



Meaningful Use Supporting Documentation

Eligible Hospitals and CAHs

Program Years 2019-2021

Stage 3

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

General Instructions

- Documentation should support **all** information entered on 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.
- 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.

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.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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

Objective 1: Protect Patient Health Information

Required Documentation

Eligible Hospitals must conduct or review a security risk analysis of CEHRT including addressing encryption/security of data and implement updates as necessary at least once each calendar year and attest to the conducting of the analysis or review. Corrective action plan (if negative findings are identified) should be included, ensuring you're protecting private health information. Report should include evidence to support it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification number (CCN), provider name, etc.).

*Security Risk Assessment Tool can be found [here](#).

Documentation to Support an Exclusion

No exclusion available for this measure.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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Objective 2-Electronic Prescribing

Required documentation

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

Documentation Required to Support an Exclusion

Documentation showing the provider didn't have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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Objective 3 – Clinical Decision Support

Required Documentation

Measure 1: Screenshots of all five clinical decision support (CDS) rules enabled during the entire 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.

Measure 2: Dashboard or screenshot showing 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.

Documentation to Support an Exclusion

No exclusion available for this objective.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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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

No exclusion available for this objective.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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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

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

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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

Objective 6: Coordination of Care Through Patient Engagement

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

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

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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

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 of each measure.

Documentation to Support an Exclusion

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 1st day of the EHR reporting period.

Check [this site](#) to see if you qualify.

Measure 2 and Measure 3:

Screenshot showing total transitions and referrals received was fewer than 100 during the EHR reporting period.

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Objective 8: Public Health

- Stage 3
 - Must pass at least 4 of the 6 Public Health Measures
 - May meet the requirements for the Public Health Measures by attesting to two public health or clinical data registries
 - If the hospital cannot satisfy all 4 measures, they may take exclusions for all measures they cannot meet

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Objective 8a - Public Health - Immunization

Documentation to Support an Exclusion

Confirmation/acknowledgement from the immunization registry indicating registration of intent, completion of test or ongoing submission during the EHR reporting period, with hospital provider 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 could accept 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 use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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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 hospital provider indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating the EH or CAH did not have an emergency or urgent care department(POS 21 and 23) during the EHR reporting period.

-OR-

Exclusion 2: Documentation showing no public health agency could receive electronic syndromic surveillance data from EH or CAHs 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 syndromic surveillance 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 use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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

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 hospital provider indicated.

Documentation of an Exclusion

Exclusion 1: Signed letter or email indicating EH or CAH 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 could receive 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.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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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 HER reporting period, with hospital provider indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating that the EH or CAH did not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.

-OR-

Exclusion 2: Documentation showing no public health registry could accept 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.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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

Objective 8e: Public Health - Clinical Data Registry

Required Documentation

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

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating that the EH or CAH did not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the EHR reporting period.

-OR-

Exclusion 2: Documentation showing no clinical data registry could accept 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.

CMS Specification Sheets are updated frequently. For the most up to date information use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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Objective 8f: Public Health-Electronic Reportable Laboratory Result Reporting

Required Documentation

Confirmation/acknowledgement from the electronic reportable laboratory result registry indicating registration of intent, completion of test or ongoing submission during the reporting period, with hospital provider indicated.

Documentation to Support an Exclusion

Exclusion 1: Signed letter or email indicating that the EH or CAH did not perform or order laboratory tests that are reportable in their jurisdiction during the reporting period.

-OR-

Exclusion 2: Documentation showing no public health agency could accept electronic laboratory results 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 reportable laboratory results 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 use: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

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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.

CMS Specification Sheets are updated frequently. For the most up to date information use:

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