

Since we often receive questions about program requirements and supporting documentation, here are some of our most common tips to help you prepare to submit your MAPIR applications. If you have any questions, please email us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).

## **Required Supporting Meaningful Use (MU) Documentation**

- Security Risk Analysis (SRA) completed during the applicable program year
- Screenshots of all five Clinical Decision Support (CDS) rules with enable date prior to the start of the reporting period
- Dashboard or Screenshot showing when drug-drug and drug-allergy interaction checks occurred
- Dashboard or report generated from the Electronic Health Record (EHR) system or from an external data source supporting your MU and Clinical Quality Measure (CQM) numerators, denominators, exclusions, and exceptions for each measure attested to in the application
- Documentation to support active engagement or exclusion taken for all Public Health measures attested to for the Public Health objective.
- Further details on specific requirements for each of the required supporting documentation listed above is available on our [website](#).
- If you are not sure about your supporting documentation, contact us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov)

## **Important Dates – Meaningful Use (MU) and Clinical Quality Measures (CQM)**

- The EHR MU reporting period is a minimum of any continuous 90 days between January 01, 2021 to October 30, 2021.
- The EHR CQM reporting period is a minimum of any continuous 90 days for all providers regardless of previous MU attestation history.
- The last reporting period for Program Year 2021 is August 02, 2021 to October 30, 2021.

## **Program Year 2021 Attestation Deadline**

- EPs may attest for PY 2021 anytime between June 1, 2021, and October 31, 2021

## Registration Issues

- If your PROMISe™ account is closed for any reason, any pending MAPIR applications will be canceled automatically.
- Your service location must be connected to your PROMISe™ account until the payment is issued AND the CMS R&A must match what is in PROMISe™.
- If your PROMISe™ account is closed & is not reactivated prior to 10/31/2021, then you will not be able to attest for PY2021 since the deadline to attest is 10/31/2021.
- Make sure to save your registration anytime you go into the CMS R&A even if you don't change anything to avoid processing delays

## Significant Changes from Modified Stage 2 to Stage 3

- **Objective 2:** Electronic Prescribing- Threshold has increased from 50% to **more than 60%** of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- **Objective 4:** Computerized Physician Order Entry (CPOE)- Threshold has increased from 30% for **Lab** and Diagnostic Imaging to more than 60%. CPOE for Medication remains more than 60%, as with Modified Stage 2.
- **Objective 5:** Patient Electronic Access
  - Electronic access to health information increased to 80% and now includes the Application Programming Interface (API) requirement in addition to the Visual Display Terminal (VDT)
  - Patient-specific education materials increased to 35% and must be all electronic (hardcopy materials do not count towards meeting the measure)
- **Objective 6:** Coordination of Care through Patient Engagement- Comprised of Secure Electronic Messaging, Patient Electronic Access, and Patient Generated Health Data. The threshold remains at more than 5% as with Modified Stage 2.

**NOTE:** An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.

- Patient electronic retrieval of health information through VDT and/or API

- **Objective 7: Health Information Exchange**
  - **M1:** For more than 50% of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:
    - Creates a summary of care record using CEHRT
    - Electronically exchanges the summary of care record
  - **M2:** For more than 40% of transitions or referrals received and patient encounters in which the EP has never encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document
  - **M3:** For more than 80% of transitions or referrals received and patient encounters in which the EP has never encountered the patient, he/she performs a clinical information reconciliation. The EP must implement clinical information reconciliation for the following three clinical information sets:
    - Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
    - Medication allergy. Review of the patient's known medication allergies

**NOTE:** An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the oneremaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.

### **EP Stage 3 Public Health Reporting**

- You must Pass 2 of the 5 Public Health Measures
- The 5 Public Health Measures include: Immunization Registry, Syndromic Surveillance (Currently available only to hospital emergency departments), Electronic Case Reporting (currently unavailable), Public Health Registry, and Clinical Data Registry.
- The Public Health Registry includes registries administered by the State; Clinical Data Registry is a registry not administered by the state
- You may attest to and meet the requirements for Public Health Registry or Clinical Data Registry twice and pass this Objective
- If you are unable to meet 2 of the Public Health Measures, then the EP must attest to ALL 5 Public Health Measures with a combination of passing the Measure, or qualifying for the exclusion

- In MAPIR you will see the term ‘Public Health Options’ instead of ‘PublicHealth Measures’
- Supporting documentation for the Public Health measures that you attest to must be uploaded to the MAPIR application at the time of attestation. Failure to upload this supporting documentation will result in a delay of the review of your application.
- If you are not sure about your supporting documentation, contact us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov)

## **Protected Health Information (PHI)**

- HIPAA/HITECH privacy regulations mandate that all patient identifying information (PHI) be sent securely. Department of Human Services (DHS) is required to report all suspected breaches of PHI.
- To ensure that documentation and information is protected, send all supporting documentation that contains PHI with secure messaging

## **Methods of Sending Protected Health Information**

- Upload to MAPIR
- DIRECT Messaging Account (if you have a DIRECT account): [PADPW-OMAPMAHEALTHIT@directaddress.net](mailto:PADPW-OMAPMAHEALTHIT@directaddress.net)
- Password Protect: You may password protect your Excel document to ensure its security. If you choose this method, please send us a separate email to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) providing us with the password to open your Excel document. If you are unsure how-to password protect an Excel file, you can find instructions [here](#) (Search “Protect Excel File”).
- Email: [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov) by using secure/encrypted email. Due to your document containing PHI, it must be sent securely. If you are unable to send a secure/encrypted email from your location, please email us and we will be happy to send you a secure email that you may reply to by attaching your Excel document in a secure format

## **Patient Volume Reports**

- Patient Volume Reports must be sent Securely in Excel format to [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov)
  - Include the date of service and 2-digit place of service code
  - Include the eligible professional name
  - Include the primary and secondary insurance carrier name
  - Include the Medicaid Access ID, patient(s) full name and date of birth, or social security number
  - Have Y (for yes) indicating that the encounter is medical assistance
  - Make sure that you are submitting encounters for the correct patient volume period
    - For an example Patient Volume Report please look at the example on our [website](#).

**NOTE:** Eligible Providers may be required to submit a Patient Volume Report in certain circumstances.

### **Additional Tips to Expedite the Application Process**

- All MU and CQM data entered within your MAPIR application must match the documentation you will be required to submit from your EHR system. Please be mindful when entering this information.
- Failure to provide all required supporting documentation will result in a delay in the processing of your application.
- If you are receiving an error in MAPIR, or have an issue with your application, please include the provider name, NPI number and a screenshot of the issue or error message to us at [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov).
- When responding to us, please include the inquiry number that was in the subject line of our email. This will ensure our ability to address your response quickly.
- Print a copy of your MAPIR application to keep on file, this will ensure faster entry of your data should an issue occur with your application.