



# Meaningful Use Supporting Documentation

Eligible Professionals  
Program Years 2019-2021  
Stage 3 Objectives

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# ▶ General Instructions

- Documentation should support all information entered into the Meaningful Use (MU) section of the MAPIR application.
- Where measures allow, use of sample data from within your "live" system is appropriate.
- For percentage-based measures, your Certified EHR product will electronically record the numerator and denominator and generate a report including the numerator, denominator and percentage.
- Groups may submit dashboards or reports containing individual data for multiple providers as long as the report is broken out by name or individual NPI numbers.

# General Instructions

- Documentation should be de-identified and HIPAA compliant when possible.
- For documentation that includes Protected Health Information (PHI), you may upload the report(s) in PDF format directly to the MAPIR application.
- For questions regarding applications please contact: [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov)
- For questions regarding audits please contact: [RA-MAPIRaudit@pa.gov](mailto:RA-MAPIRaudit@pa.gov)
- Alternative methods of sending documentation that contains PHI are:
  - [DIRECT Messaging Account: PADPW-OMAP-MAHEALTHIT@directaddress.net](mailto:PADPW-OMAP-MAHEALTHIT@directaddress.net)
  - Password Protect the document(s) before sending via email (send us a separate email with the password)
  - Secure/encrypted email

CMS Specification Sheets are updated frequently. For the most up to date information please click [here](#) and [here](#).

Once on the main CMS Promoting Interoperability (PI) page, click on the applicable Program Year for Medicaid Requirements

# Objective 0- ONC Questions

## Required Documentation

The Office of National Coordinator, the federal entity that certifies electronic health systems, has added several questions to the attestation process. Supporting documentation may be requested based on the answers from your attestation(s).

Click [here](#) to review the ONC questions.

# Objective 1- Protect Patient Health Information

## Required Documentation

A completed copy of the annually conducted or reviewed security risk analysis and corrective action plan (if negative findings are identified) that ensures that you are protecting private health information. Report should be dated within the calendar year of your Meaningful Use reporting period and should include evidence to support that it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.) A single report submitted for a physician group of applying providers can be used. A list of EP's names and NPI numbers for which this analysis applies should accompany the report.

[\\*Security Risk Assessment Tool can be found at: http://www.healthit.gov/providers-professionals/security-risk-assessment.](http://www.healthit.gov/providers-professionals/security-risk-assessment)

## Documentation to Support an Exclusion

No exclusion available for this measure.

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# Objective 2 – Electronic Prescribing (eRx)

## Required Documentation

Dashboard or report from the EHR system supporting the numerator and denominator.

## Documentation to Support an Exclusion

Dashboard or report from the EHR or from an external data source demonstrating fewer than 100 prescriptions were written during the EHR reporting period

-OR-

Documentation showing the provider did not have a pharmacy within the organization and there were no pharmacies accepting electronic prescriptions within 10 miles of the EP's practice location at the start of the EHR reporting period.

CMS Specification Sheets are updated frequently. For the most up to date information please click [here](#).

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## ▶ Objective 3 – Clinical Decision Support

### Required Documentation

**Measure 1:** Screenshots of all five clinical decision support rules enabled during the reporting period and what clinical quality measures (CQMs) they relate to. If choosing clinical decision support rules not related to CQMs, an explanation of the relation to the high-priority health conditions may be requested post pay. A list of EP names and NPI numbers for which this analysis applies should accompany the report.

**Measure 2:** Dashboard or screenshot showing when the drug-drug and drug-allergy interaction checks occurred. A single report submitted for a physician group of applying providers can be used. A list of EP names and NPI numbers for which this analysis applies should accompany the report.

-OR-

A signed and dated vendor letter indicating that drug interaction checks were in place and the drug interaction checks were enabled during the entire reporting period.

### Documentation to Support an Exclusion for Measure 2

Dashboard or report from the EHR system or from an external data source demonstrating fewer than 100 medication orders were written during the EHR reporting period.

CMS Specification Sheets are updated frequently. For the most up to date information please click [here](#).

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## ▶ Objective 4 – Computerized Provider Order Entry (CPOE)

### Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting each of the three numerators and denominators.

### Documentation to Support an Exclusion

For each measure of the objective being excluded, a dashboard or report from the EHR or from an external data source demonstrating fewer than 100 orders were written during the EHR reporting period.

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## ▶ Objective 5 – Patient Electronic Access

### Required Documentation

**Measure 1 and Measure 2:** Dashboard or report generated from the EHR system or from an external data source supporting the numerator and denominator for each measure.

### Documentation to Support an Exclusion

An explanation supporting there were no office visits during the EHR reporting period  
-OR-

Screenshot showing less than 50% of the housing units in the county having 4 Mbps broadband availability as of the 1<sup>st</sup> day of the EHR reporting period. Check [this site](#) to see if you qualify.

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## Objective 6 – Coordination of Care

### Required Documentation

**Measure 1, Measure 2 and Measure 3:** Dashboard or report generated from the EHR system or from an external data source supporting the numerator and denominator for each measure.

### Documentation to Support an Exclusion

An explanation supporting there were no office visits during the EHR reporting period  
-OR-

Screenshot showing less than 50% of the housing units in the county having 4 Mbps broadband availability as of the 1<sup>st</sup> day of the EHR reporting period. Check [this site](#) to see if you qualify.

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# Objective 7 – Health Information Exchange

## Required Documentation

**Measure 1, Measure 2 and Measure 3:** Dashboard or report generated from the EHR system supporting the numerator and denominator for each measure.

## \*Documentation to Support an Exclusion

### Measure 1:

Dashboard or report generated from the EHR system supporting a denominator of less than 100 for the EHR reporting period

### Measure 1 and Measure 2:

Screenshot showing less than 50% of the housing units in the county having 4 Mbps broadband availability as of the 1<sup>st</sup> day of the EHR reporting period. Check [this site](#) to see if you qualify.

**Measure 2 and Measure 3:** Dashboard or report generated from the EHR system supporting a denominator for Measure 3 of less than 100 for the EHR reporting period. *NOTE: the denominator for Measure 3 determines if the EP meets the exclusion for both Measures 2 & 3.*

\* There are multiple exclusions for some measures, but EP only needs to qualify for one exclusion for each measure excluded

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# Objective 8- Public Health

## Stage 3

- Must pass at least 2 of the 5 Public Health Measures
- May meet the requirements for the Public Health Measures by attesting to two public health or clinical data registries
- If you cannot successfully attest to two (2) Measures, then you must complete the remaining Measures with a combination of either successfully attesting to the measure or qualifying for the Exclusion in order to pass the Public Health Objective

*(In MAPIR you will see the term 'Public Health Options' instead of 'Public Health Measures')*

# Objective 8a- Public Health- Immunization

## Required Documentation

Confirmation/acknowledgement from the immunization registry indicating registration of intent, completion of test or ongoing submission during the EHR reporting period, with provider group indicated.

## Documentation to Support an Exclusion

**Exclusion 1:** Signed letter or email indicating no immunizations were done during the EHR reporting period

-OR-

**Exclusion 2:** Documentation showing no immunization registry or immunization information system was capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

-OR-

**Exclusion 3:** Screenshot or copy of the Immunization Registry's Declaration of Readiness indicating it was unable to receive immunization data as of 6 months prior to the start of the EHR reporting period.

CMS Specification Sheets are updated frequently. For the most up to date information please click [here](#).

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# ▶ Objective 8b- Public Health- Syndromic Surveillance

## Required Documentation

Confirmation/acknowledgement from the Syndromic Surveillance registry indicating registration of intent, completion of test or ongoing submission during the EHR reporting period, with provider group indicated.

## Documentation to Support an Exclusion

**Exclusion 1:** Signed letter or email indicating no ambulatory syndromic surveillance data was collected during the EHR reporting period

-OR-

**Exclusion 2:** Documentation showing no public health agency was capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

-OR-

**Exclusion 3:** Screenshot or copy of the Department of Health's Declaration of Readiness indicating the syndromic surveillance registry's request for data from Emergency Departments only as of 6 months prior to the start of the EHR reporting period.

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## Objective 8c- Public Health- Electronic Case Reporting

### Required Documentation

Confirmation/acknowledgement from the Electronic Case Reporting registry indicating registration of intent, completion of test or ongoing submission during the EHR reporting period, with provider group indicated.

### Documentation to Support an Exclusion

**Exclusion 1:** Signed letter or email indicating EP did not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's public health registry during the EHR reporting period

-OR-

**Exclusion 2:** Documentation showing no public health agency was capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

-OR-

**Exclusion 3:** Screenshot or copy of the public health agency's Declaration of Readiness indicating it was unable to receive electronic case reporting data as of six months prior to the start of the EHR reporting period.

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# ▶ Objective 8d- Public Health Registry

## Required Documentation

Confirmation/acknowledgement from the Public Health Registry indicating registration of intent, completion of test or ongoing submission during the EHR reporting period, with provider group indicated.

## Documentation to Support an Exclusion

**Exclusion 1:** Signed letter or email indicating that the EP did not diagnose or treat patients during the reporting period for which they would need to submit data to the Public Health registry

-OR-

**Exclusion 2:** Documentation showing no public health registry was capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

-OR-

**Exclusion 3:** Screenshot or copy of the Department of Health's Declaration of Readiness indicating it was unable to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

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# ▶ Objective 8e- Public Health- Clinical Data Registry

## Required Documentation

Confirmation/acknowledgement from the clinical data registry indicating registration of intent, completion of test or ongoing submission during the reporting period, with provider group indicated.

## Documentation to Support an Exclusion

**Exclusion 1:** Signed letter or email indicating that the EP did not diagnose or treat patients during the reporting period for which they would need to submit data to the clinical data registry

-OR-

**Exclusion 2:** Documentation showing no clinical data registry was capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

-OR-

**Exclusion 3:** Screenshot or copy of the clinical data registry's Declaration of Readiness indicating it was unable to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

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# ➤ Clinical Quality Measures

## Required Documentation

Dashboard or report generated from the EHR system or from an external data source supporting the numerator, denominator, exclusions and exceptions for each measure attested to in the application.