108 v3</td>
<td>Clinical Quality Measure 10</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS190 v3</td>
<td>Clinical Quality Measure 11</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS114 v3</td>
<td>Clinical Quality Measure 15</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS171 v4</td>
<td>Clinical Quality Measure 22</td>
<td>Patient Safety</td>
<td>Screen 4</td>
</tr>
<tr>
<td>CMS178 v4</td>
<td>Clinical Quality Measure 24</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>Measure Number</td>
<td>Clinical Quality Measure</td>
<td>Domain</td>
<td>Screen Example</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------</td>
<td>--------</td>
<td>----------------</td>
</tr>
<tr>
<td>CMS185 v3</td>
<td>Clinical Quality Measure 28</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS188 v4</td>
<td>Clinical Quality Measure 21</td>
<td></td>
<td>Screen 4</td>
</tr>
<tr>
<td>CMS172 v4</td>
<td>Clinical Quality Measure 23</td>
<td>Efficient Use of Healthcare Resources</td>
<td>Screen 4</td>
</tr>
</tbody>
</table>
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:
Screen 4

The following Measure Numbers use this screen layout:
CMS171v4, CMS188v4, and CMS172v4

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Medical Hospital</th>
<th>NPI</th>
<th>Hospital TIN</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>99999999</td>
<td></td>
<td>999999999999</td>
<td>0090000000</td>
</tr>
<tr>
<td>Payment Year</td>
<td>4</td>
<td></td>
<td></td>
<td>2015</td>
</tr>
</tbody>
</table>

### 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:** CMS171v5.1.000  
**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:**
Screen 5

The following Measure Numbers use this screen layout:

CMS26 v2 and CMS110 v3
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.

<table>
<thead>
<tr>
<th>Title</th>
<th>Domain</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS502 v3-Assessed for Rehabilitation</td>
<td>Care Coordination</td>
<td>Numerator = 4</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 25.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 2</td>
<td></td>
</tr>
<tr>
<td>CMS531 v3-Hearing Screening Prior To Hospital Discharge</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 100</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 200</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 50.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 5</td>
<td></td>
</tr>
<tr>
<td>CMS533 v3-Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 100</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 200</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 50.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 5</td>
<td></td>
</tr>
<tr>
<td>CMS560 v3-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 120</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 130</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 45.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exception = 9</td>
<td></td>
</tr>
<tr>
<td>CMS571 v4-Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 50</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 100</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 86.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exception = 5</td>
<td></td>
</tr>
<tr>
<td>CMS572 v3-Antithrombotic Therapy By End of Hospital Day 2</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 28</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 45</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 86.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exception = 8</td>
<td></td>
</tr>
<tr>
<td>CMS573 v3-Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 230</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 450</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 35.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 9</td>
<td></td>
</tr>
<tr>
<td>CMS991 v4-Thrombolytic Therapy</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 90</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 100</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 79.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 4</td>
<td></td>
</tr>
<tr>
<td>CMS104 v3-Discharged on Antithrombotic Therapy</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 240</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator = 800</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performance Rate (%) = 89.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 5</td>
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<tr>
<td>Measure Code</td>
<td>Measure Name</td>
<td>Measure Type</td>
<td>Measure Details</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| CMS105 v3   | Discharged on Statin Medication                                             | Clinical Process/Effectiveness | Numerator = 20  
Denominator = 96  
Performance Rate (%) = 90.0  
Exclusion = 5  
Exception = 1  |
| 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  |
| CMS113 v3   | Elective Delivery                                                           | Clinical Process/Effectiveness | Numerator = 90  
Denominator = 150  
Performance Rate (%) = 78.0  
Exclusion = 6  |
| CMS114 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  |
| CMS115 v4   | Incidence of Potentially-Preventable Venous Thromboembolism                  | Patient Safety           | Numerator = 45  
Denominator = 96  
Performance Rate (%) = 85.0  
Exclusion = 4  |
| 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(%) = 59.0  
Exclusion 2 = 4  
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  |
| CMS190 v3   | Intensive Care Unit Venous Thromboembolism Prophylaxis                       | Patient Safety           | Numerator = 45  
Denominator = 78  
Performance Rate (%) = 70.0  
Exclusion = 3  
Exception = 2  |
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.
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

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.
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.
The following is a list of the 29 Clinical Quality Measures available for you to attest to:

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Clinical Quality Measure</th>
<th>Domain</th>
<th>Screen Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS55 v4</td>
<td>Clinical Quality Measure 1</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS111 v4</td>
<td>Clinical Quality Measure 2</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS107 v4</td>
<td>Clinical Quality Measure 8</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS110 v4</td>
<td>Clinical Quality Measure 14</td>
<td></td>
<td>Screen 5</td>
</tr>
<tr>
<td>CMS26 v3</td>
<td>Clinical Quality Measure 26</td>
<td></td>
<td>Screen 5</td>
</tr>
<tr>
<td>CMS104 v4.1</td>
<td>Clinical Quality Measure 3</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS71 v5</td>
<td>Clinical Quality Measure 4</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS91 v5</td>
<td>Clinical Quality Measure 5</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS72 v4.1</td>
<td>Clinical Quality Measure 6</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS105 v4</td>
<td>Clinical Quality Measure 7</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS73 v4</td>
<td>Clinical Quality Measure 12</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS109 v4</td>
<td>Clinical Quality Measure 13</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS100 v4</td>
<td>Clinical Quality Measure 16</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS113 v4</td>
<td>Clinical Quality Measure 17</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS60 v4</td>
<td>Clinical Quality Measure 18</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS53 v4</td>
<td>Clinical Quality Measure 19</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS30 v5</td>
<td>Clinical Quality Measure 20</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS9 v4.1</td>
<td>Clinical Quality Measure 27</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS31 v4</td>
<td>Clinical Quality Measure 29</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS102 v4</td>
<td>Clinical Quality Measure 9</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS32 v5</td>
<td>Clinical Quality Measure 25</td>
<td></td>
<td>Screen 1</td>
</tr>
<tr>
<td>CMS108 v4</td>
<td>Clinical Quality Measure 10</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS190 v4</td>
<td>Clinical Quality Measure 11</td>
<td></td>
<td>Screen 2</td>
</tr>
<tr>
<td>CMS114 v4</td>
<td>Clinical Quality Measure 15</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS171 v5.1</td>
<td>Clinical Quality Measure 22</td>
<td></td>
<td>Screen 4</td>
</tr>
<tr>
<td>CMS178 v5</td>
<td>Clinical Quality Measure 24</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>Measure Number</td>
<td>Clinical Quality Measure</td>
<td>Domain</td>
<td>Screen Example</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>CMS185 v4</td>
<td>Clinical Quality Measure 28</td>
<td></td>
<td>Screen 3</td>
</tr>
<tr>
<td>CMS188 v5.2</td>
<td>Clinical Quality Measure 21</td>
<td>Efficient Use of Healthcare Resources</td>
<td>Screen 4</td>
</tr>
<tr>
<td>CMS172 v5.1</td>
<td>Clinical Quality Measure 23</td>
<td></td>
<td>Screen 4</td>
</tr>
</tbody>
</table>
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
Screen 4

The following Measure Numbers use this screen layout:
CMS171 v5.1, CMS188 v5.2, and CMS172 v5.1

![Screen Layout Image]

- **Domain:** Patient Safety
- **Measure Number:** CMS171 v5.1.000
- **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.

<table>
<thead>
<tr>
<th>Population Criteria 1 - Coronary artery bypass graft (CABG) procedures</th>
<th>Numerator 1:</th>
<th>Denominator 1:</th>
<th>Performance Rate 1(%):</th>
<th>Exclusion 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Criteria 2 - Other cardiac surgery</td>
<td>Numerator 2:</td>
<td>Denominator 2:</td>
<td>Performance Rate 2(%):</td>
<td>Exclusion 2:</td>
</tr>
<tr>
<td>Population Criteria 3 - Hip arthroplasty</td>
<td>Numerator 3:</td>
<td>Denominator 3:</td>
<td>Performance Rate 3(%):</td>
<td>Exclusion 3:</td>
</tr>
<tr>
<td>Population Criteria 4 - Knee arthroplasty</td>
<td>Numerator 4:</td>
<td>Denominator 4:</td>
<td>Performance Rate 4(%):</td>
<td>Exclusion 4:</td>
</tr>
<tr>
<td>Population Criteria 5 - Colon surgery</td>
<td>Numerator 5:</td>
<td>Denominator 5:</td>
<td>Performance Rate 5(%):</td>
<td>Exclusion 5:</td>
</tr>
<tr>
<td>Population Criteria 6 - Abdominal hysterectomy</td>
<td>Numerator 6:</td>
<td>Denominator 6:</td>
<td>Performance Rate 6(%):</td>
<td>Exclusion 6:</td>
</tr>
<tr>
<td>Population Criteria 7 - Vaginal hysterectomy</td>
<td>Numerator 7:</td>
<td>Denominator 7:</td>
<td>Performance Rate 7(%):</td>
<td>Exclusion 7:</td>
</tr>
<tr>
<td>Population Criteria 8 - Vascular surgery</td>
<td>Numerator 8:</td>
<td>Denominator 8:</td>
<td>Performance Rate 8(%):</td>
<td>Exclusion 8:</td>
</tr>
</tbody>
</table>
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.
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.

### 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Domain</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS32 v5.0.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>Care Coordination</td>
<td>Measure Observation 1 = 500&lt;br&gt;Measure Population 1 = 1000&lt;br&gt;Exclusion 1 = 0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure Observation 2 = 500&lt;br&gt;Measure Population 2 = 1000&lt;br&gt;Exclusion 2 = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure Observation 3 = 500&lt;br&gt;Measure Population 3 = 1000&lt;br&gt;Exclusion 3 = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure Observation 4 = 500&lt;br&gt;Measure Population 4 = 1000&lt;br&gt;Exclusion 4 = 0</td>
<td></td>
</tr>
<tr>
<td>CMS20 v4.0.000-Assessed for Rehabilitation</td>
<td>Care Coordination</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
<tr>
<td>CMS9 v4.1.000-Exclusive Breast Milk Feeding</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate 1(%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion 1 = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerator 2 = 500&lt;br&gt;Denominator 2 = 1000&lt;br&gt;Performance Rate 2(%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion 2 = 0</td>
<td></td>
</tr>
<tr>
<td>CMS90 v5.0.000-Statin Prescribed at Discharge</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
<tr>
<td>CMS31 v4.0.000-Meaning Screening Prior To Hospital Discharge</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
<tr>
<td>CMS53 v4.0.000-Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
<tr>
<td>CMS60 v4.0.000-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
<tr>
<td>CMS71 v5.0.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>Clinical Process/Effectiveness</td>
<td>Numerator = 500&lt;br&gt;Denominator = 1000&lt;br&gt;Performance Rate (%) = 20.0</td>
<td>EDIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion = 0</td>
<td></td>
</tr>
</tbody>
</table>
This is screen 2 of 2 of the Meaningful Use Quality Measures Worklist Table.

<table>
<thead>
<tr>
<th>Measure Code</th>
<th>Measure Title</th>
<th>Measure Type</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate Calculation</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS112 v1.0.000</td>
<td>Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>Efficient Use of Healthcare Resources</td>
<td>Numerator 1 = 500</td>
<td>Denominator 1 = 1000</td>
<td>Performance Rate 1(%) = 40.0</td>
<td>Exclusion 1 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 2 = 500</td>
<td>Denominator 2 = 1000</td>
<td>Performance Rate 2(%) = 40.0</td>
<td>Exclusion 2 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 3 = 500</td>
<td>Denominator 3 = 1000</td>
<td>Performance Rate 3(%) = 40.0</td>
<td>Exclusion 3 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 4 = 500</td>
<td>Denominator 4 = 1000</td>
<td>Performance Rate 4(%) = 40.0</td>
<td>Exclusion 4 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 5 = 500</td>
<td>Denominator 5 = 1000</td>
<td>Performance Rate 5(%) = 40.0</td>
<td>Exclusion 5 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 6 = 500</td>
<td>Denominator 6 = 1000</td>
<td>Performance Rate 6(%) = 40.0</td>
<td>Exclusion 6 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 7 = 500</td>
<td>Denominator 7 = 1000</td>
<td>Performance Rate 7(%) = 40.0</td>
<td>Exclusion 7 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator 8 = 500</td>
<td>Denominator 8 = 1000</td>
<td>Performance Rate 8(%) = 40.0</td>
<td>Exclusion 8 = 0</td>
</tr>
</tbody>
</table>

This table continues with similar entries for other measures.
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.

### 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.

<table>
<thead>
<tr>
<th>Completed?</th>
<th>Topics</th>
<th>Progress</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td><strong>Meaningful Use Objectives (1-8)</strong></td>
<td>8/8</td>
<td><strong>EDIT</strong> Clear All</td>
</tr>
<tr>
<td>✓</td>
<td><strong>Required Public Health Objective (9)</strong></td>
<td>6/6</td>
<td><strong>EDIT</strong> Clear All</td>
</tr>
<tr>
<td>✓</td>
<td><strong>Clinical Quality Measures</strong></td>
<td>16/16</td>
<td><strong>EDIT</strong> Clear All</td>
</tr>
</tbody>
</table>

**Note:**

When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.
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.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Protect electronic health information (ePHI) created or maintained by the</td>
<td>Measure = No</td>
</tr>
<tr>
<td></td>
<td>Certified EHR Technology (CEHRT) through the implementation of appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>technical capabilities.</td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Use clinical decision support to improve performance on high priority</td>
<td>Measure 1 = No</td>
</tr>
<tr>
<td></td>
<td>health conditions.</td>
<td>Measure 2 = No</td>
</tr>
<tr>
<td>Objective 3</td>
<td>Use computerized provider order entry for medication, laboratory, and</td>
<td>Patient Records = Only EHR</td>
</tr>
<tr>
<td></td>
<td>radiology orders directly entered by any licensed healthcare professional</td>
<td>Measure 1 Numerator 1 = 500</td>
</tr>
<tr>
<td></td>
<td>who can enter orders into the medical record per state, local, and</td>
<td>Measure 1 Denominator 1 = 1000</td>
</tr>
<tr>
<td></td>
<td>professional guidelines.</td>
<td>Measure 1 Percentage = 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2 Numerator 2 = 500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2 Denominator 2 = 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2 Percentage = 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 3 Numerator 3 = 500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 3 Denominator 3 = 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 3 Percentage = 50%</td>
</tr>
<tr>
<td>Objective 4</td>
<td>Generate and transmit prescribable discharge prescriptions</td>
<td>Patient Records = All</td>
</tr>
<tr>
<td></td>
<td>electronically (eRx).</td>
<td>Exclusion = No</td>
</tr>
<tr>
<td>Objective 5</td>
<td>The eligible hospital or CAH who transitions their patient to another</td>
<td>Alternate Exclusion = No</td>
</tr>
<tr>
<td></td>
<td>setting of care or provider of care or refers their patient to another</td>
<td>Numerator = 500</td>
</tr>
<tr>
<td></td>
<td>provider of care provides a summary of care record for each transition</td>
<td>Denominator = 1000</td>
</tr>
<tr>
<td></td>
<td>of care or referral.</td>
<td>Percentage = 50%</td>
</tr>
<tr>
<td>Objective 6</td>
<td>Use clinically relevant information from Certified EHR Technology to</td>
<td>Alternate Exclusion = Excluded</td>
</tr>
<tr>
<td></td>
<td>identify patient-specific education resources and provide those</td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources to the patient.</td>
<td></td>
</tr>
<tr>
<td>Objective 7</td>
<td>The eligible hospital or CAH who receives a patient from another setting</td>
<td>Alternate Exclusion = Excluded</td>
</tr>
<tr>
<td></td>
<td>of care or provider of care or believes an encounter is relevant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>performs medication reconciliation.</td>
<td></td>
</tr>
<tr>
<td>Objective 8</td>
<td>Provide patients the ability to view online, download, and transmit</td>
<td>Measure 1 Numerator 1 = 500</td>
</tr>
<tr>
<td></td>
<td>their health information within 36 hours of hospital discharge.</td>
<td>Measure 1 Denominator 1 = 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 1 Percentage = 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure 2 Exclusion = Excluded</td>
</tr>
</tbody>
</table>
This is screen 2 of 4 of the Meaningful Use Measures Summary.

### Required Public Health Objective Review

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 9 Option 1</td>
<td>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.</td>
<td>Measure Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No</td>
</tr>
<tr>
<td>Objective 9 Option 2</td>
<td>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.</td>
<td>Measure Option 2 = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No</td>
</tr>
<tr>
<td>Objective 9 Option 3A</td>
<td>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.</td>
<td>Measure Option 3A = Yes Specialized Registry = TEST Active Engagement Option = Production</td>
</tr>
<tr>
<td>Objective 9 Option 3B</td>
<td>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.</td>
<td>Specialized Registry = TEST Active Engagement Option = Testing and validation</td>
</tr>
<tr>
<td>Objective 9 Option 3C</td>
<td>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.</td>
<td>Specialized Registry = TEST Active Engagement Option = Completed registration to submit data</td>
</tr>
<tr>
<td>Objective 9 Option 4</td>
<td>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.</td>
<td>Measure Option 4 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No</td>
</tr>
</tbody>
</table>

### Meaningful Use Clinical Quality Measure Review

<table>
<thead>
<tr>
<th>Measure Code</th>
<th>Domain</th>
<th>Title</th>
<th>Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS532 V4</td>
<td>Care Coordination</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>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</td>
</tr>
<tr>
<td>CMS102 V3</td>
<td>Care Coordination</td>
<td>Assessed for Rehabilitation</td>
<td>Numerator = 500 Denominator = 1000 Performance Rate (%) = 40.0 Exclusion = 0</td>
</tr>
<tr>
<td>CMS59 V3</td>
<td>Clinical Process/Effectiveness</td>
<td>Exclusive Breast Milk Feeding</td>
<td>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</td>
</tr>
</tbody>
</table>
| 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  
Exception = 0 |
| CMS33 v3 | Clinical Process/Effectiveness | Primary PCI Received Within 90 Minutes of Hospital Arrival | Numerator = 500  
Denominator = 1000  
Performance Rate (%) = 40.0  
Exclusion = 0  
Exception = 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  
Exception = 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 |
| 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  
Exclusion = 0 |
| CMS114 v3  | Patient Safety  
Incidance 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 |
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).

### Status

**Incomplete**

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>000000</td>
</tr>
<tr>
<td>Payment Year</td>
<td>2</td>
</tr>
<tr>
<td>NPI</td>
<td>Hospital TIN 9999999999</td>
</tr>
<tr>
<td>Program Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>CMS EHR Certification ID: A014E01EPK2E23</th>
</tr>
</thead>
</table>

### CEHRT ID Information

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>9999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>999999</td>
</tr>
<tr>
<td>Hospital NPI</td>
<td>9999999999</td>
</tr>
<tr>
<td>Hospital TIN</td>
<td>0000000000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>1600 Pennsylvania Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington, DC 20500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone</th>
<th>999-999-9999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentive Program</td>
<td>MEDICAID</td>
</tr>
<tr>
<td>Eligible Status?</td>
<td>Deemed Medicare</td>
</tr>
<tr>
<td>State</td>
<td>DC</td>
</tr>
<tr>
<td>Eligible Hospital Type</td>
<td>Physician</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R&amp;A Registration ID</th>
<th>99999999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>R&amp;A Registration Email</td>
<td><a href="mailto:user@email.com">user@email.com</a></td>
</tr>
<tr>
<td>CMS EHR Certification Number</td>
<td>Q00000000BCKMAA</td>
</tr>
</tbody>
</table>

| Is this information accurate? | Yes |
This is screen 2 of 3 of the Review tab display.

### Primary Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Hospital</td>
</tr>
<tr>
<td>Last Name</td>
<td>Provider</td>
</tr>
<tr>
<td>Phone</td>
<td>899-999-9999</td>
</tr>
<tr>
<td>Phone Extension</td>
<td>99999</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:hospital@preparer.com">hospital@preparer.com</a></td>
</tr>
<tr>
<td>Department</td>
<td>EHR Dept.</td>
</tr>
<tr>
<td>Address</td>
<td>888 Street, City, PA 89765</td>
</tr>
</tbody>
</table>

### Alternate Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Alternate</td>
</tr>
<tr>
<td>Last Name</td>
<td>Contact</td>
</tr>
<tr>
<td>Phone</td>
<td>777-777-7777</td>
</tr>
<tr>
<td>Phone Extension</td>
<td>77777</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:any.email@email.com">any.email@email.com</a></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
<th>Encounter Volumes</th>
<th>% Medicaid Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000000000</td>
<td>Smith Grace L</td>
<td>740 E State St, Sharon, PA 16146-3305</td>
<td>In State Medicaid: 883, Other Medicaid: 0, Total Discharges: 6600</td>
<td>10%</td>
</tr>
<tr>
<td>N/A</td>
<td>New Location</td>
<td>123 Main Street, Anytown, AL 12345</td>
<td>In State Medicaid: 200, Other Medicaid: 500, Total Discharges: 1000</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sum In-State Medicaid Volume</th>
<th>Sum Other Medicaid Volume</th>
<th>Total Discharges Sum Denominator</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1083</td>
<td>500</td>
<td>9600</td>
<td>15%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Discharges</th>
<th>Total Inpatient Medicaid Bed Days</th>
<th>Total Inpatient Bed Days</th>
<th>Total Charges - All Discharges</th>
<th>Total Charges - Charity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2010-12/31/2010</td>
<td>2754</td>
<td>2754</td>
<td>28802800</td>
<td>$1,188,756,696.00</td>
<td>$56,452,000.00</td>
</tr>
<tr>
<td>01/01/2009-12/31/2009</td>
<td>2817</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/2008-12/31/2008</td>
<td>2600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/2007-12/31/2007</td>
<td>2946</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 purposes 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 CCM 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.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>9999999999, 9999999999</td>
<td>MAPIR Memorial</td>
<td>1600 Pennsylvania Avenue NW Washington, DC 20500-</td>
<td></td>
</tr>
</tbody>
</table>
**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 your 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.
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.*
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.
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.
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.
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.
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.

This screen shows that your MAPIR session has ended. You should now close your browser window.
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.
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Memorial Hospital</th>
<th>NPI</th>
<th>99999999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>99999999</td>
<td>Hospital TIN</td>
<td>99999999999</td>
</tr>
<tr>
<td>Payment Year</td>
<td>2</td>
<td>Program Year</td>
<td>2012</td>
</tr>
</tbody>
</table>

Select "Print" to generate a printer friendly version of this information.

**Status**

*Completed*

**Payment Amount**

*You have been approved to receive a payment in the amount of $2,624,441.02*

**Provider Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>MAPIR Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant NPI</td>
<td>99999999999</td>
</tr>
</tbody>
</table>

May 2017
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.

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.

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Registered at R&amp;A</td>
<td>MAPIR has not received a matching registration from both the R&amp;A and the state MMIS.</td>
</tr>
<tr>
<td>Incomplete</td>
<td>The application is in a working status but has not been submitted and may still be updated by the provider.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The application has been submitted. The application is locked to prevent editing and no further changes can be made.</td>
</tr>
<tr>
<td>Payment Approved</td>
<td>A determination has been made that the application has been approved for payment.</td>
</tr>
<tr>
<td>Payment Disbursed</td>
<td>The financial payment data has been received by MAPIR and will appear on your remittance advice.</td>
</tr>
<tr>
<td>Partial Recoupment Received</td>
<td>An adjustment has been requested and the total amount has not been recouped.</td>
</tr>
<tr>
<td>Partial Remittance Received</td>
<td>An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.</td>
</tr>
<tr>
<td>Aborted</td>
<td>When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.</td>
</tr>
<tr>
<td>Adjustment Initiated</td>
<td>An adjustment has been lodged with the proper state authority by the provider.</td>
</tr>
<tr>
<td>Adjustment Approved</td>
<td>The adjustment has been approved.</td>
</tr>
<tr>
<td>Adjustment Canceled</td>
<td>The adjustment has been canceled.</td>
</tr>
<tr>
<td>Denied</td>
<td>A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.</td>
</tr>
<tr>
<td>Completed</td>
<td>The application has run a full standard process and completed successfully with a payment to the provider.</td>
</tr>
<tr>
<td>Cancelled</td>
<td>An application has been set to “Cancelled” status only when R&amp;A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.</td>
</tr>
<tr>
<td>Future</td>
<td>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.</td>
</tr>
<tr>
<td>Not Eligible</td>
<td>This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.</td>
</tr>
<tr>
<td>Not Started</td>
<td>This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&amp;A registration and has been matched to an MMIS provider.</td>
</tr>
<tr>
<td>Expired</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

---

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.

---

**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.
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.

Contact Us

Please contact us with any questions or concerns you have:

Email: ctmedicaid-ehr@hpe.com

or

Call toll free: 1-855-313-6638

Monday - Friday 8:00 a.m. - 5:00 p.m. (except holidays)

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.

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2014</td>
</tr>
</tbody>
</table>

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:

0000000000000 (No dashes or spaces should be entered.)

- You have entered an invalid CMS EHR Certification ID.
<table>
<thead>
<tr>
<th>Validation Message Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please enter all required information.</strong></td>
</tr>
<tr>
<td><strong>You must provide all required information in order to proceed.</strong></td>
</tr>
<tr>
<td><strong>Please correct the information at the Medicare &amp; Medicaid EHR Incentive Program Registration and Attestation System (R&amp;A).</strong></td>
</tr>
<tr>
<td><strong>The date that you have specified is invalid, or occurs prior to the program eligibility.</strong></td>
</tr>
<tr>
<td><strong>The date that you have specified is invalid.</strong></td>
</tr>
<tr>
<td><strong>The phone number that you entered is invalid.</strong></td>
</tr>
<tr>
<td><strong>The phone number must be numeric.</strong></td>
</tr>
<tr>
<td><strong>The email that you entered is invalid.</strong></td>
</tr>
<tr>
<td><strong>You must participate in the Medicaid incentive program in order to qualify.</strong></td>
</tr>
<tr>
<td><strong>You must select at least one location in order to proceed.</strong></td>
</tr>
<tr>
<td><strong>The ZIP Code that you entered is invalid.</strong></td>
</tr>
<tr>
<td><strong>You must select at least one activity in order to proceed.</strong></td>
</tr>
<tr>
<td><strong>You must define all added ‘Other’ activities.</strong></td>
</tr>
<tr>
<td><strong>Amount must be numeric.</strong></td>
</tr>
<tr>
<td><strong>You must verify that you have reviewed all information entered into MAPIR.</strong></td>
</tr>
<tr>
<td><strong>Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.</strong></td>
</tr>
<tr>
<td><strong>You did not meet the criteria to receive the incentive payment.</strong></td>
</tr>
<tr>
<td><strong>All data must be numeric.</strong></td>
</tr>
<tr>
<td><strong>You must enter all requested information in order to submit the application.</strong></td>
</tr>
<tr>
<td><strong>The email address you have entered does not match.</strong></td>
</tr>
<tr>
<td><strong>You have entered an invalid CMS EHR Certification ID.</strong></td>
</tr>
<tr>
<td><strong>You must be licensed in the state(s) in which you practice.</strong></td>
</tr>
<tr>
<td><strong>You must select Yes or No to utilizing certified EHR technology in this location.</strong></td>
</tr>
<tr>
<td><strong>You have entered a duplicate Group Practice Provider ID.</strong></td>
</tr>
<tr>
<td><strong>You must select a Payment Address in order to proceed.</strong></td>
</tr>
<tr>
<td><strong>You must enter the email address twice for validation purposes.</strong></td>
</tr>
<tr>
<td><strong>You must be in compliance with HIPAA regulations.</strong></td>
</tr>
<tr>
<td><strong>You must be an Acute Care Hospital or a Children’s Hospital to be eligible to receive the EHR Medicare Program Payment.</strong></td>
</tr>
<tr>
<td><strong>All amounts must be between 0 and 999,999,999,999,999.</strong></td>
</tr>
<tr>
<td><strong>You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.</strong></td>
</tr>
<tr>
<td><strong>The amounts entered are invalid.</strong></td>
</tr>
<tr>
<td><strong>The denominator must be greater than or equal to the numerator.</strong></td>
</tr>
<tr>
<td><strong>The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.</strong></td>
</tr>
<tr>
<td><strong>You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.</strong></td>
</tr>
</tbody>
</table>
### Validation Message Table

<table>
<thead>
<tr>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.</td>
</tr>
<tr>
<td>The date you have entered is in an invalid format.</td>
</tr>
<tr>
<td>The number you have entered is invalid, it must be a positive whole number.</td>
</tr>
<tr>
<td>You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.</td>
</tr>
<tr>
<td>You must attest to at least one Public Health measure. The measure selected may be an exclusion.</td>
</tr>
<tr>
<td>You must exit MAPIR and return, in order to access a different program year incentive application.</td>
</tr>
<tr>
<td>You must choose an application.</td>
</tr>
<tr>
<td>The selection you have made is not a valid option at this time.</td>
</tr>
<tr>
<td>You have made an invalid selection.</td>
</tr>
<tr>
<td>The time you have entered is in an invalid format.</td>
</tr>
<tr>
<td>You must select at least 5 menu measures.</td>
</tr>
<tr>
<td>Values entered match the existing cost data on file.</td>
</tr>
<tr>
<td>The Start Date you have entered was attested to in a previous Payment Year.</td>
</tr>
<tr>
<td>You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.</td>
</tr>
<tr>
<td>Files must be in Excel, Word and Portable Data Format (PDF).</td>
</tr>
<tr>
<td>Files up to 10 megabytes (MB) in size are acceptable documentation to upload.</td>
</tr>
<tr>
<td>You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.</td>
</tr>
<tr>
<td>You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.</td>
</tr>
<tr>
<td>You must answer all Exclusion questions with a Yes or No answer to proceed.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>You must select at least 3 menu measures to proceed.</td>
</tr>
<tr>
<td>You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.</td>
</tr>
<tr>
<td>Your EHR Attestation selection does not match the stage selection made when you started your application.</td>
</tr>
<tr>
<td>Delay reason must be 500 characters or less.</td>
</tr>
<tr>
<td>ONC Service is unavailable</td>
</tr>
<tr>
<td>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”</td>
</tr>
</tbody>
</table>
### Acronyms and Terms

<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
</tr>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
</tr>
<tr>
<td>CHPL</td>
<td>ONC Certified Health IT Product List</td>
</tr>
<tr>
<td>CMS</td>
<td>Center for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>EH</td>
<td>Eligible Hospital</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>MAPIR</td>
<td>Medical Assistance Provider Incentive Repository</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>ONC</td>
<td>Office of the National Coordinator for Health Information Technology</td>
</tr>
<tr>
<td>Program Switch Incentive Application</td>
<td>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.</td>
</tr>
<tr>
<td>R&amp;A</td>
<td>CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System</td>
</tr>
<tr>
<td>State-To-State Switch Incentive Application</td>
<td>The first incentive application from an EH that has switched from one state to another.</td>
</tr>
<tr>
<td>TIN</td>
<td>Taxpayer Identification Number</td>
</tr>
</tbody>
</table>