pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania
MA Promoting Interoperability Program

Understanding Stage 3 Requirements Webinar

March 23, 2020

Disclaimer

pennsylvania
DEPARTMENT OF HUMAN SERVICES

This webinar was prepared as a service to the public and is not intended to grant rights or obligations. It may contain references or links to statutes , regulations, or other policy materials.

The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulation.

We encourage readers to retrieve the specific statutes, regulations, and other interpretive materials or full and accurate statement of their contents.

Topics

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Program Announcements
- 2019 and 2020 MA Promoting Interoperability Program Requirements
- Objective 8 Public Health Reporting
- Program Year 2019 Objective 5 Exception
- Understanding Objective 7 HIE Requirements
- Strategies for Success
- New Features on MAPIR
- Q&A
- Resources Available

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Program Announcements

Program Year 2019 Grace Period has been EXTENDED to May 31, 2020

MAPIR will OPEN to receive Program Year 2020 attestations on April 1, 2020

NOTE: You will be unable to begin your PY2020 application until your PY2019 has received final determination.

Program Year 2019 and 2020 Requirements

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Certified Electronic Health Record Technology (CEHRT)

2015 Edition CEHRT is required for **Program Years 2019 through 2021** (*NOTE*: if you have upgraded from a 2014 edition to a 2015 edition CEHRT over the past year, you will be required to submit a new signed vendor letter)

Meaningful Use

All eligible providers (EPs) are required to complete **Stage 3** Meaningful Use

Program Year **2019** MU specification sheets can be accessed by clicking here
Program Year **2020** MU specification sheets can be accessed by clicking here

Reporting Periods

Meaningful Use reporting period for all EPs is any continuous 90-day period in **2019** and **2020**

CQM reporting period is a full calendar year in **2019** for EPs who have attested to MU in previous program years, and any continuous 90-day period in 2019 for EPs that are attesting to MU for the first time.

CQM reporting period for **PY2020** is any continuous 90-day period in **2020** for ALL EPs.

Stage 3 Requirements in 2019 and 2020

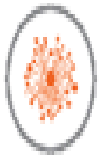
pennsylvania
DEPARTMENT OF HUMAN SERVICES

 Security Risk Analysis	Objective 1: EPs must conduct or review a Security Risk Analysis of CEHRT, including addressing encryption/security of data, implement updates as necessary at least once each calendar year.
 E-Prescribing	Objective 2: Increased from more than 50% to **more than 60%** of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
 Clinical Decision Support	Objective 3: 5 CDS interventions + implementation of drug-drug and drug allergy checks
 CPOE – Med, Lab & Radiation Orders	Objective 4: Medication remains more than 60%- Lab increased from more than 30% to **more than 60%** Diagnostic Imaging increased from more than 30% to **more than 60%.**
 Patient Electronic Access	Objective 5: Increased from more than 50% to **more than 80%**, timeframe to make available changed from 4 business days to within **48 hours**. Availability via **API** also incorporated in this measure.
 Patient Education	Objective 5 Measure 2: Increased from more than 10% to **more than 35%**, Patient Education materials must be provided **electronically**, distribution of paper education materials no longer count towards measure.

*Requirements that are **underlined/bold** indicate a difference between Modified Stage 2 and Stage 3*

Stage 3 Requirements in 2019 and 2020

pennsylvania
DEPARTMENT OF HUMAN SERVICES

 View, Download and/or Transmit	Objective 6 Measure 1: More than 5% of all unique patients seen by the EP actively engage with the EHR made accessible with Objective 5 requirements either; 1) V,D,T to a third party their health information; or; 2) **Access their information through an API** that can be used by applications chosen by the patient and configured to the EHRs CEHRT; or; 3) a Combination of both (1) and (2).
 Secure Messaging	Objective 6 Measure 2: For more than 5% of all unique patients seen, a secure message was sent using electronic patient function of CEHRT to the patient or (patient-authorized representative) or in response to a secure message sent to the patient.
 Patient-Generated Health Data	Objective 6 Measure 3: **Patient generated health data from a non-clinical setting is incorporated into the CEHRT for more than 5% of all unique patients seen during the reporting period.** **NOTE**: If EP meets the criteria for exclusion for two Objective 6 measures, they must meet the threshold for the one remaining measure.
 Summary of Care	Objective 7 Measure 1: For **more than 50% of transition of care and referrals**, the EP the transitions or refers their patient to another setting of care or provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record. Objective 7 Measure 2: For **more than 40% of transitions or referrals received**, and patient encounters in which the EP has never encountered the patient before, they incorporate into the patient's EHR an electronic summary of care document.
 Clinical Reconciliation	Objective 7 Measure 3: For **more than 80% of transitions or referrals** received and patient encounters in which the EP has never encountered the patient before, he/she performs clinical reconciliation. (1) Medication (2) Medication Allergy (3) Current Problem List NOTE: If EP meets the criteria for exclusion for two Objective 7 measures, they must meet the threshold for the one remaining measure.
 Public Health Reporting	EP must satisfy two measures for this Objective. If EP cannot satisfy at least two measures, they may take exclusions for all measures they cannot meet.

*Requirements that are **underlined/bold** indicate difference between Modified Stage 2 and Stage 3*

Objective 8: Public Health Reporting

pennsylvania
DEPARTMENT OF HUMAN SERVICES

For the purposes of meaningful use, “public health registries” are those administered by, or on behalf of, a local, state, territorial, or national public health agencies; and, “clinical data registries” are administered by, or on behalf of, other non-public health agency entities.

Option 1: Immunization

Examples: PhilaVax IIS, Kids First Registry and Statewide Immunization Information System

Option 2: Syndromic Surveillance Reporting

Currently only available to hospital Emergency Departments

Option 3: Electronic Case Reporting

Currently unavailable in Pennsylvania

Option 4: Public Health Registry ← TWO PHR can be used

Examples: PA Cancer Registry and Prescription Drug Monitoring Program

Option 5: Clinical Data Registry ← TWO CDR can be used

Examples: PEDSnet, CDC, ACP Genesis Registry, EPIC Aggregate Data Program

If excluding, you will be required by pre-payment team to provide supporting documentation.

Prescription Drug Monitoring Program (PDMP)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Did you know:

- Previously, the PDMP required the reporting of Schedule II controlled substances only. The legislature passed a new law, Act 191 of 2014, which requires monitoring **Schedule II through Schedule V controlled substances**.
- As per CMS: Public Health Registry Reporting: "The EP is in active engagement with a PHA to **submit data** to public health registries."
  "*Submit Data*" also applies to "*Submit a Query*" since the function of the PDMP is for EPs to query medication information, not submit actual data to the registry.
- For the purpose of the MA PIP, in order to utilize PDMP as a actively engaged PH registry, you must be meaningful submitting queries to the PDMP utilizing CEHRT.

If you are interested in integrating the PDMP into your CEHRT, please visit: Department of Health PDMP Integration (How to Apply, Eligibility, Cost ect)

FAQ

Q: The EP is registered with the PDMP but doesn't prescribe controlled substances, so she did not perform a query during the reporting period. Would the EP's registration in the PDMP be good enough to meet the measure, or does she need actual examples of use to meet the measure? **A: 1) PDMP must be integrated into the EHR, PDMP registration does not meet the requirement of utilizing CEHRT to query the PDMP.** *If the EP did not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period, he/she would qualify for* ***Exclusion****.*

Q: If a provider did not prescribe a Schedule II drug during the 90-day reporting period (or calendar year), can the provider claim an exclusion? **A**: 1) Is PDMP integrated into CEHRT? 2) As seen above monitoring includes Schedule II through Schedule V controlled substances**. If during the normal course of his/her practice, an EP does the action that results in data for the registry, and is in active engagement with the registry, but simply does not have any cases for the reporting period, the EP is not required to take an exclusion, and may attest to meeting the measure.**

Pennsylvania Cancer Registry

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Did you know:

- As of 2019, all EPs must use EHRs that are certified to the ONC 2015 Edition cancer reporting standards in order to use cancer reporting as one of their public health measures for incentive payments.
- Successful **ongoing submission** of cancer case information from a certified electronic health record technology (CEHRT) to a public health central cancer registry for the entire EHR reporting period is required.
- Key outpatient and ambulatory specialty areas for electronic cancer reporting include dermatology, urology, gastroenterology, hematology, medical oncology, radiation oncology, and ambulatory surgery centers.

FAQ

Q: ”Outpatient Cancer Registry only accepts data from Hematology, Oncology, Urology, Gastroenterology, and Dermatology. While we are in Production, we do not have any Medicaid providers in those specialties, however, we do treat cancer patients. Please advise how our scenario applies when attesting to MU.”

A: Since you are in production, but do not have any Medicaid providers who are the indicated specialists above, you can take the Exclusion for that provider if he/she does not diagnosis or treat any disease or associated condition.

Program Year 2019 Attestation Exception

Objective 5: Patient Electronic Access to Health Information

pennsylvania
DEPARTMENT OF HUMAN SERVICES

The second part of Measure 1 states: "The provider ensures the patient's health information is available to the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the providers CEHRT. "

CMS is allowing flexibility for this part of the measure for PY 2019 ONLY. The following exceptions/requirements apply:

Under this CMS concession:

- API no longer needed to be enabled before or during the reporting period, but rather enabled during CY2019.
- Requirement to make PHI available via API within 48 hours is waived. NOTE: 48hr requirement still applied to VDT.

Q: **Did you meet the 80% Threshold for Objective 5 M1**? If yes, submit Dashboard to prove threshold met.
If no, determine if your EHR Dashboard tracked API access, **conduct the following test**:

1) Obtain API enable date
2) Review Dashboard for any 90-day period that is entirely prior to API enable date.

If test results in a numerator equal to 0, the EHR tracked both VDT and API.
If test results in a numerator other than 0, the EHR tracked only VDT.

Program Year 2019 Attestation Exception

Objective 5: Patient Electronic Access to Health Information

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Supporting Documentation Requirements

Scenario 1: If Dashboard indicates you **met the 80% threshold requirement**, no further documentation is required.

Scenario 2: For EPs that enabled API during or after their MU reporting period, but Dashboard shows they did **NOT exceed the 80% threshold.**

If the Dashboard tracked API access, this created a "gap" period between the start of the reporting period and the API enabled date, where your Dashboard neither tracked VDT nor API. If this is the case, we require the following:

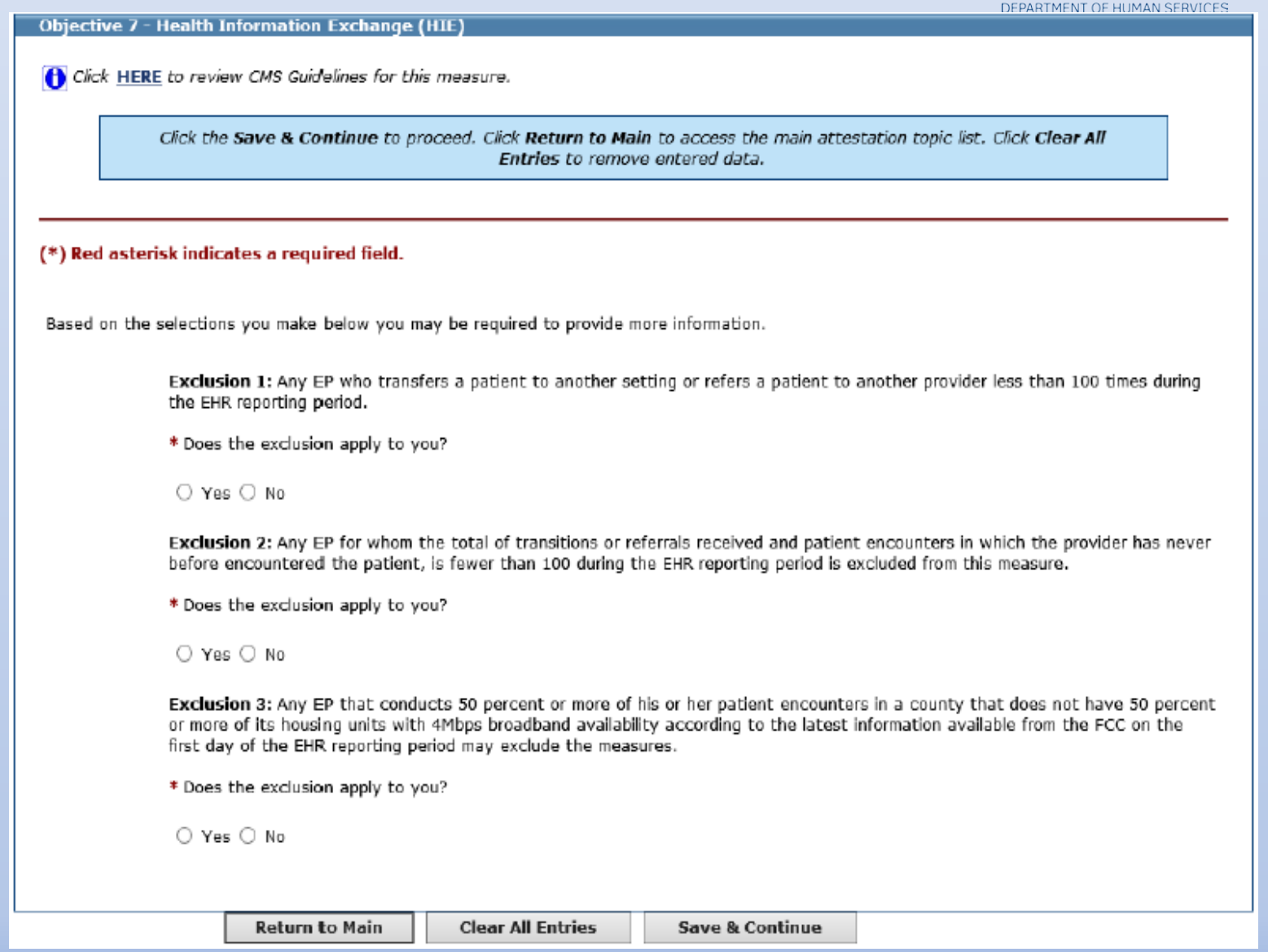
- Documentation that shows API enable date occurred during or after your MU Reporting Period.
- De-identified log/report of all unique patients seen during the reporting period that includes Date of Service and Date VDT access was provided.

Understanding Objective 7 HIE Requirements

MAPIR will require you to chose your Exclusions FIRST:

- **If no exclusions apply:** You will be required to attest to all three measures, and must meet threshold for at least two measures.
- **Exclusion 1:** If you qualify for this exclusion, you will be excluded from **Measure 1**, and will be required to attest to and meet the threshold for both Measure 2 and Measure 3.
- **Exclusion 2:** If you qualify for this exclusion, you will be excluded from **Measure 2 and 3**, and will be required to attest and meet the threshold for Measure 1.
- If you qualify for both **Exclusion 1** & **Exclusion 2**, you will meet all three measures.

NOTE: Exclusion 3 does not apply to the Commonwealth of PA.



Understanding Objective 7 HIE Measure 2

pennsylvania
DEPARTMENT OF HUMAN SERVICES

"For more than 40% of transitions or referrals received *and* patient encounters in which the EP has never before encountered the patient, he/she incorporates into EHR and electronic summary of care document."

CMS Clarification: ALL **inbound** transitions must be included in the denominator, which includes new patient visits, and **return visits after seeing specialists, hospitals, ED, or any other setting of care.** Exception: Lab visits.

What if the Summary of Care document is unavailable?

For the purposes of defining the cases in the denominator for Measure 2, we stated that what constitutes ''unavailable'' and, therefore, may be excluded from the denominator, will be that an EP—

- Requested an electronic summary of care record to be sent and did not receive an electronic summary of care document; and
- The EP either:
  - Queried at least one external source via HIE functionality and did not locate a summary of care for the patient, or the provider does not have access to HIE functionality to support such a query, or
  - Confirmed that HIE functionality supporting query for summary of care documents was not operational in the provider's geographic region and not available within the EP's EHR network as of the start of the EHR reporting period.

Strategies for Success

Tip 1: Develop a timeline- Decide **NOW** what 90-day period you are going to use for your 2020 attestation.

Tip 2: Determine your eligible providers using our MAPIR Dashboard **NEW** Provider Report

Tip 3: If you are unsure if you meet requirements or exclusions, email us your EHR Dashboard **PRIOR** to submitting your application. We will review and provide feedback.

Tip 4: Upload all required MU supporting documentation at the time of attestation. This will expedite the processing of your incentive payment.

We want you to succeed! Email us at RA-mahealthit@pa.gov to ask questions or to set up a call to discuss program requirements.

Did you know?

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Stage 3 has some objectives that have actions that can occur before, during or after the MU reporting period of 90 days, but within the calendar year of the program year; and the patient involved in the action was also seen at least once during the 90-day reporting period. (therefore counted in the denominator)

The following Objectives for Stage 3 are included in this option:

Objective 5: Patient Access to Health Information- **Measure 2 Only**
Objective 6: Coordination of Care Through Patient Engagement- **Measures 1 and 2**
Objective 7: Health Information Exchange- **Measure 1 Only**

We suggest:

- ✓ Validate your EHR vendor's report logic for each impacted Objective listed above to ensure action outside a given reporting period will increase the numerator.

How to count actions outside the EHR reporting period:

Objective 7 Measure 1 Example

pennsylvania
DEPARTMENT OF HUMAN SERVICES

EHR Reporting Period: 3/1/2019 through 5/29/2019
March 15: Patient **A** Office Visit
April 15: Patient **B** Office Visit
May 15: Patient **C** Office Visit
May 30: Electronically transmits summary of care for Patient **A**
June 15: Patient D Office Visit
August 1: Electronically transmits summary of care for Patient **B**
January 3(2020): Electronically transmits summary of care for Patient C
April 1, 2020: Attests to PY2019
Numerator: **2 (Patients A & B)**
Denominator: **3 (Patients A,B,C)**

Note: If this pertains to you, we will require documentation to support all patients included in your numerator were seen at least once during your EHR reporting period. (therefore are in your denominator)

New Features in MAPIR Beginning with PY2019

pennsylvania
DEPARTMENT OF HUMAN SERVICES

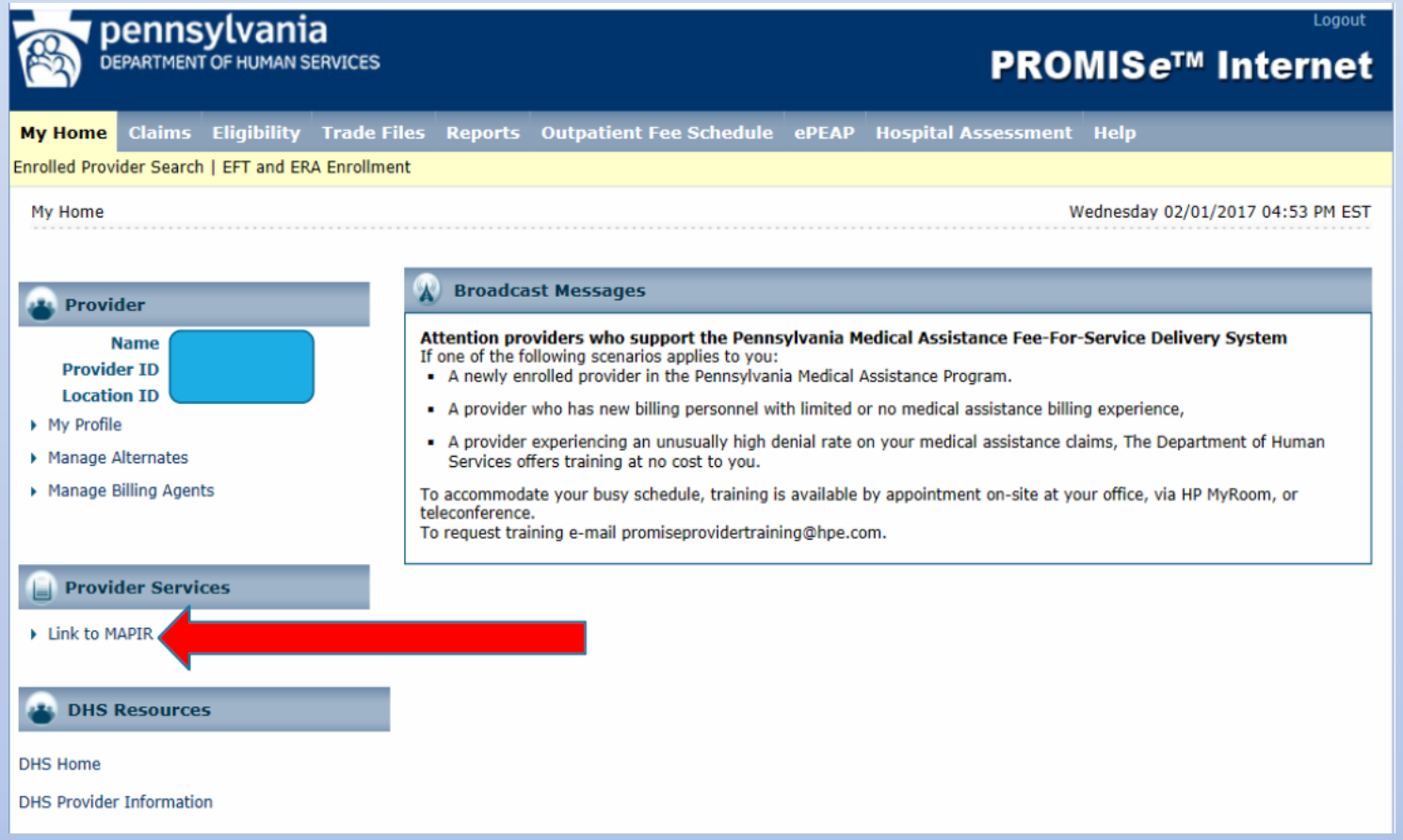
1. A **Provider On-Demand Resource** allows provider groups to track current program status for all their current providers
2. An **Instructional Patient Volume Click here link** provides clarification between the two patient volume reporting options
3. The **Meaningful Use Navigation Panel** allows users to complete their MU Objectives in any order and shows them their progress within the section
4. **Public Health Drop Down Boxes** have been added for each public health option so EPs can select the appropriate registry instead of manually typing in the name
5. The **CQM Selection Screen** is now split into three sections: Outcome CQMs, High Priority CQMs and All Other CQMs
6. The **Required Prepayment Documentation Screen** includes information on the documentation the Department requires in order to process the MAPIR application

Screenshots demonstrating each of these new features are found in subsequent slides

Provider On-Demand Resource

The new provider on-demand resource allows provider groups to track current program status for all their current providers. The new report displays a list of providers actively registered at the CMS Registration & Attestation site (R&A) under a given Payee taxpayer ID number (TIN). Each provider's most recent program participation information is displayed. The report can also be exported into a CSV file for easy data use.

To access this new resource, log into PROMISe using any EP Medicaid Provider ID and Location ID who is actively linked to your Payee TIN in both PROMISe and the CMS R&A. Once logged in, then click on the 'Link to MAPIR' hyperlink that is located to the left. You will be directed to the EP's MAPIR dashboard.



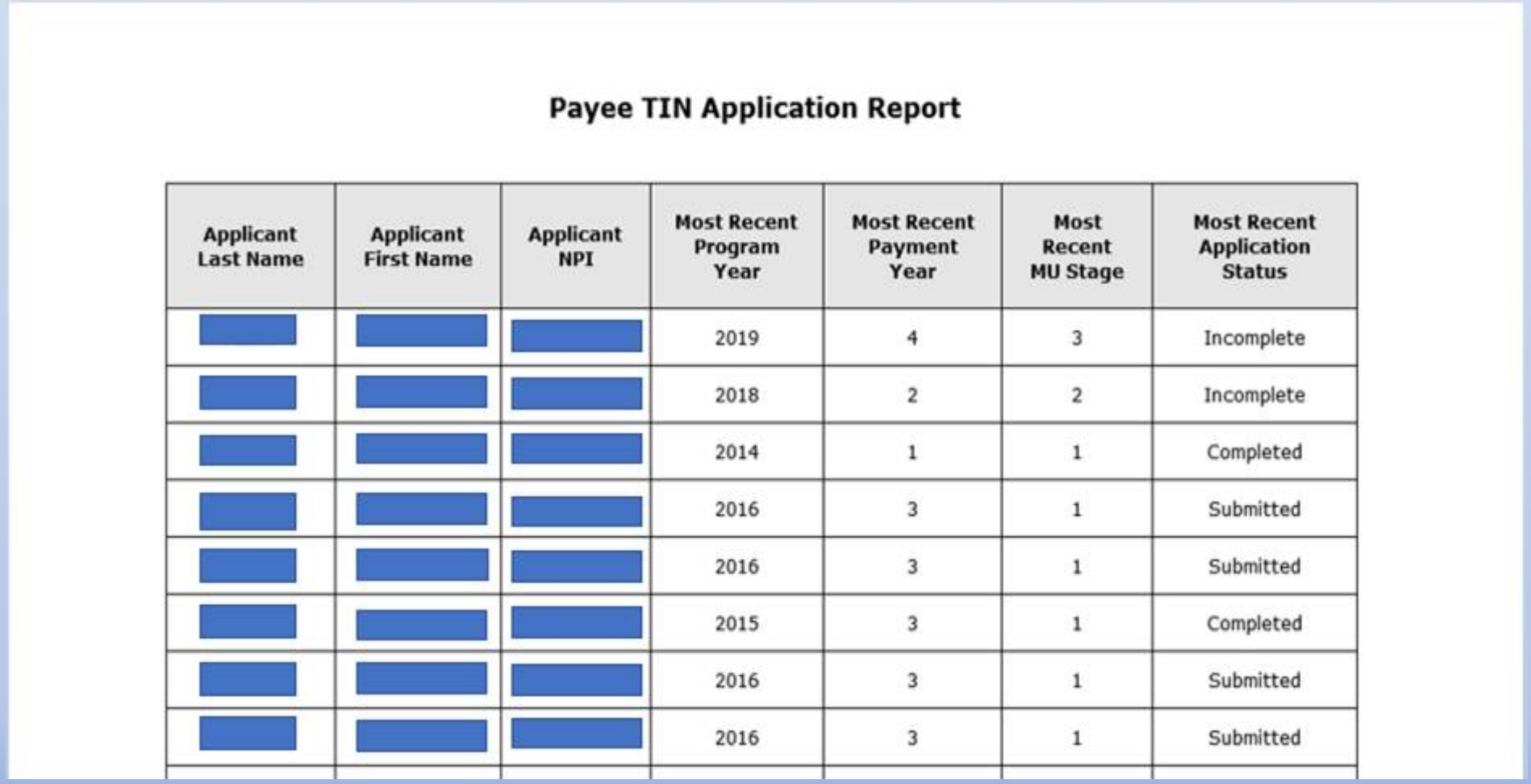
Provider On-Demand Resource

Once at the dashboard page, click on the hyperlink for the Payee TIN. The Payee TIN report will appear on your screen that includes the list of EPs currently registered under your Payee TIN at the CMS R&A.

Provider On-Demand Resource

pennsylvania
DEPARTMENT OF HUMAN SERVICES

The report includes each provider's name, NPI and most recent Medicaid Promoting Interoperability Program (PIP) participation information. This information can be helpful in determining each provider's eligibility for the current Program Year. The Report may be exported into Excel on the bottom of the page, allowing you to sort as needed.



Payee TIN Application Report

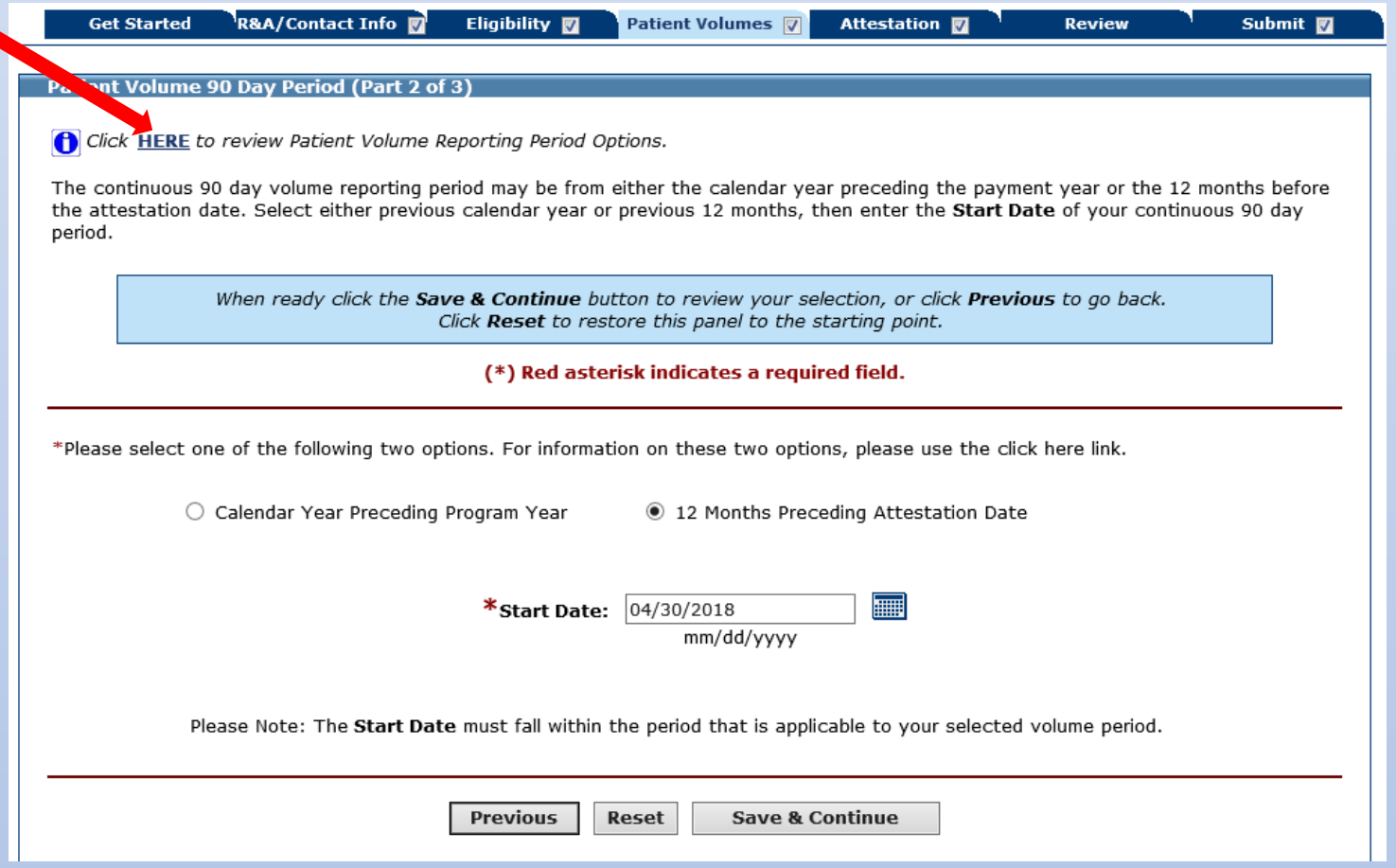
Applicant Last Name	Applicant First Name	Applicant NPI	Most Recent Program Year	Most Recent Payment Year	Most Recent MU Stage	Most Recent Application Status
[redacted]	[redacted]	[redacted]	2019	4	3	Incomplete
[redacted]	[redacted]	[redacted]	2018	2	2	Incomplete
[redacted]	[redacted]	[redacted]	2014	1	1	Completed
[redacted]	[redacted]	[redacted]	2016	3	1	Submitted
[redacted]	[redacted]	[redacted]	2016	3	1	Submitted
[redacted]	[redacted]	[redacted]	2015	3	1	Completed
[redacted]	[redacted]	[redacted]	2016	3	1	Submitted
[redacted]	[redacted]	[redacted]	2016	3	1	Submitted

Instructional Patient Volume Link

pennsylvania
DEPARTMENT OF HUMAN SERVICES

The new *Click* HERE link is located at the top of the Patient Volume 90 Day Period (Part 2 of 3) screen. Just click on the hyperlink to access the information.

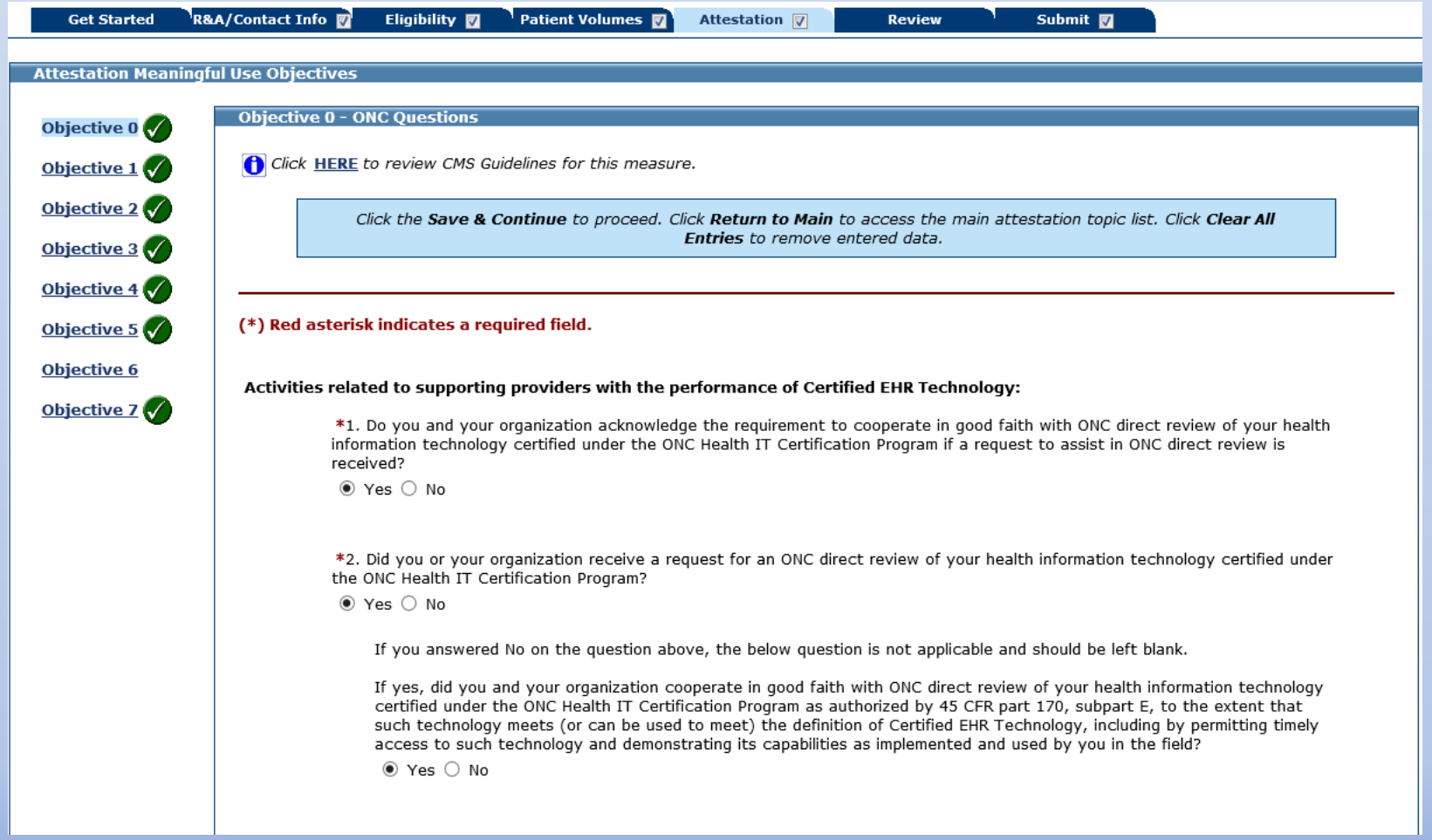
The instructional patient volume link provides additional clarification between the two different patient volume reporting period options.



Meaningful Use Navigation Panel

The Meaningful Use Navigation Panel is identical in nature to the CQM Navigation Panel that has been available since 2017. The navigation panel identifies objectives that are complete. *NOTE*: The white checkmark indicates the objective is completed but does not mean you passed or failed the objective.

The Meaningful Use Navigation Panel allows users to complete their MU Objectives in any order and shows them their progress within the section



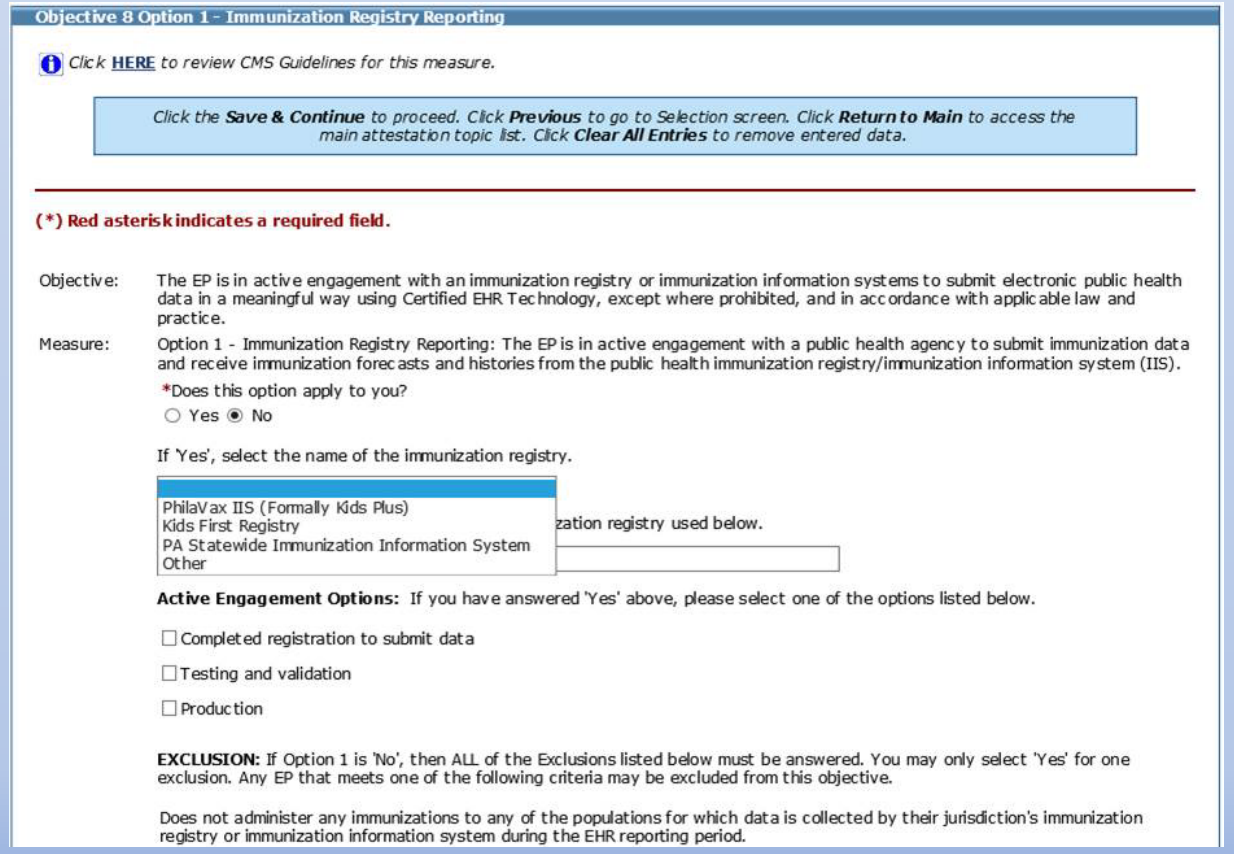
Public Health Drop Down Boxes

pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAPIR now incorporates the most common public health registries in a drop down box for each public health option. The pre-populated drop down box will provide a consistent approach for reporting active engagement to the various public health options. In addition to the most common registries, EPs also have the option to report to other registries that are not included in the list. If your registry is not included in the drop down list, you can still select 'Other' and type in the name of the registry in the text field.

The Public Health Drop Down boxes provide standardized registry names for the most common registries for each public health option. It is a more user friendly feature, so EPs do not have to manually type in the registry name.

Immunization Registry Example:

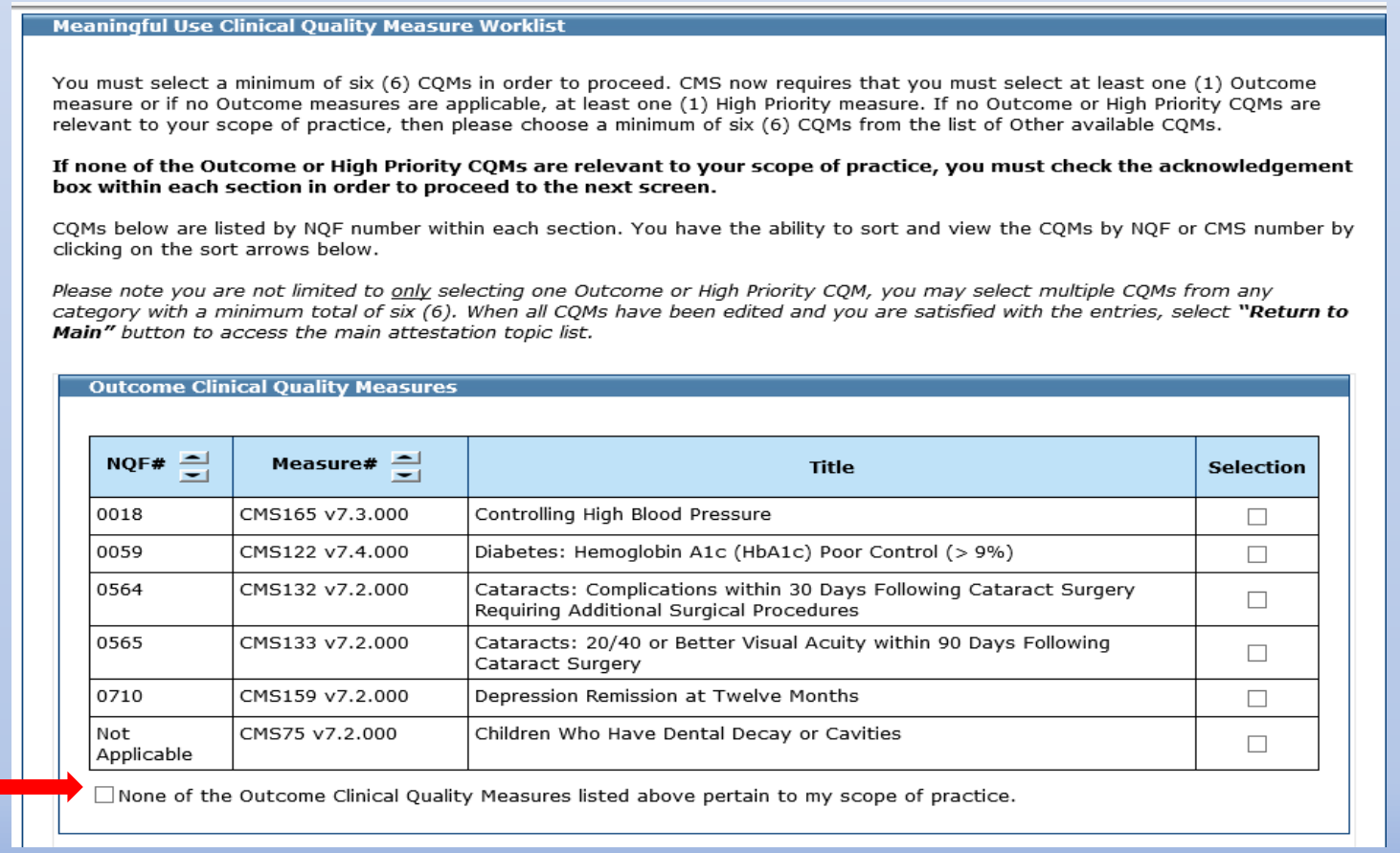


CQM Selection Screen

pennsylvania
DEPARTMENT OF HUMAN SERVICES

The CQM selection screen has been modified to classify the CQMs into three categories: Outcome, High Priority and All Other. EPs are still required to select a minimum of six CQMs, but CMS requires providers to attest to at least one Outcome measure. If no Outcome measure is applicable to the provider's scope of practice, then the EP must choose at least one High Priority measure.

To comply with CMS' requirement, the CQM selection screen now has three distinct categories of CQMs. If possible, EPs must select a minimum of one Outcome CQM. If no Outcome CQM applies to the EP's scope of practice, then the provider must select at least one High Priority CQM. If no Outcome or High Priority CQM pertains to the scope of practice, then the EP must attest to at least six CQMs from the list of Other CQMs.



Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

*Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.*

Outcome Clinical Quality Measures

NQF#	Measure#	Title	Selection
0018	CMS165 v7.3.000	Controlling High Blood Pressure	☐
0059	CMS122 v7.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	☐
0564	CMS132 v7.2.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	☐
0565	CMS133 v7.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	☐
0710	CMS159 v7.2.000	Depression Remission at Twelve Months	☐
Not Applicable	CMS75 v7.2.000	Children Who Have Dental Decay or Cavities	☐

☐ None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

Check this box if no Outcome CQMs apply to your scope of practice

CQM Selection Screen

pennsylvania
DEPARTMENT OF HUMAN SERVICES

High Priority Clinical Quality Measures

NQF#	Measure#	Title	Selection
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	☐
0022	CMS156 v7.3.000	Use of High-Risk Medications in the Elderly	☐
0024	CMS155 v7.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	☐
0033	CMS153 v7.4.000	Chlamydia Screening for Women	☐
0069	CMS154 v7.2.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	☐
0089	CMS142 v7.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	☐
0101	CMS139 v7.2.000	Falls: Screening for Future Fall Risk	☐
0105	CMS128 v7.2.000	Antidepressant Medication Management	☐
0108	CMS136 v8.3.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	☐
0384	CMS157 v7.4.000	Oncology: Medical and Radiation - Pain Intensity Quantified	☐
0389	CMS129 v8.2.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	☐
0418	CMS2 v8.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	☐
0419	CMS68 v8.1.000	Documentation of Current Medications in the Medical Record	☐
1365	CMS177 v7.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	☐
2372	CMS125 v7.2.000	Breast Cancer Screening	☐
Not Applicable	CMS50 v7.1.000	Closing the Referral Loop: Receipt of Specialist Report	☐
Not Applicable	CMS56 v7.4.000	Functional Status Assessment for Total Hip Replacement	☐
Not Applicable	CMS66 v7.5.000	Functional Status Assessment for Total Knee Replacement	☐
Not Applicable	CMS90 v8.3.000	Functional Status Assessments for Congestive Heart Failure	☐
Not Applicable	CMS146 v7.2.000	Appropriate Testing for Children with Pharyngitis	☐
Not Applicable	CMS249 v1.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	☐

☐ None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

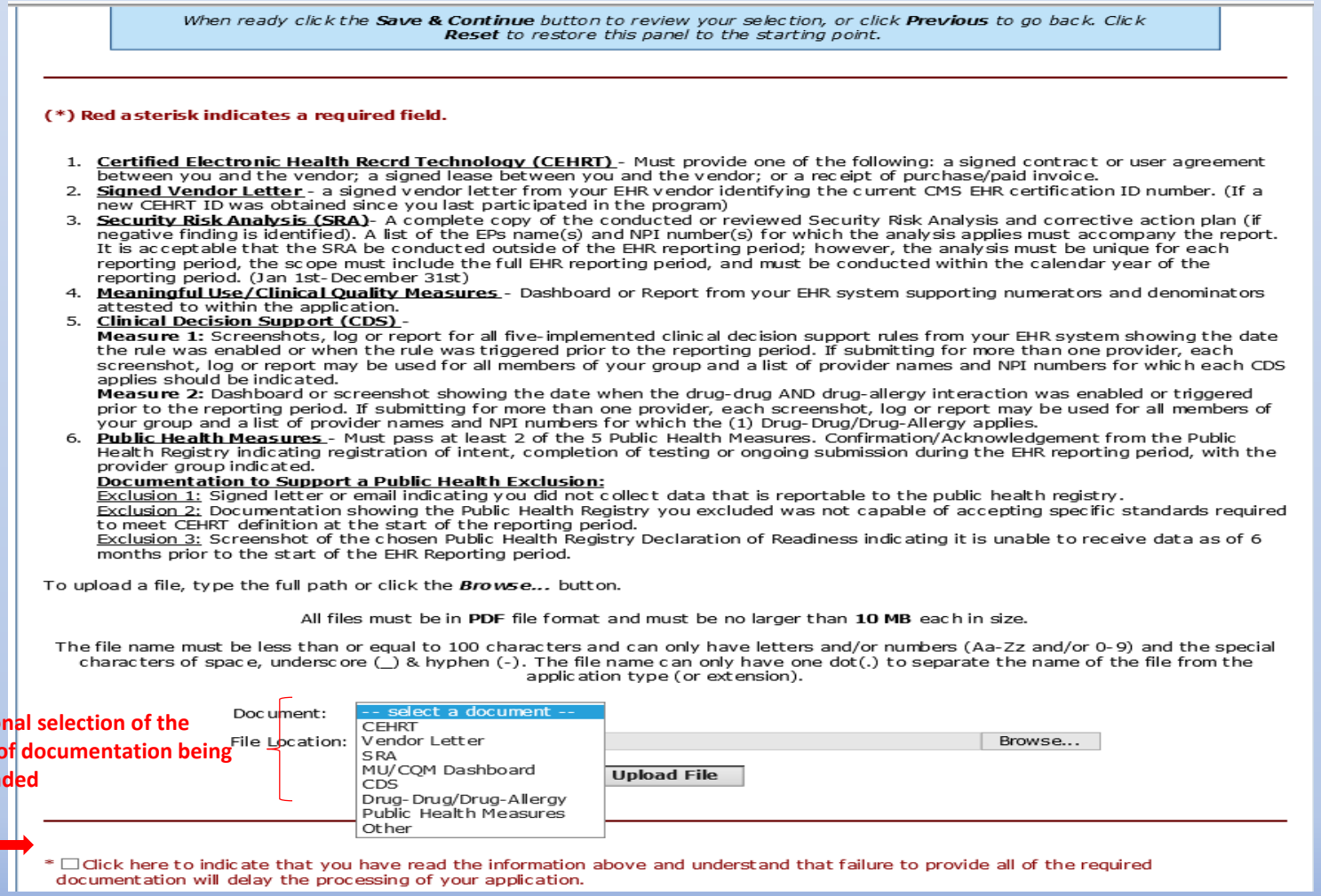
Check this box if no Outcome or High Priority CQMs apply to your scope of practice

Required Prepayment Documentation Screen

pennsylvania
DEPARTMENT OF HUMAN SERVICES

The Required Prepayment Documentation screen replaces the Application Submission screen from previous program years. Providers can still upload their supporting documentation, but this new screen provides more details about documentation requirements.

The Required Prepayment Documentation screen includes details regarding supporting documentation requirements. In addition to uploading documents here, providers can also identify the type of supporting document. At the bottom of the screen, providers will check the acknowledgement statement to indicate they are aware of application processing delays that will occur in the absence of all required documentation.



*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.

1. **Certified Electronic Health Recrd Technology (CEHRT)** - Must provide one of the following: a signed contract or user agreement between you and the vendor; a signed lease between you and the vendor; or a receipt of purchase/paid invoice.
2. **Signed Vendor Letter** - a signed vendor letter from your EHR vendor identifying the current CMS EHR certification ID number. (If a new CEHRT ID was obtained since you last participated in the program)
3. **Security Risk Analysis (SRA)** - A complete copy of the conducted or reviewed Security Risk Analysis and corrective action plan (if negative finding is identified). A list of the EPs name(s) and NPI number(s) for which the analysis applies must accompany the report. It is acceptable that the SRA be conducted outside of the EHR reporting period; however, the analysis must be unique for each reporting period, the scope must include the full EHR reporting period, and must be conducted within the calendar year of the reporting period. (Jan 1st-December 31st)
4. **Meaningful Use/Clinical Quality Measures** - Dashboard or Report from your EHR system supporting numerators and denominators attested to within the application.
5. **Clinical Decision Support (CDS)** -
   Measure 1: Screenshots, log or report for all five-implemented clinical decision support rules from your EHR system showing the date the rule was enabled or when the rule was triggered prior to the reporting period. If submitting for more than one provider, each screenshot, log or report may be used for all members of your group and a list of provider names and NPI numbers for which each CDS applies should be indicated.
   Measure 2: Dashboard or screenshot showing the date when the drug-drug AND drug-allergy interaction was enabled or triggered prior to the reporting period. If submitting for more than one provider, each screenshot, log or report may be used for all members of your group and a list of provider names and NPI numbers for which the (1) Drug-Drug/Drug-Allergy applies.
6. **Public Health Measures** - Must pass at least 2 of the 5 Public Health Measures. Confirmation/Acknowledgement from the Public Health Registry indicating registration of intent, completion of testing or ongoing submission during the EHR reporting period, with the provider group indicated.
   Documentation to Support a Public Health Exclusion:
   Exclusion 1: Signed letter or email indicating you did not collect data that is reportable to the public health registry.
   Exclusion 2: Documentation showing the Public Health Registry you excluded was not capable of accepting specific standards required to meet CEHRT definition at the start of the reporting period.
   Exclusion 3: Screenshot of the chosen Public Health Registry Declaration of Readiness indicating it is unable to receive data as of 6 months prior to the start of the EHR Reporting period.

To upload a file, type the full path or click the ***Browse...*** button.

All files must be in **PDF** file format and must be no larger than **10 MB** each in size.

The file name must be less than or equal to 100 characters and can only have letters and/or numbers (Aa-Zz and/or 0-9) and the special characters of space, underscore (_) & hyphen (-). The file name can only have one dot(.) to separate the name of the file from the application type (or extension).

Document: -- select a document --
File Location: CEHRT, Vendor Letter, SRA, MU/CQM Dashboard, CDS, Drug-Drug/Drug-Allergy, Public Health Measures, Other — Browse... — Upload File

* ☐ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.

Optional selection of the type of documentation being uploaded

Must check here to acknowledge you have read and understand the information regarding supporting documentation requirements

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Q&A

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Resources Available

EMAIL: RA-mahealthit@pa.gov

NEW Website Links:

MAPIR Resources

Eligible Professional Provider Manual UPDATED May 2019

Meaningful Use Required Supporting Documentation (PY2019-PY2021)