Medical Assistance Provider Incentive Repository (MAPIR): User Guide for Eligible Hospitals

Version: 1.0

Original Version Date: 02/05/2020

Last Revision Date: 02/05/2020

Table of Contents

Introduction **4**

Before You Begin **5**

Complete your R&A registration. 6
Changes to your R&A Registration 7
Identify one individual to complete the MAPIR application. 7
Gather the necessary information to facilitate the completion of the required data. 8

Using MAPIR **9**

Step 1 – Getting Started 10
Step 2 – Confirm R&A and Contact Info 19
Step 3 – Eligibility 23
Step 4 – Patient Volumes 25
Patient Volume (Part 1 of 3) – 90 Day Reporting Period 26
Patient Volume (Part 2 of 3) – Location 28
Hospital Cost Report Data – Fiscal Year (Part 3 of 3) 33
Hospital Cost Report Data (Part 3 of 3) 34
Change Hospital Cost Report Data 36
Step 5 – Attestation 41
Meaningful Use Phase 42
Meaningful Use General Requirements 44
Meaningful Use – Objectives and Measures 46

Stage 3 MU **47**

Meaningful Use Objectives 47
Meaningful Use Objectives (0-7) 48
Meaningful Use Objective List Table 49
Objective 0 – ONC Questions 54
Objective 1 – Protect Patient Health Information 55
Objective 2 – Electronic Prescribing 56
Objective 3 – Clinical Decision Support 57
Objective 4 – Computerized Provider Order Entry (CPOE) 58
Objective 5 – Patient Electronic Access to Health Information 59
Objective 6 – Coordination of Care Through Patient Engagement 60
Objective 7 – Health Information Exchange (HIE) - Exclusion 61

Stage 3 Required Public Health Objective (8) **65**

Required Public Health Objective Selection 66
Required Public Health Objective Worksheet 68
Objective 8 Option 1 – Immunization Registry Reporting 70
Objective 8 Option 2 – Syndromic Surveillance Reporting 71
Objective 8 Option 3 – Electronic Case Reporting 72

Objective 8 Option 4A – Public Health Registry Reporting 73
Objective 8 Option 4B – Public Health Registry Reporting 74
Objective 8 Option 4C – Public Health Registry Reporting 75
Objective 8 Option 4D – Public Health Registry Reporting 76
Objective 8 Option 5A – Clinical Data Registry 77
Objective 8 Option 5B – Clinical Data Registry 78
Objective 8 Option 5C – Clinical Data Registry 79
Objective 8 Option 5D – Clinical Data Registry 80
Objective 8 Option 6 – Electronic Reportable Laboratory Results Reporting 81
Clinical Quality Measures (CQMs) – Stage 3 88
Manual Clinical Quality Measures 92
Meaningful Use Clinical Quality Measure Worklist Table 93
Meaningful Use Measures Summary 104
Attestation Phase (Part 3 of 3) 109
Step 6 – Review Application 111
Step 7 – Submit Your Application 115
Post Submission Activities 126
Additional User Information 130
Hover Bubble Definitions 144
Acronyms and Terms 148

Introduction

The American Recovery and Re-investment Act 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).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Hospitals under the Medicaid EHR Incentive Program include:

- Acute Care Hospital are those hospitals with an average patient length of stay of 25 days or fewer, and with a Centers for Medicare and Medicaid Programs (CMS) Certification Number (CCN) that falls in the range 0001-0879 or 1300-1399.
- Separately certified children's hospitals with CCNs in the 3300 – 3399 range.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Hospital must have a minimum 10% Medicaid patient volume requirement. Children's hospitals do not have patient volume requirements.

Note
Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

To apply for the Medicaid EHR Incentive Payment Program, Eligible Hospitals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program.

Note
Compatibility with Internet Explorer Version 11 began with the implementation of MAPIR Release 6.3. The MAPIR application continues to be compatible with versions 8, 9, and 10 however MAPIR no longer provides ongoing support for issues that may result from using Internet Explorer 8.

Before You Begin

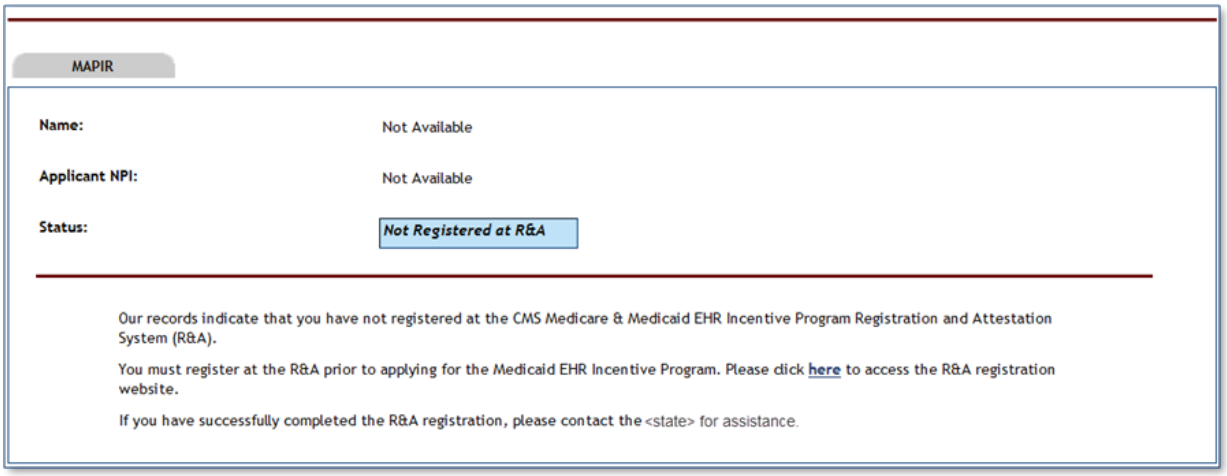
There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

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 “MAPIR” in the URL path from the list and click Remove.

Complete your R&A registration.

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.

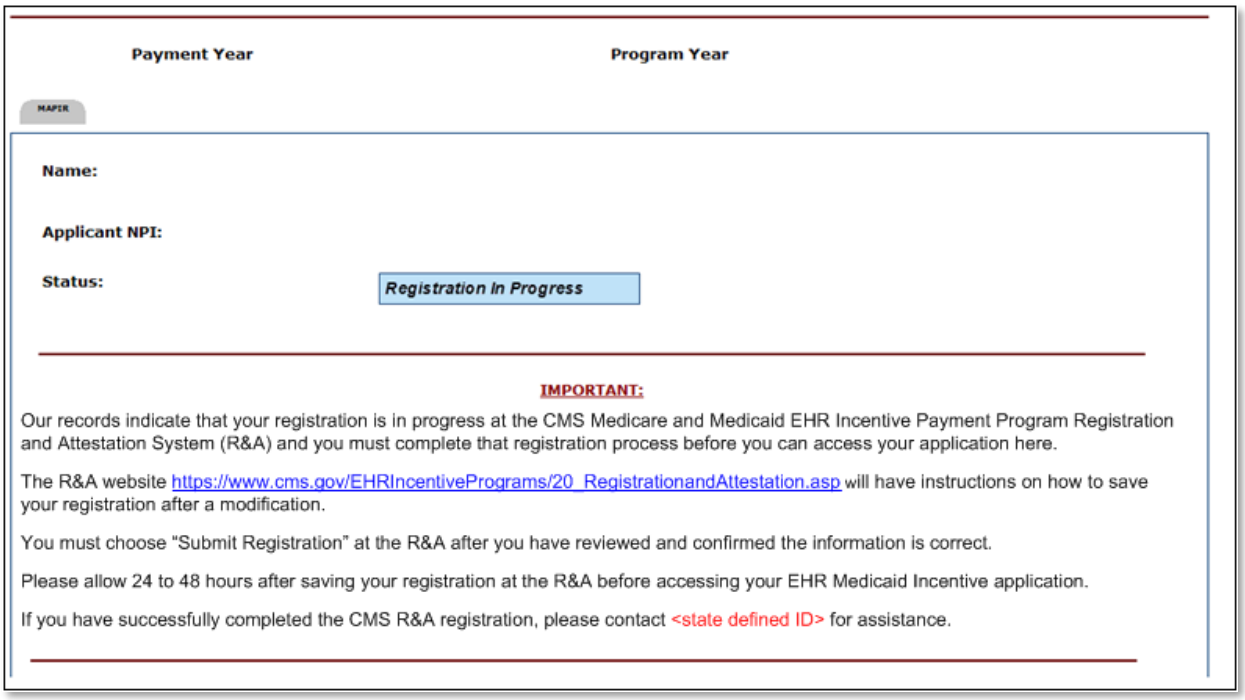
For general information regarding the Incentive Payment Program:
http://www.cms.gov/EHRIncentivePrograms

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.

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.

Identify one individual to complete the MAPIR application.

MAPIR is accessed through the secure provider portal. Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual’s Internet/portal account will be permitted access to the application after it has been started.

Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the ONC Certified Health IT Product List (CHPL) Web site (https://chpl.healthit.gov/).

Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. 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.

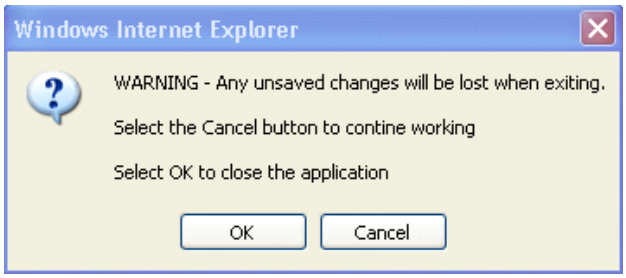
Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

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.

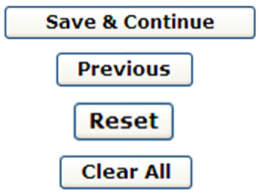
A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

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.

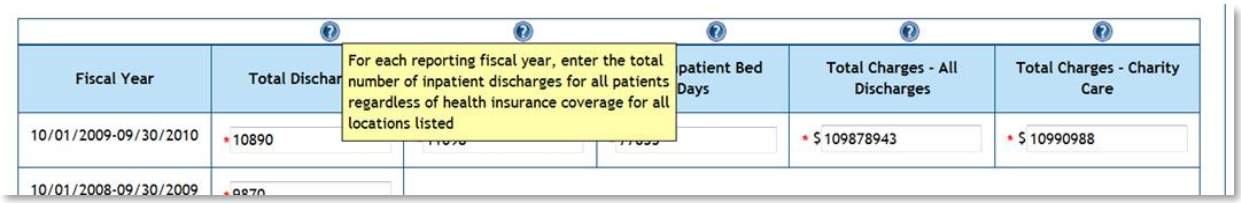
The **Clear All** button will remove standard activity selections for the screen in which you are working.

A red asterisk (*) indicates a required field. Help icons located next to certain fields display help content specific to the associated field when you hover the mouse over the icon.

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.

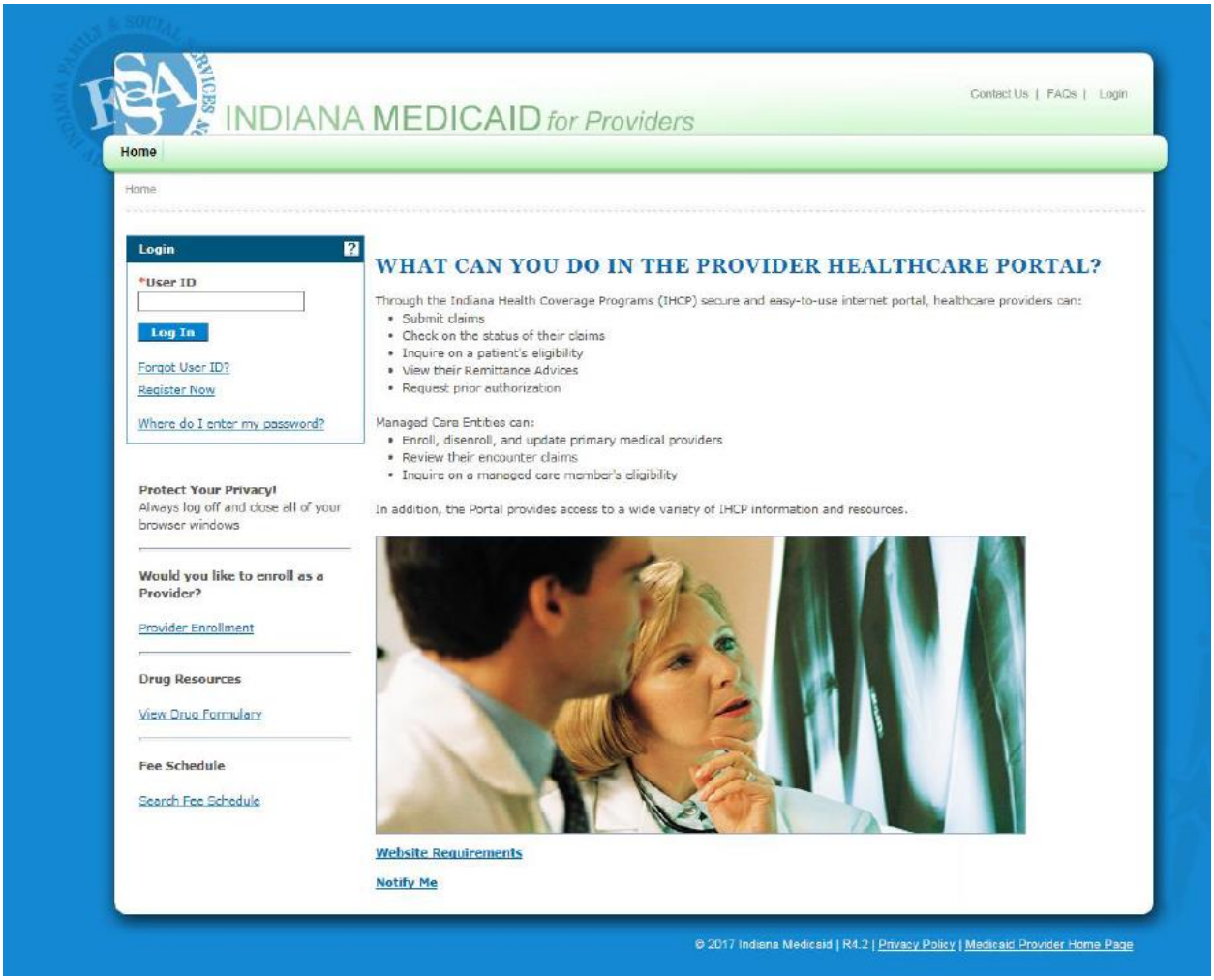


Step 1 – Getting Started

IHCP Provider Healthcare Portal Screen shots

The following screen shots are showing the information that the user needs to enter when starting the attestation process for the Indiana EHR Incentive Program.

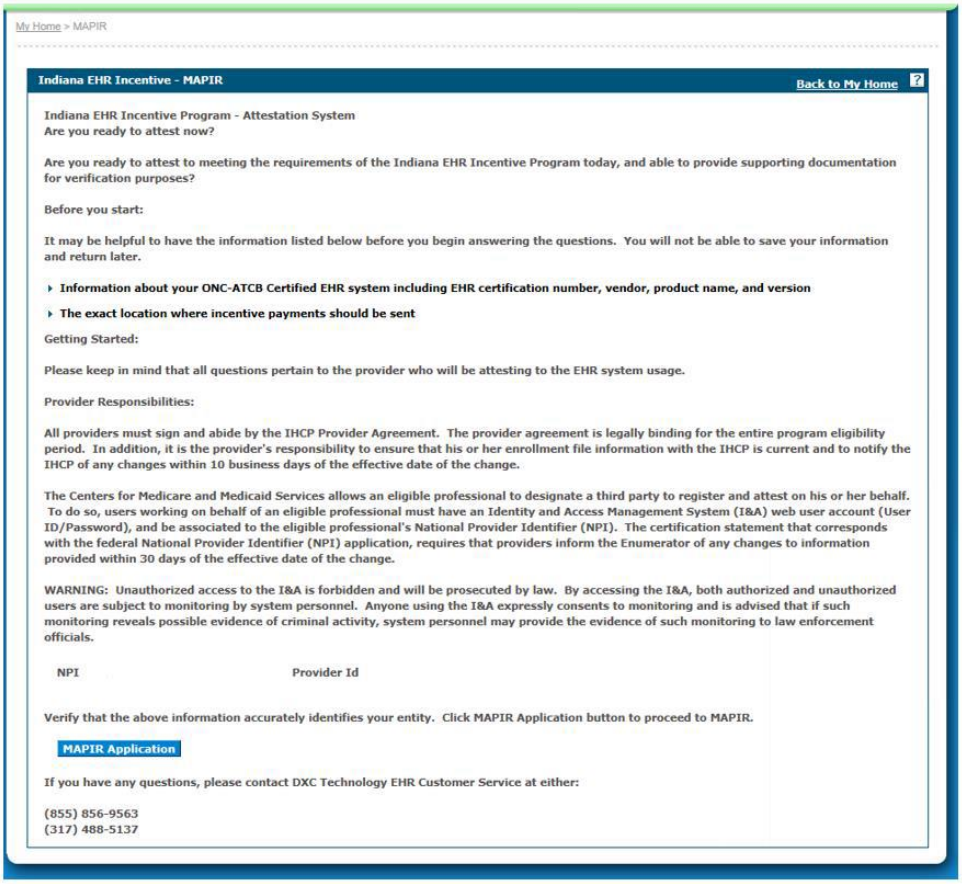
Log in to the Portal site at https://portal.indianamedicaid.com



Choose *Link to MAPIR* under Provider Services menu on left.

Note: Your view of this window may not be the same, but you must see the Link to MAPIR to continue.

Choose *MAPIR Application*.



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.

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 your incentive application is for Program Year 2019 or higher, then you must attest to Stage 3 Meaningful Use.

Note
MAPIR will only load and store Payment Years greater than 6.

If you are a Dually Eligible 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**.

If you have a State-to-State Switch or Program Switch incentive application proceed to page 19.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI **TIN**

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○	Adoption	Completed	1	2016	$1,250,000.00	Select the "Continue" button to view this application.
○	Stage 2 Meaningful Use 90 Days	Denied	2	2017	$0.00	Select the "Continue" button to view this application
○	Stage 2 Meaningful Use 90 Days	Completed	2	2017	$750,000.00	Select the "Continue" button to view this application.
○	Stage 3 Meaningful Use Full Year	Completed	3	2018	$250,000.00	Select the "Continue" button to view this application.
○	Stage 3 Meaningful Use Full Year	Denied	4	2019	$0.00	Select the "Continue" button to view this application
○	Stage 3 Meaningful Use 90 Days	Submitted	4	2019	$250,000.00	Select the "Continue" button to view this application.

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>

Continue

Note 1
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.

Note 2
According to the Federal Rule, hospitals must have a completed application on file for Program Year 2016 in order to continue their participation in the incentive payment program. Beginning with Program Year 2017, you will no longer be permitted to skip program years, therefore, you are required to complete applications for consecutive program years. If you skip a program year, the subsequent years for 2017 and higher will no longer be available on the dashboard.

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 the state 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 the state Medicaid program office. A status of *Not Started* indicates that the R&A and state 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.

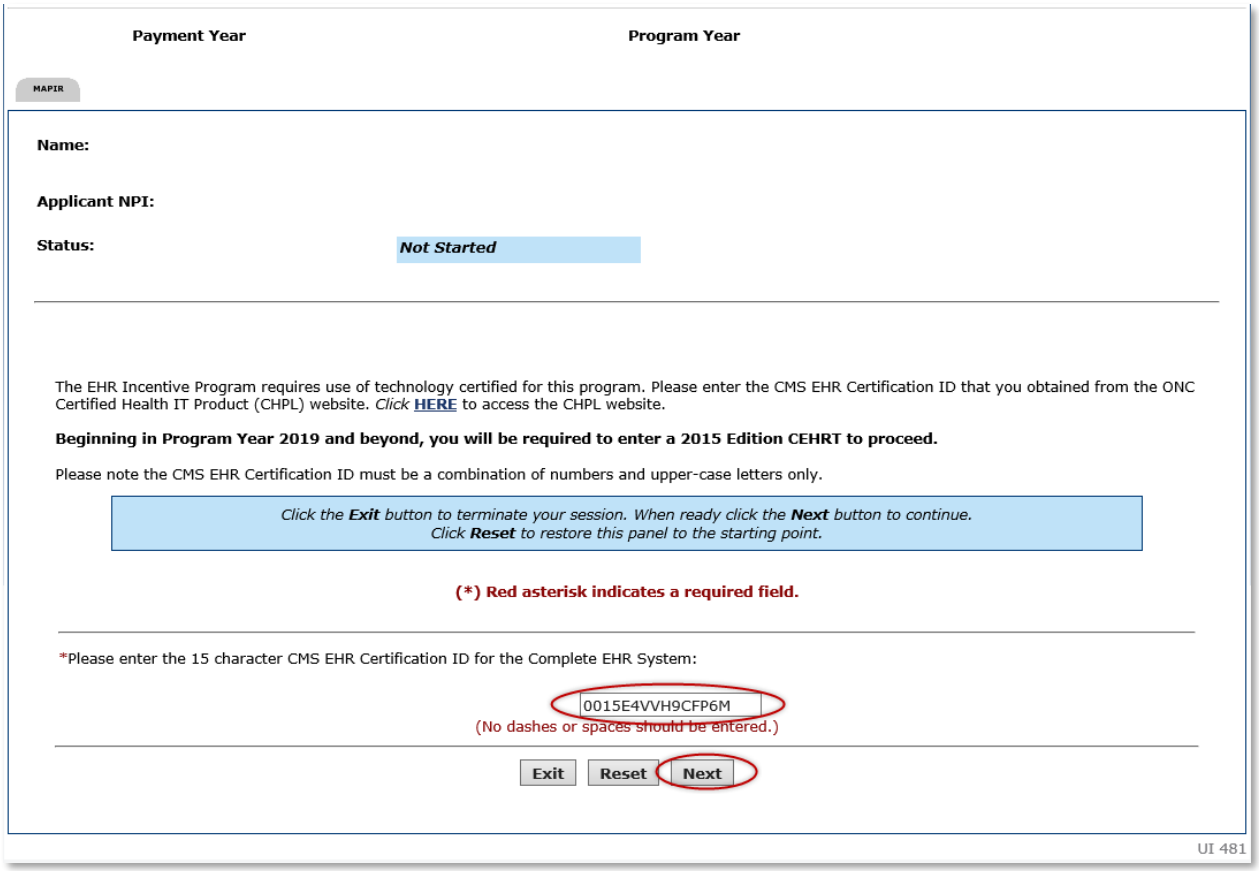
Enter the 15-character **CMS EHR Certification ID**.

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. The attestation options available will be based on the characters in positions 3-5 of your CEHRT ID.

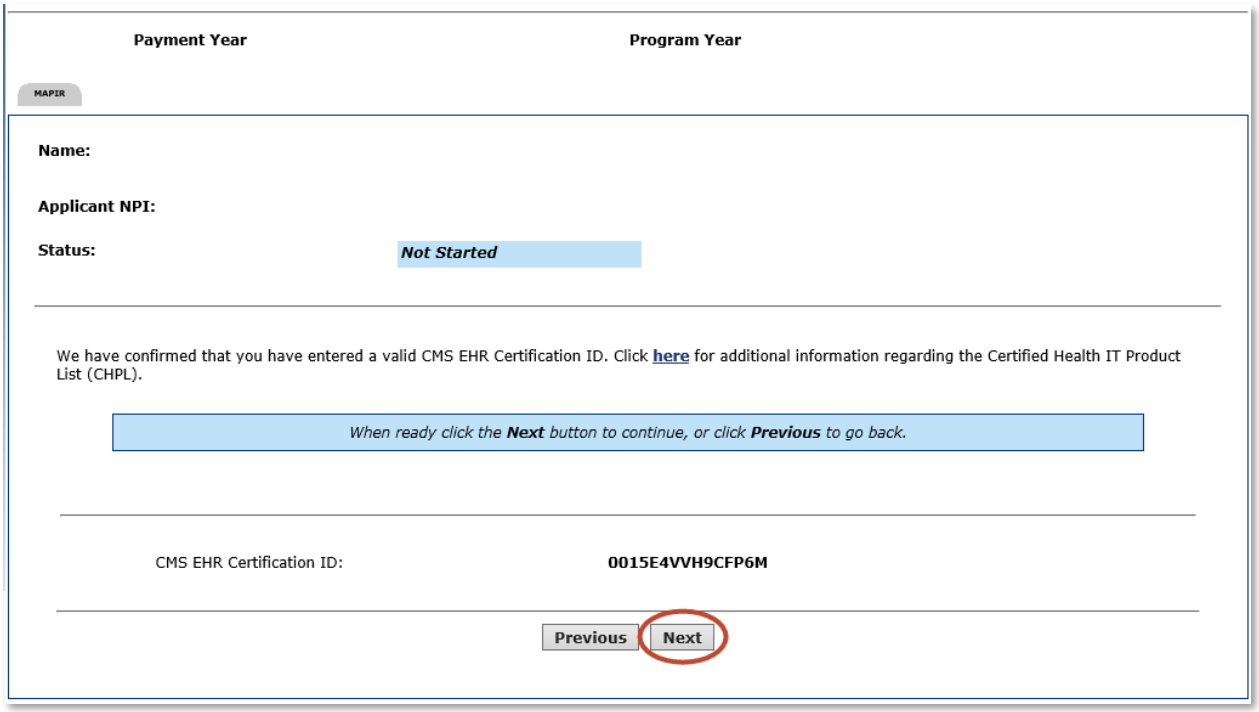
Note
A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (https://chpl.healthit.gov/)

Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use.



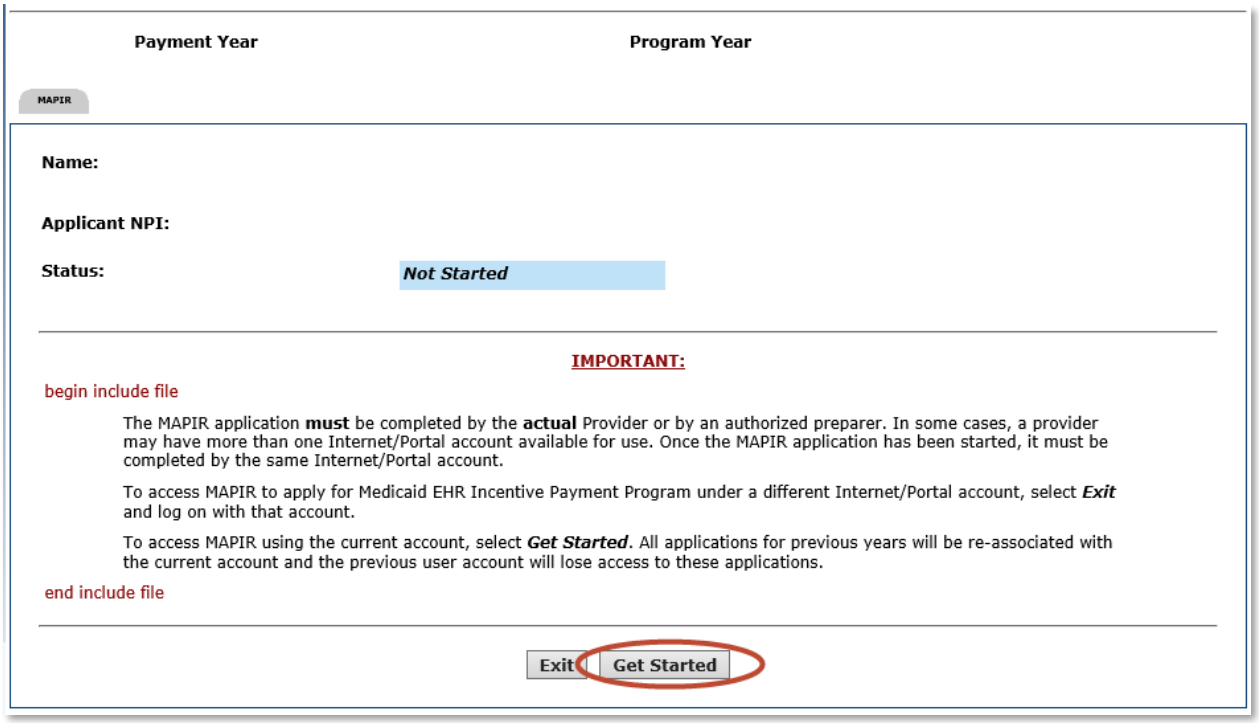
This screen confirms you successfully entered your **CMS EHR Certification ID**.

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.

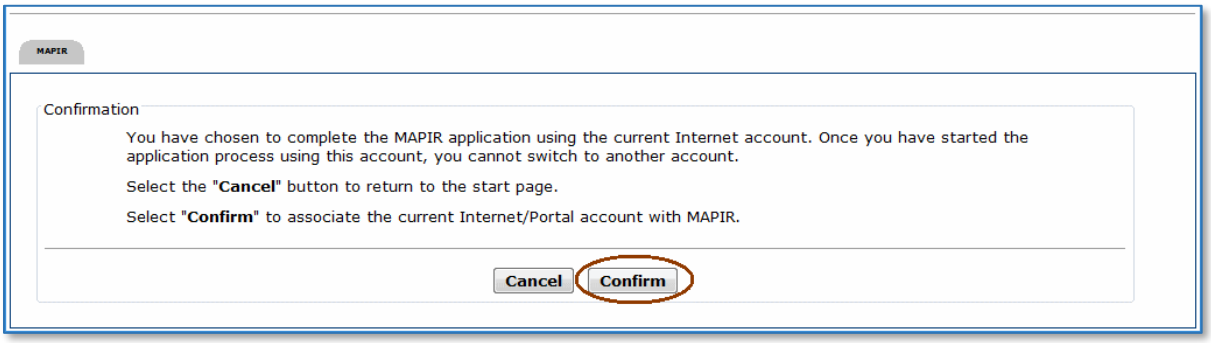
If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.



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 Indiana Medicaid for assistance.

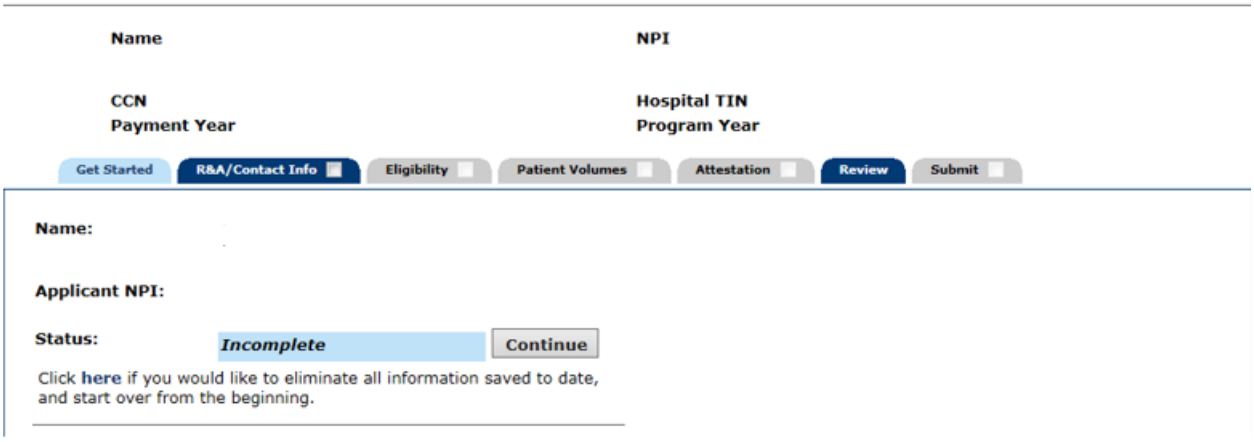
Program Year 2019 or higher incentive applications require Stage 3 attestation. It is no longer necessary to select a Meaningful Use Reporting Option or to contact your state administrator to do so.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.



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.

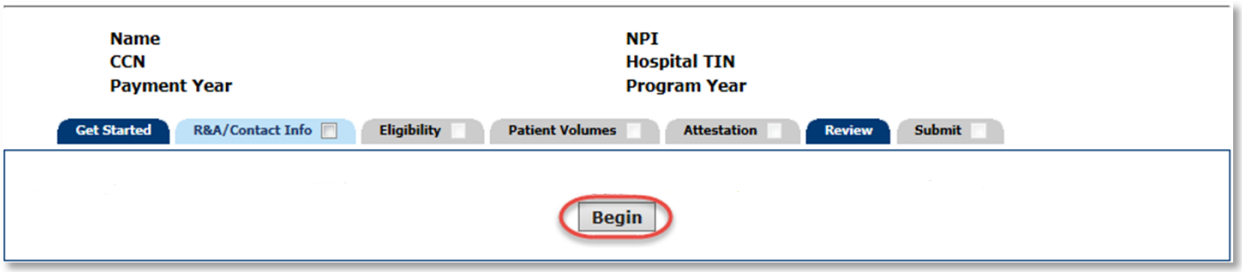


Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the state Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the state 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.



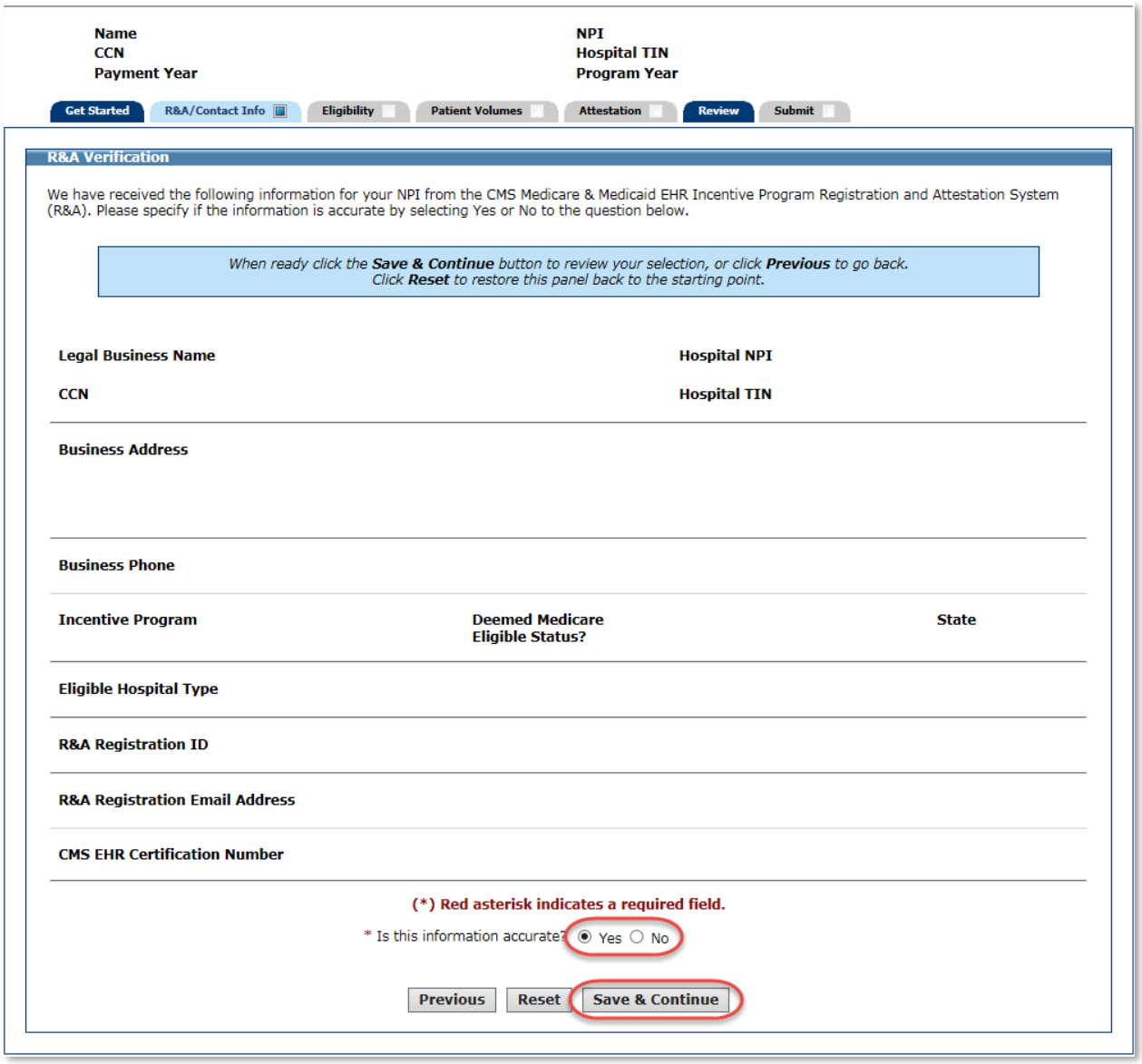
See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

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**.

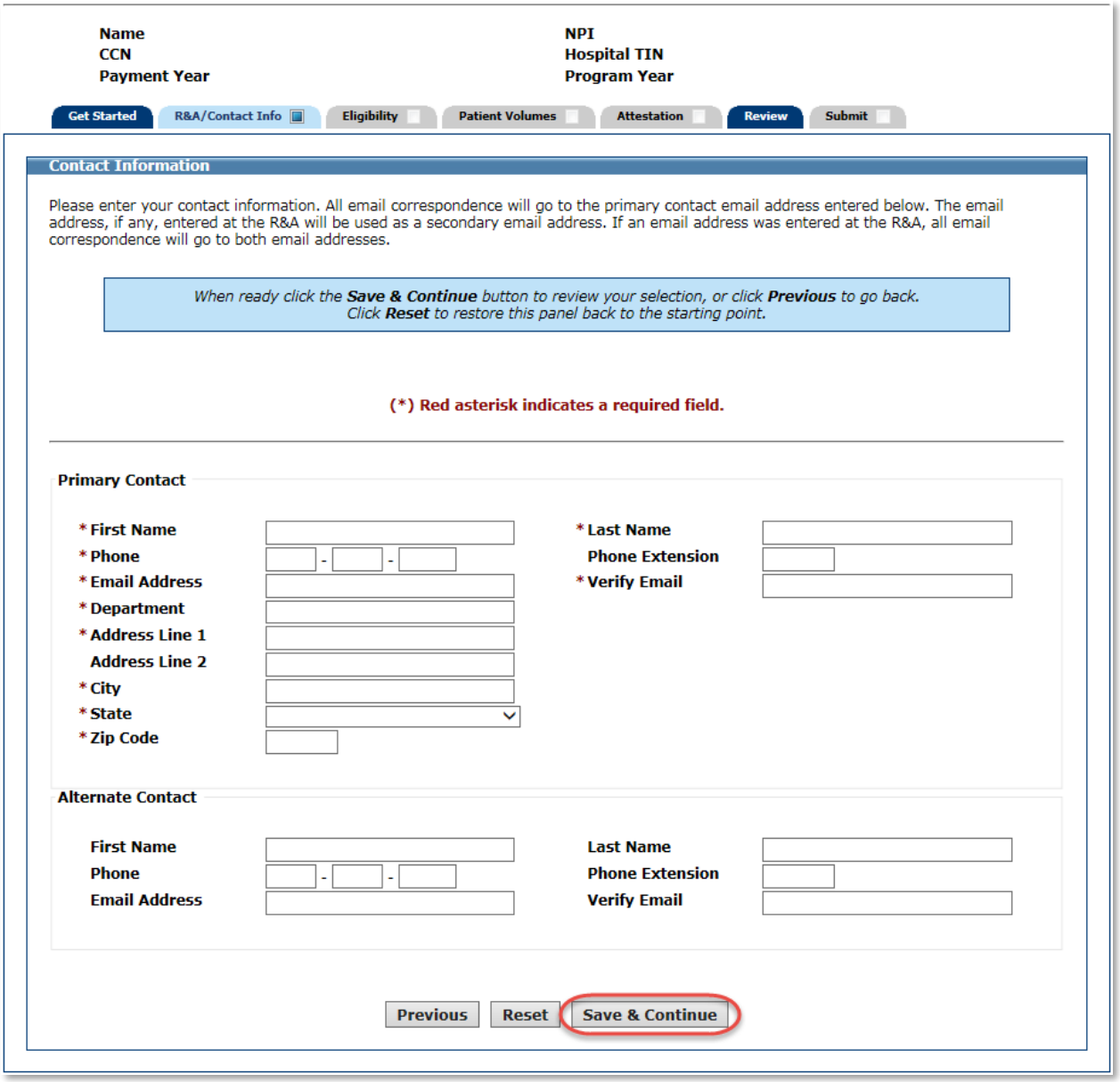
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point. The Reset button will not reset the R&A information. If the R&A information is incorrect you will need to return to the R&A website to correct it.



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.

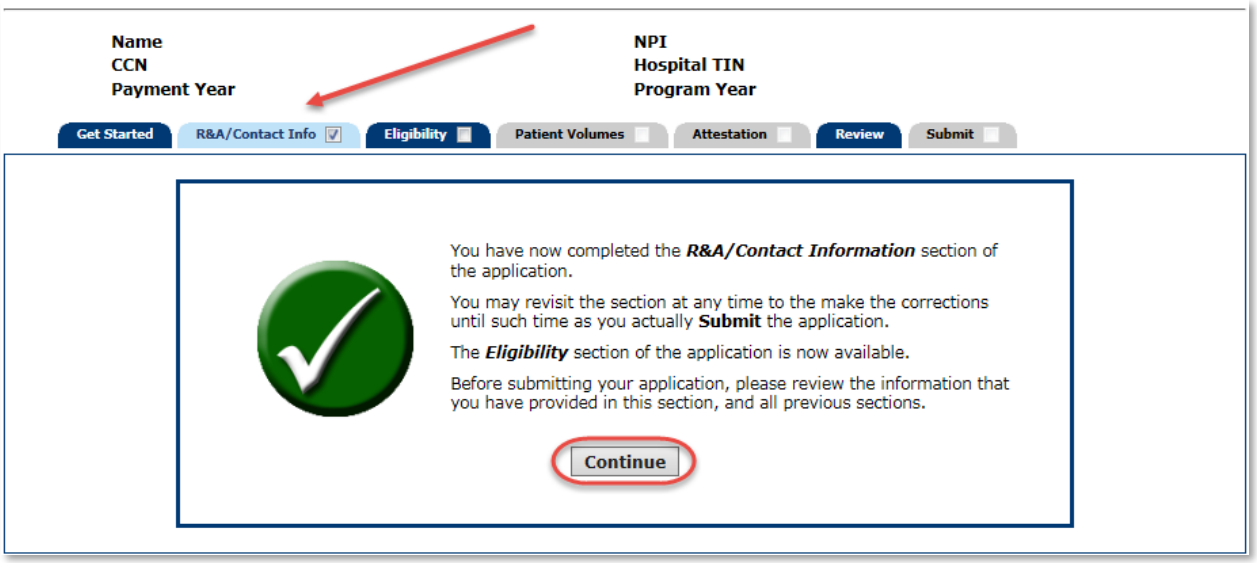
Note
For incentive applications that were created prior to the implementation of MAPIR Release 5.4 and progressed passed this page, the fields on this screen will be limited to Contact Name, Contact Phone, Contact Phone Extension, and Contact Email Address.



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.

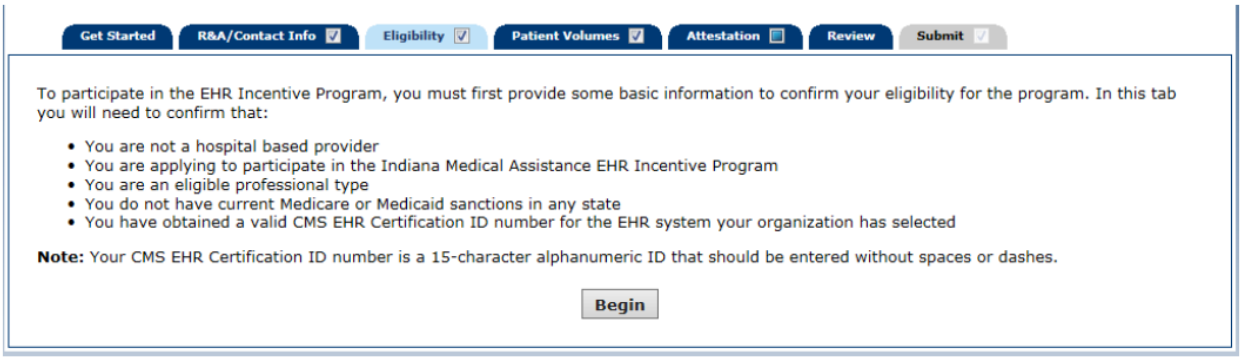


Step 3 – Eligibility

The Eligibility section will ask questions to allow the state Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. You will also enter your required CMS EHR Certification ID.

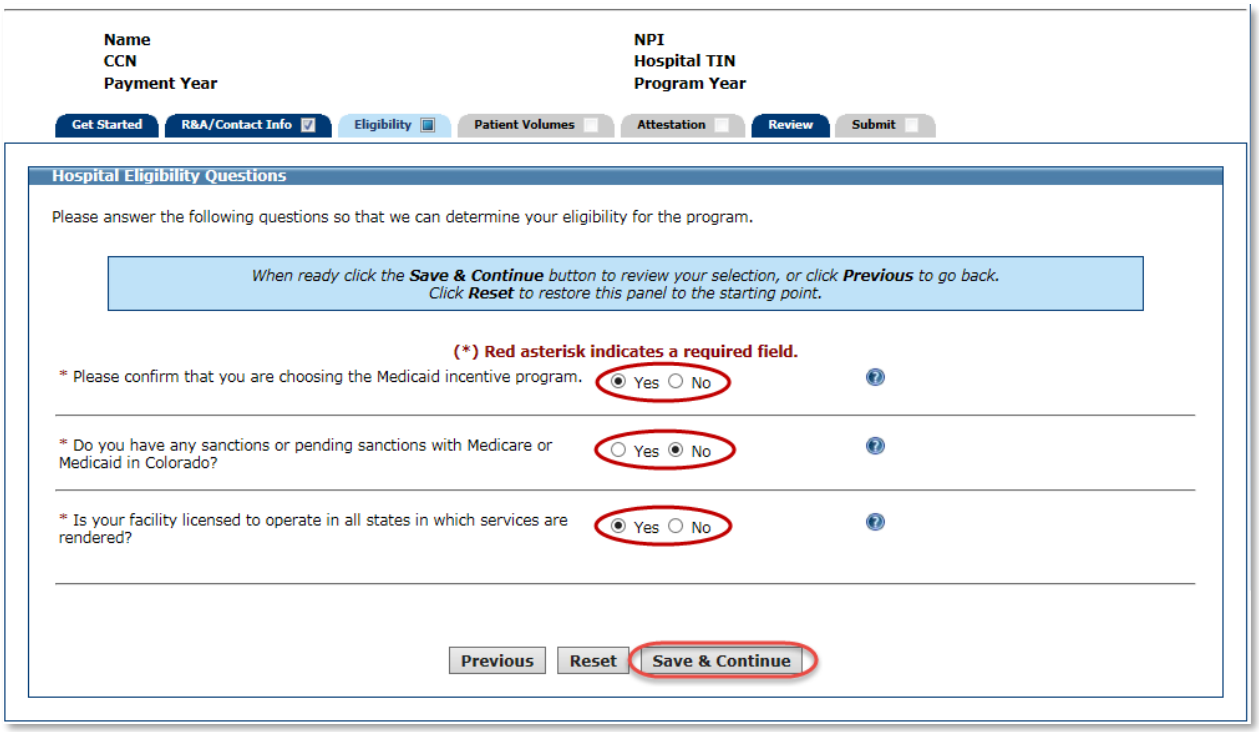
The initial **Eligibility** screen contains information about this section.

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.

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.

There are three parts to the Patient Volumes section:

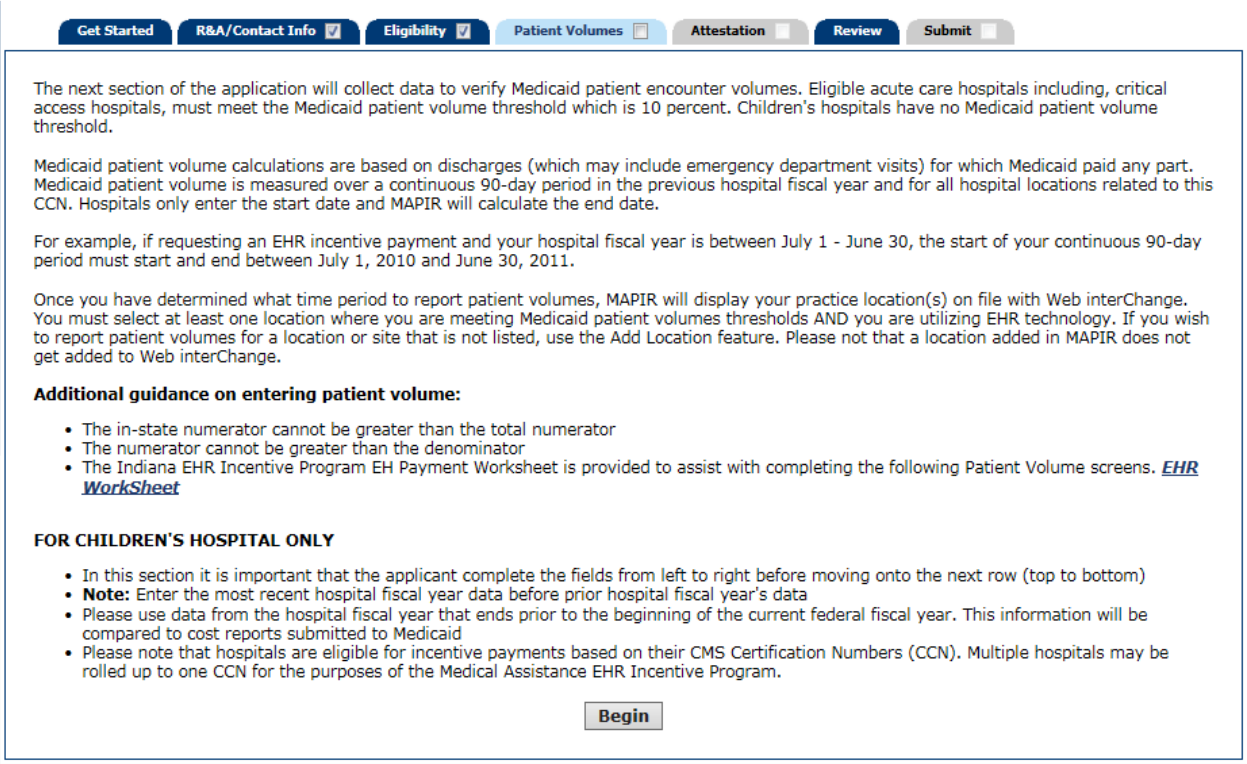
- Part 1 of 3 establishes the 90-day period for reporting patient volumes.
- Part 2 of 3 contains screens to enter locations for reporting **Medicaid Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period.
- Part 3 of 3 contains screens to enter your **Hospital Cost Report Data** information. This information will be used to calculate your hospital incentive payment amount.

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 **Hospital Cost Report Data – Fiscal Year (Part 3 of 3)**, section in this guide, to bypass entering patient volumes and adding locations.

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.



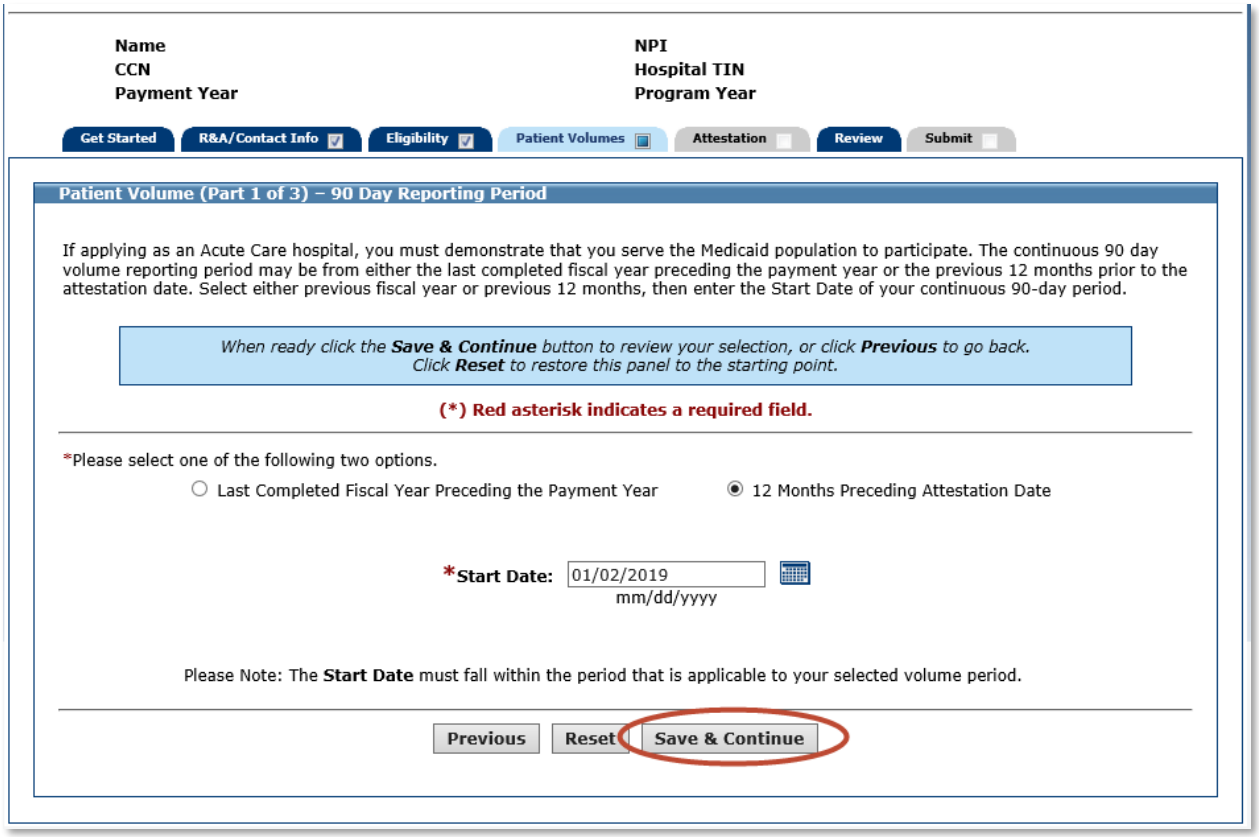
Patient Volume (Part 1 of 3) – 90 Day Reporting Period

The Patient Volume (Part 1 of 3) - 90 Day Reporting 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.

Select if you would like your 90 day reporting period to be from either the **Last Completed Fiscal Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

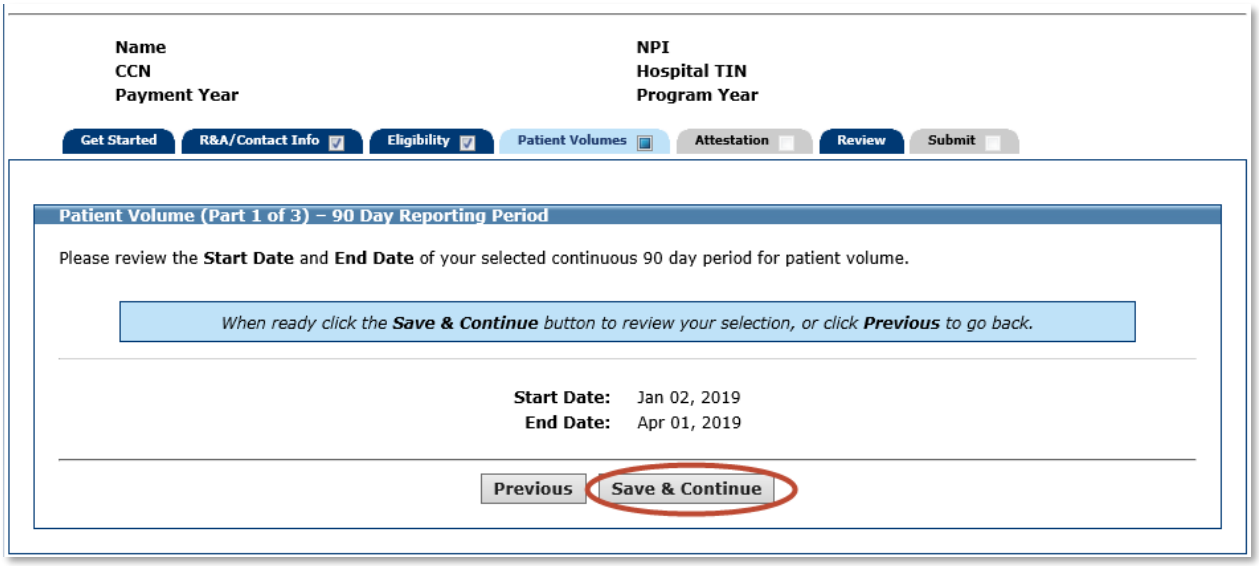
Enter a **Start Date** or select one from the calendar icon located to the right of the **Start Date** field.

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.

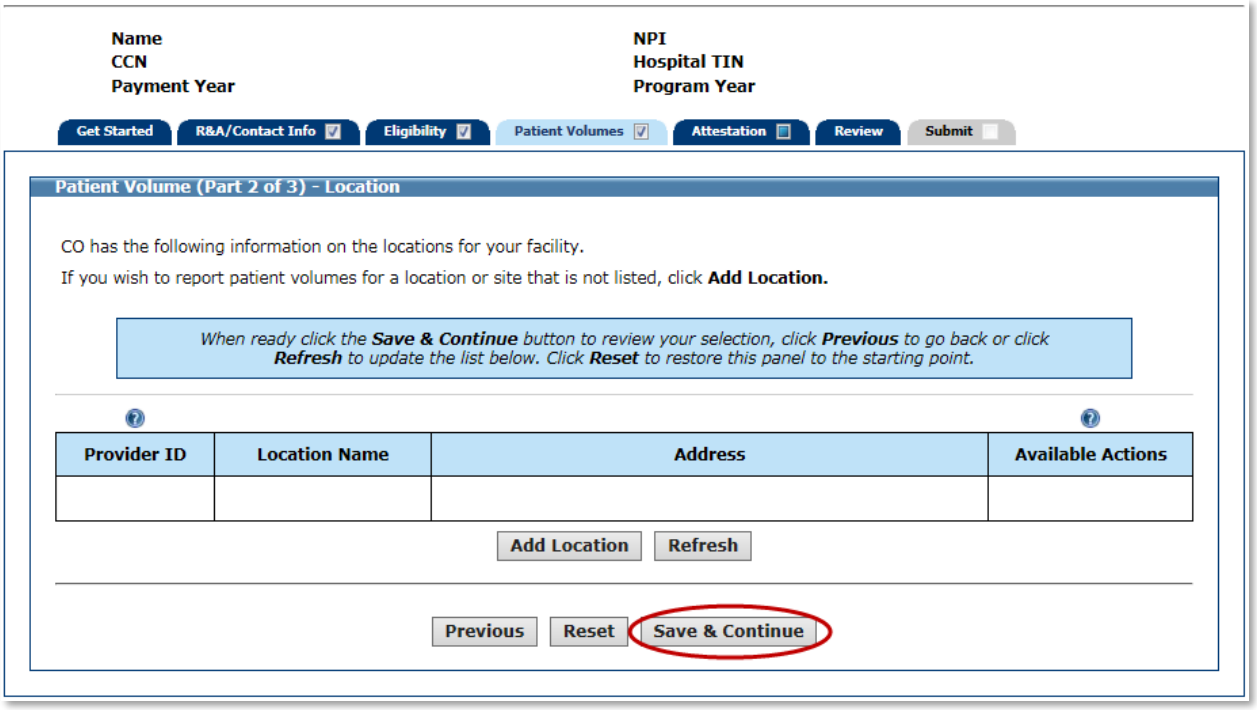


Patient Volume (Part 2 of 3) – Location

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.

Facility locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

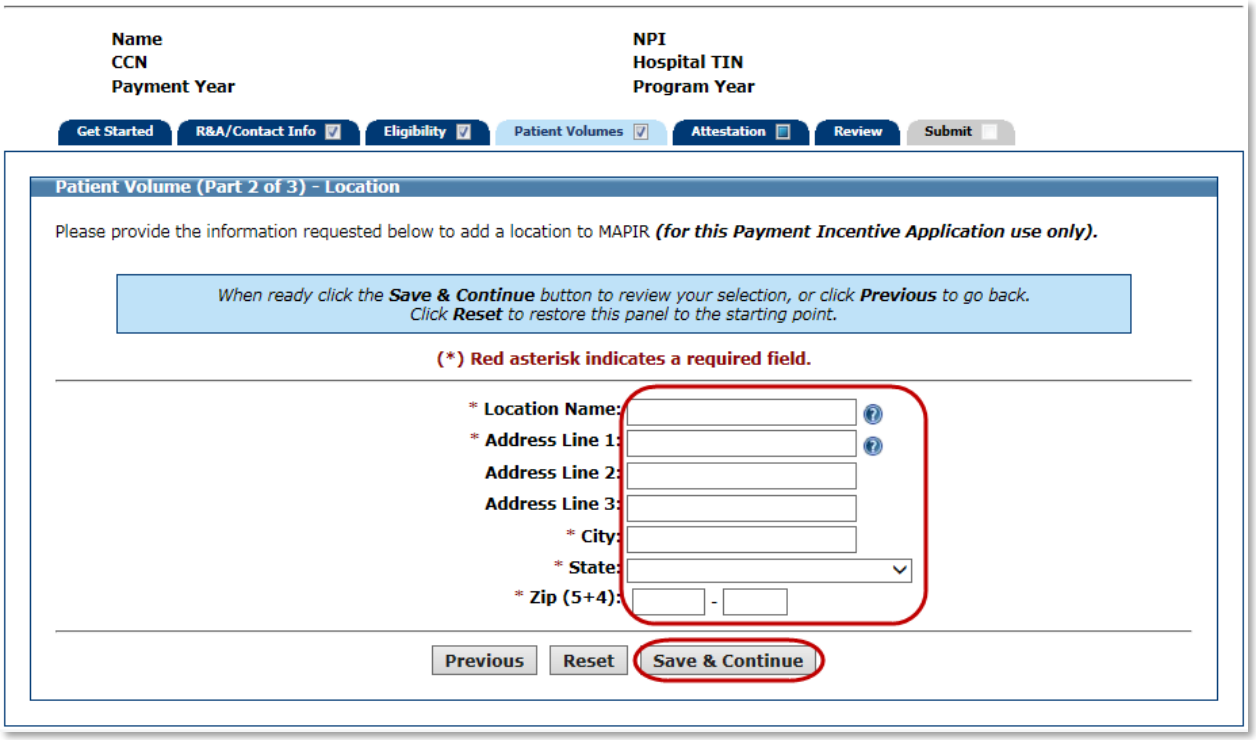
Review the listed locations. Add new locations by clicking **Add Location**.



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.

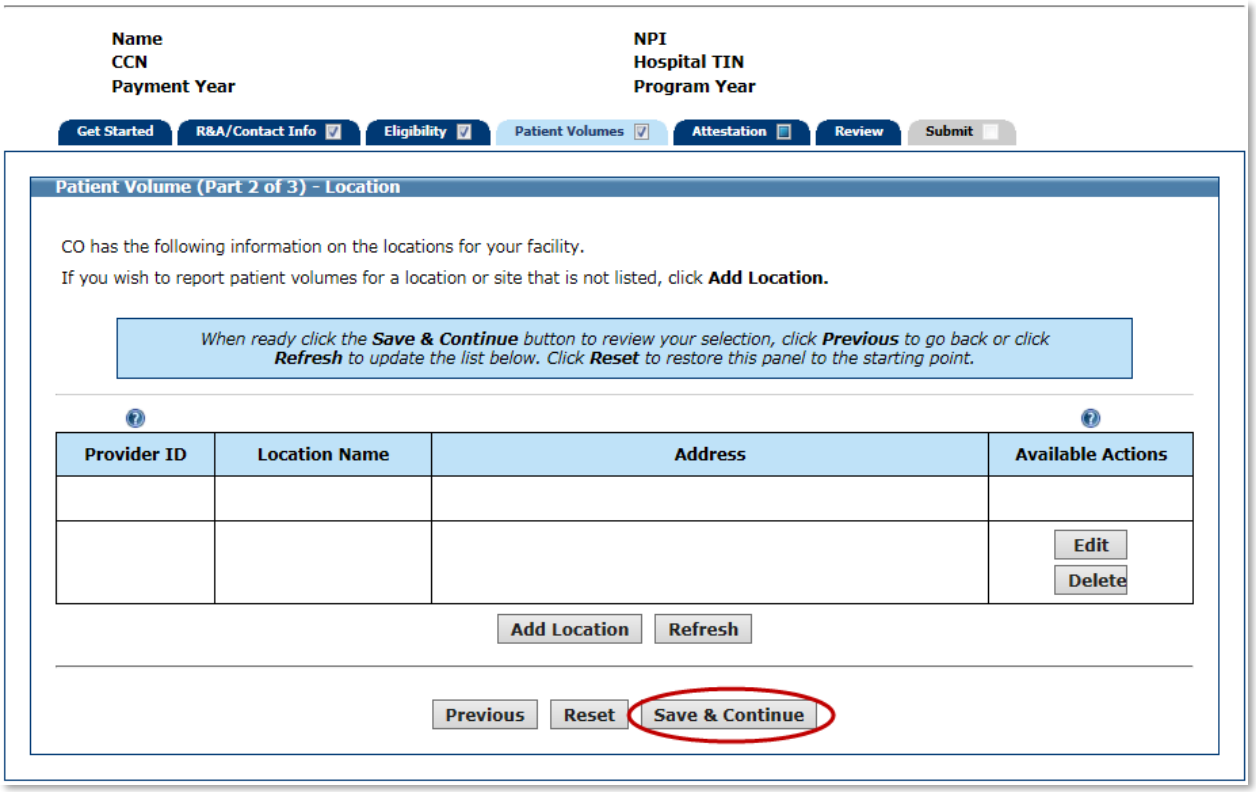


This screen shows one location on file and one added location.

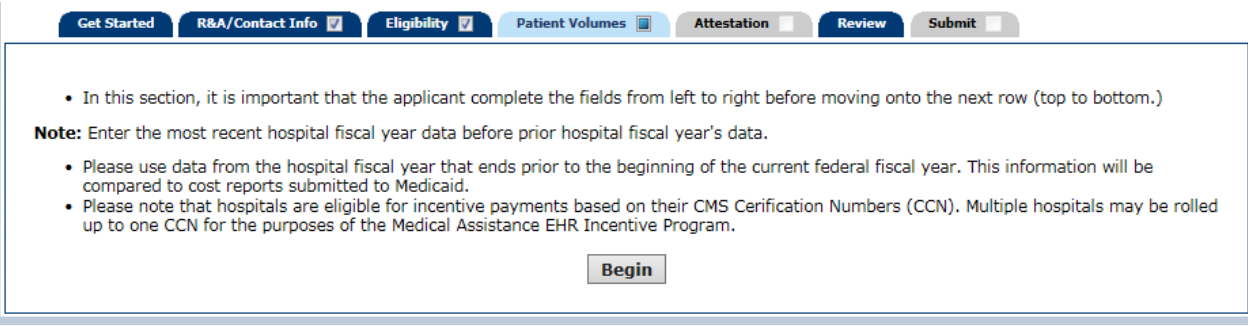
Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

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.

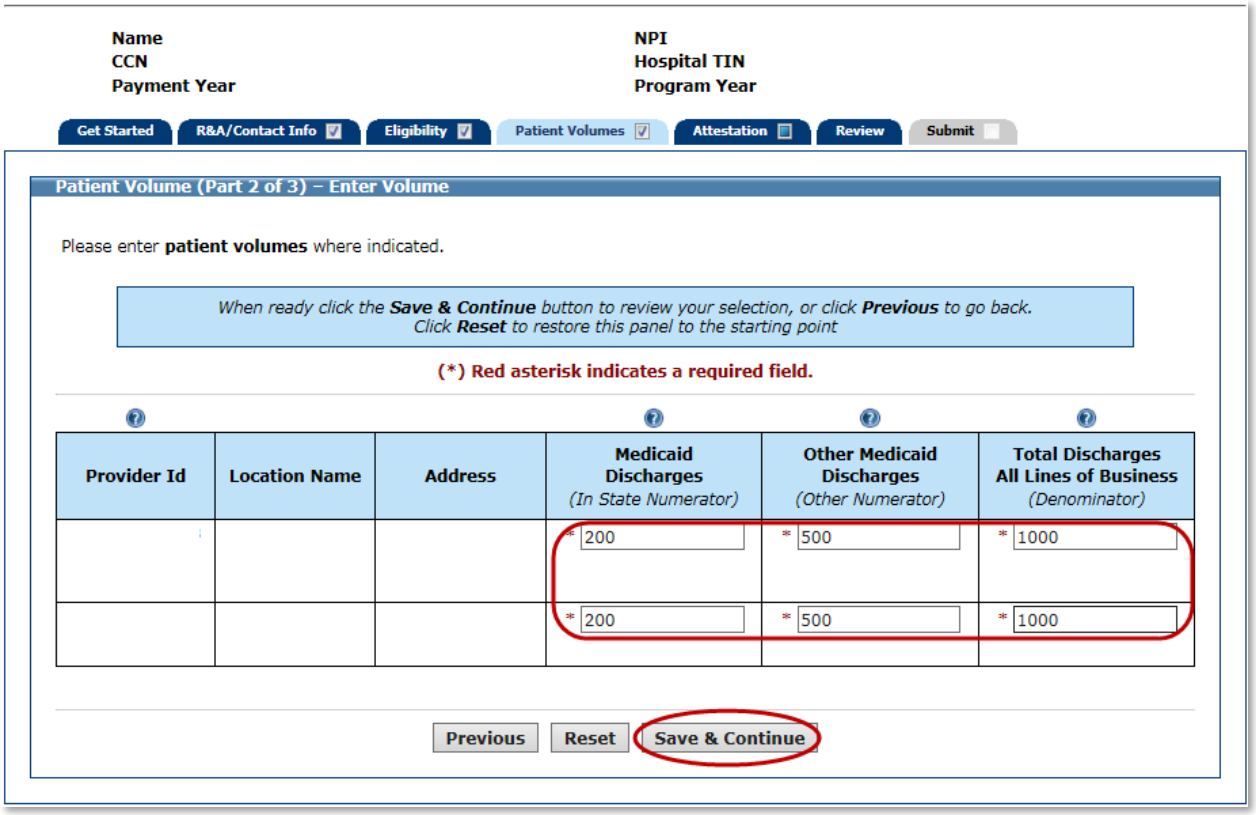


Click **Begin** to proceed to the screens where you will enter patient volumes.



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:

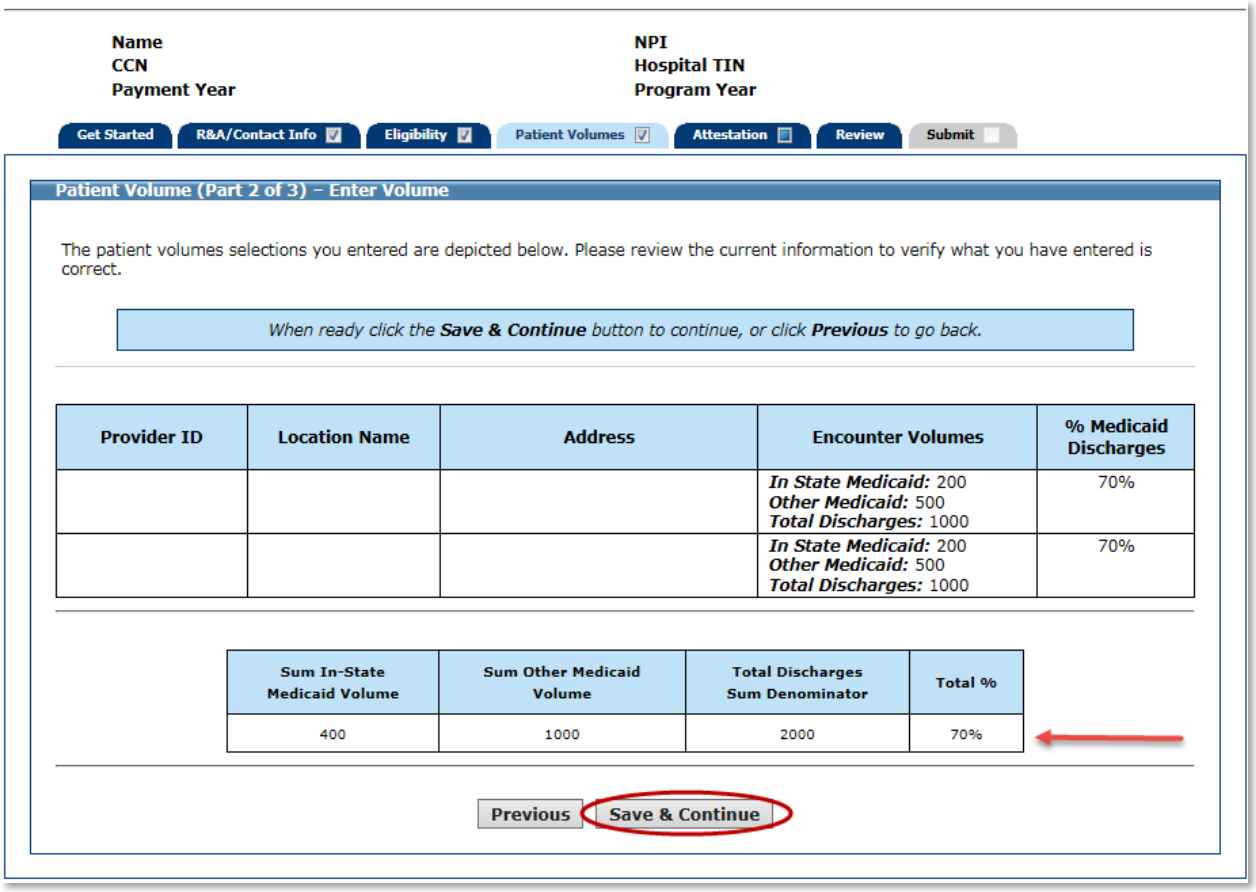
(Medicaid Discharges + Other Medicaid Discharges)

Divided by

Total Discharges All Lines of Business

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.

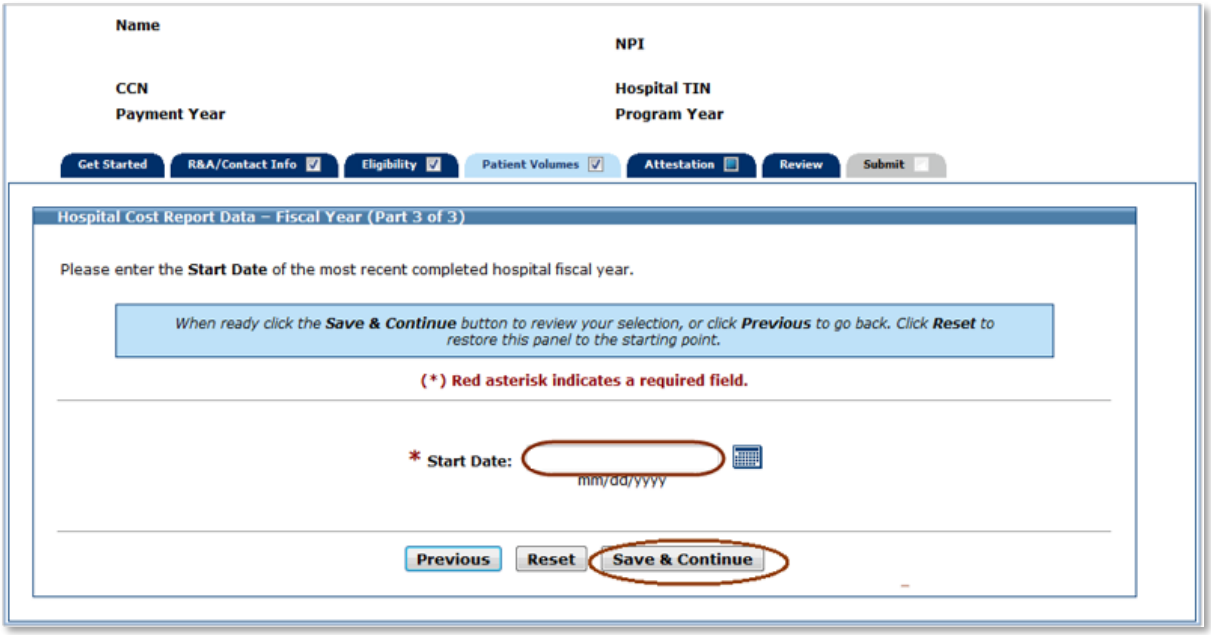


Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

The following screens will request hospital cost data. This information will be used to calculate your hospital incentive payment amount. The total hospital incentive payment is calculated in your first payment year and distributed over the number of years defined by the state Medicaid program. To receive subsequent year payments, you must attest to the eligibility requirements, patient volume requirements (except Children's hospitals), and meaningful use each year.

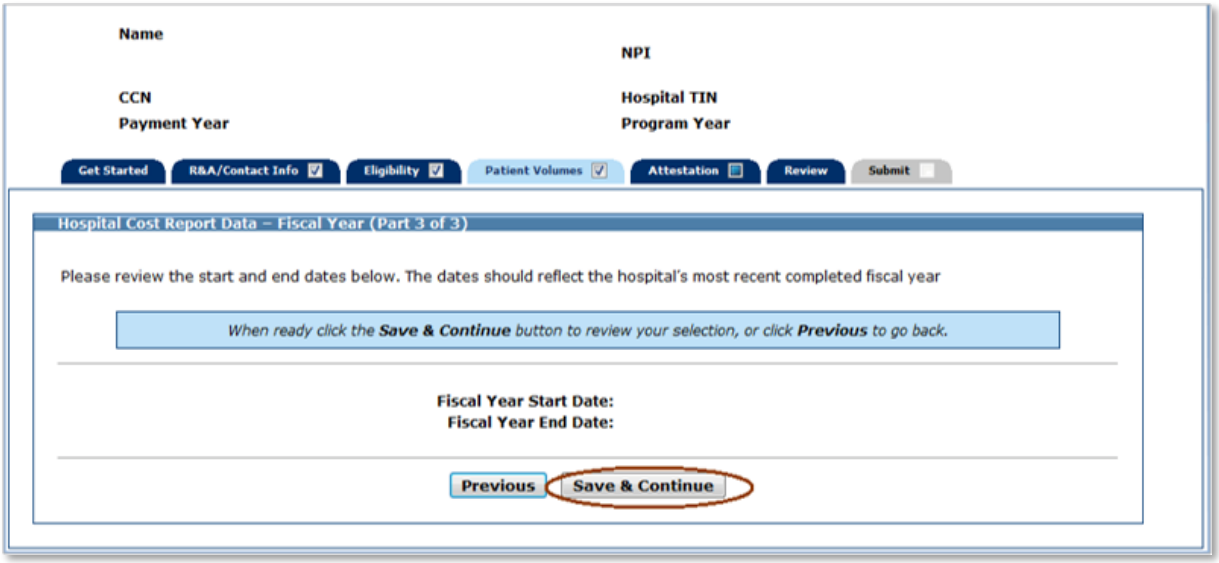
Enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year or select one from the calendar icon located to the right of the Start Date field.

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



This screen displays your Fiscal Year Start Date and the Fiscal Year End Date.

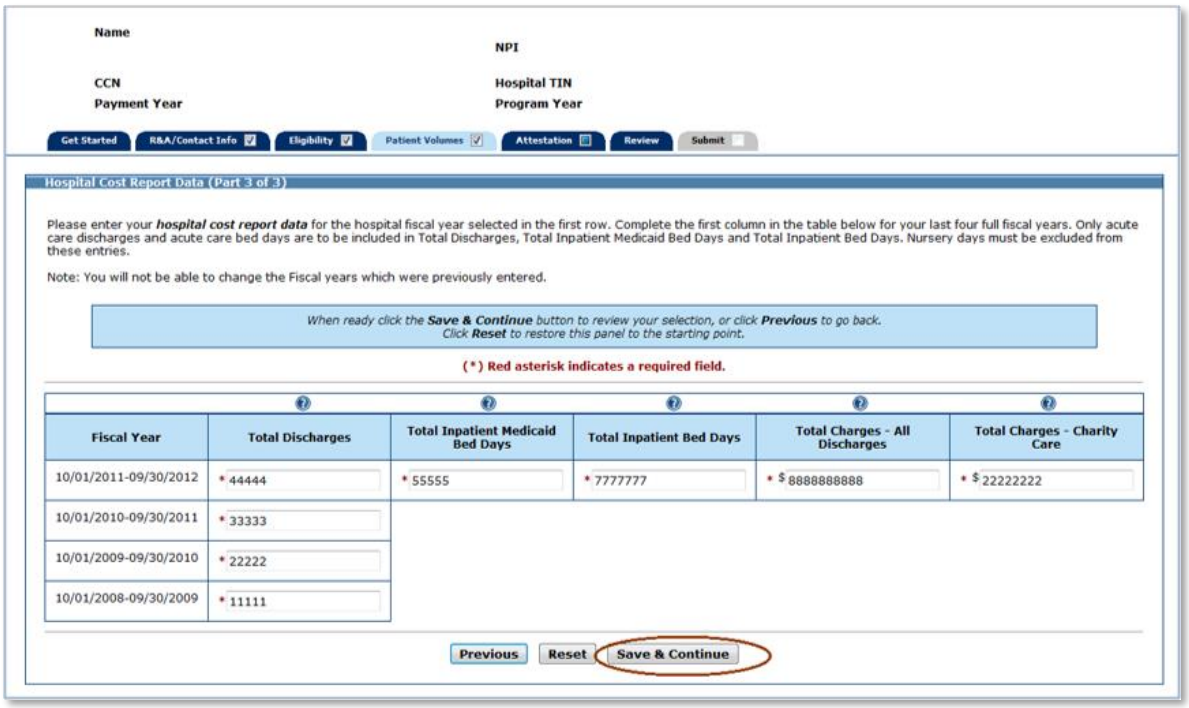
If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to review your selection, or click **Previous** to go back.



Hospital Cost Report Data (Part 3 of 3)

On this screen you will enter the 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. Click **Reset** to restore this panel to the starting point.

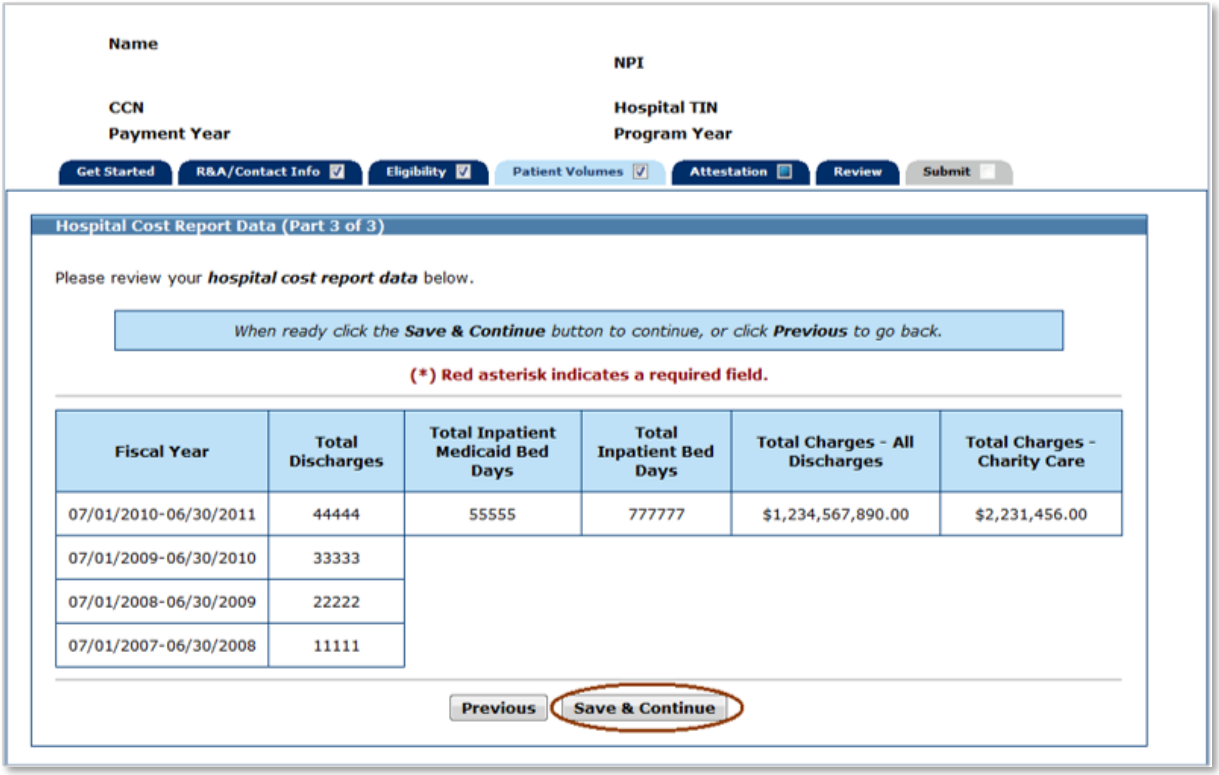


If you are in Payment Year 2 or subsequent payment years, this screen will display the hospital cost report data from the previous paid application. If you would like to change the hospital cost report data, refer to the Change Hospital Cost Report Data section of this manual. If you would like to proceed using the existing hospital cost report 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 Report Data (Part 3 of 3) screen will display zeroes. You will not be able to enter data. After submitting your application, contact Indiana Medicaid.

Review the numbers you entered.

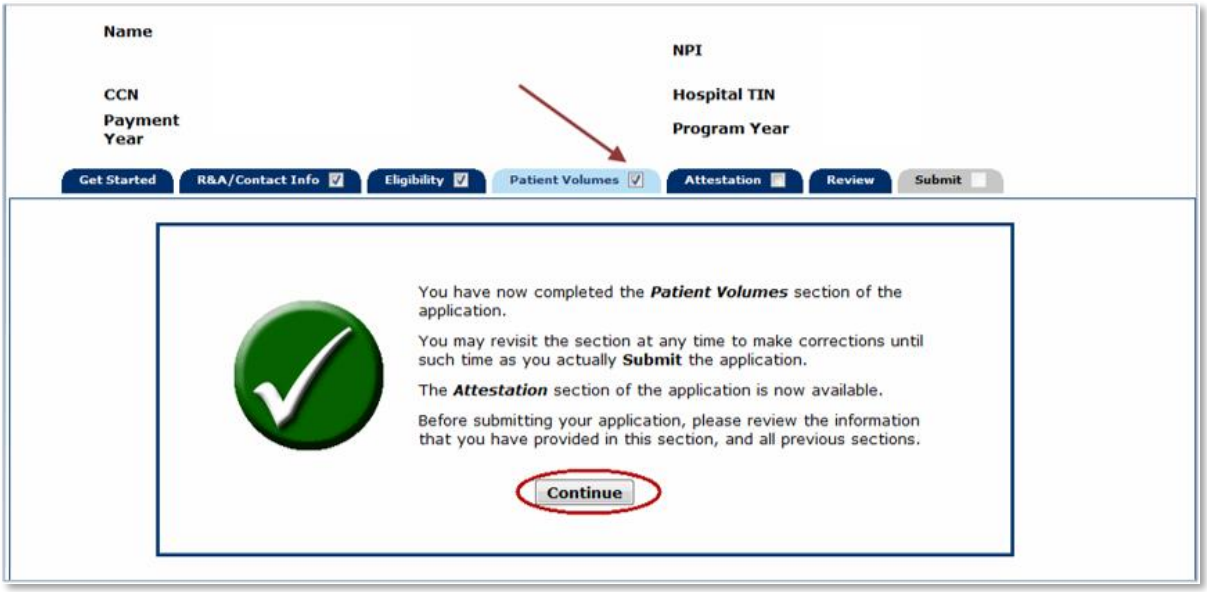
Click **Save & Continue** to continue or click **Previous** to go back.



This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

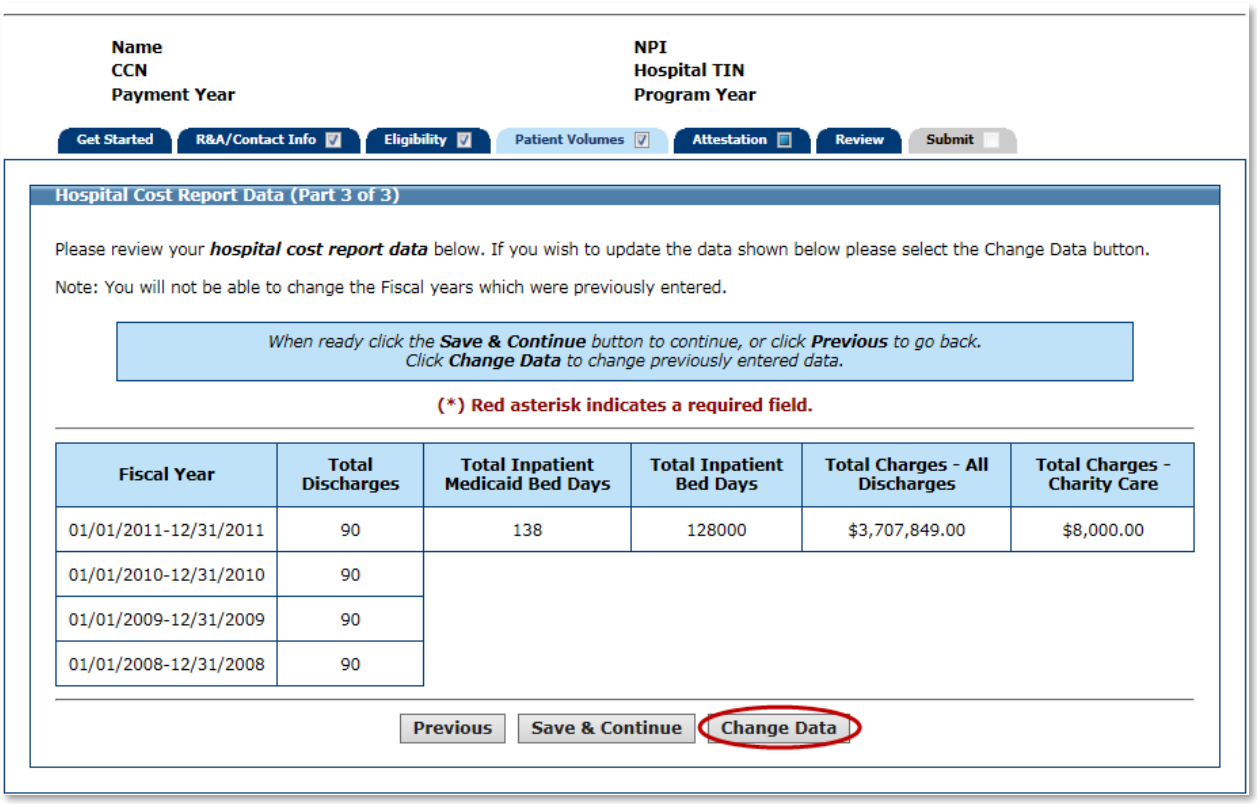
Click **Continue** to proceed to the **Attestation** section.



Change Hospital Cost Report Data

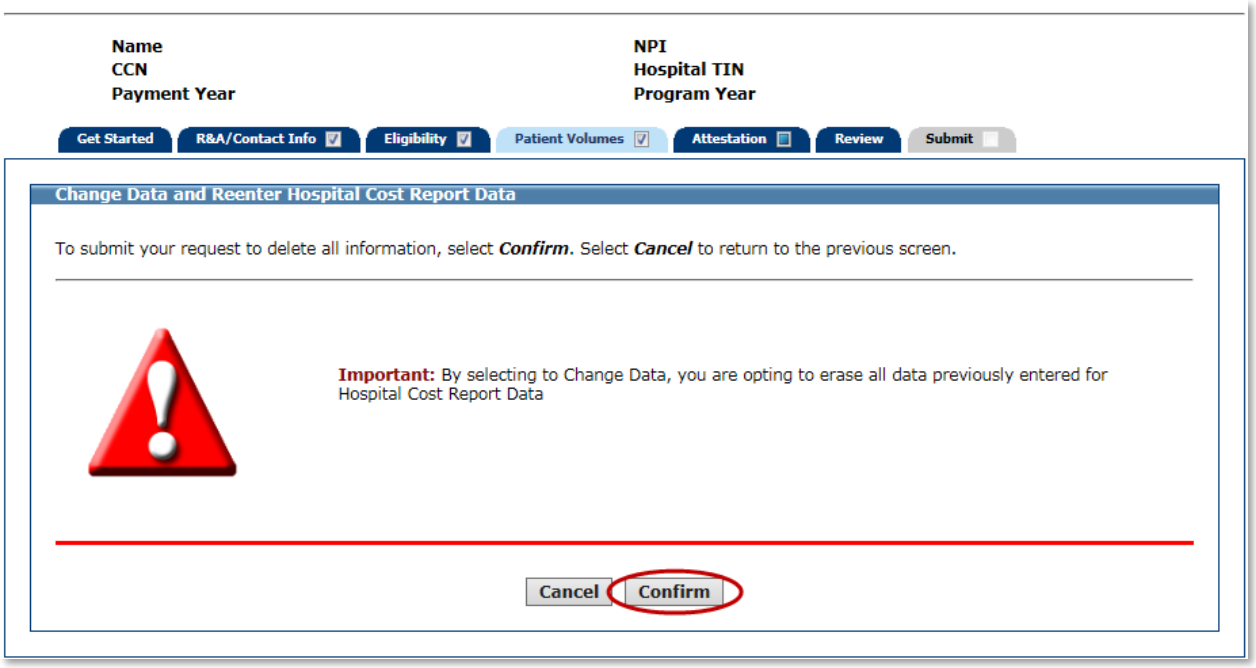
When you have applied since the start of the program in the same state and your payment year is 2 or higher, MAPIR allows you to revise previously entered hospital cost report data. The Hospital Cost Report Data screen will display the data from the previously paid application. The revised hospital cost 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**.



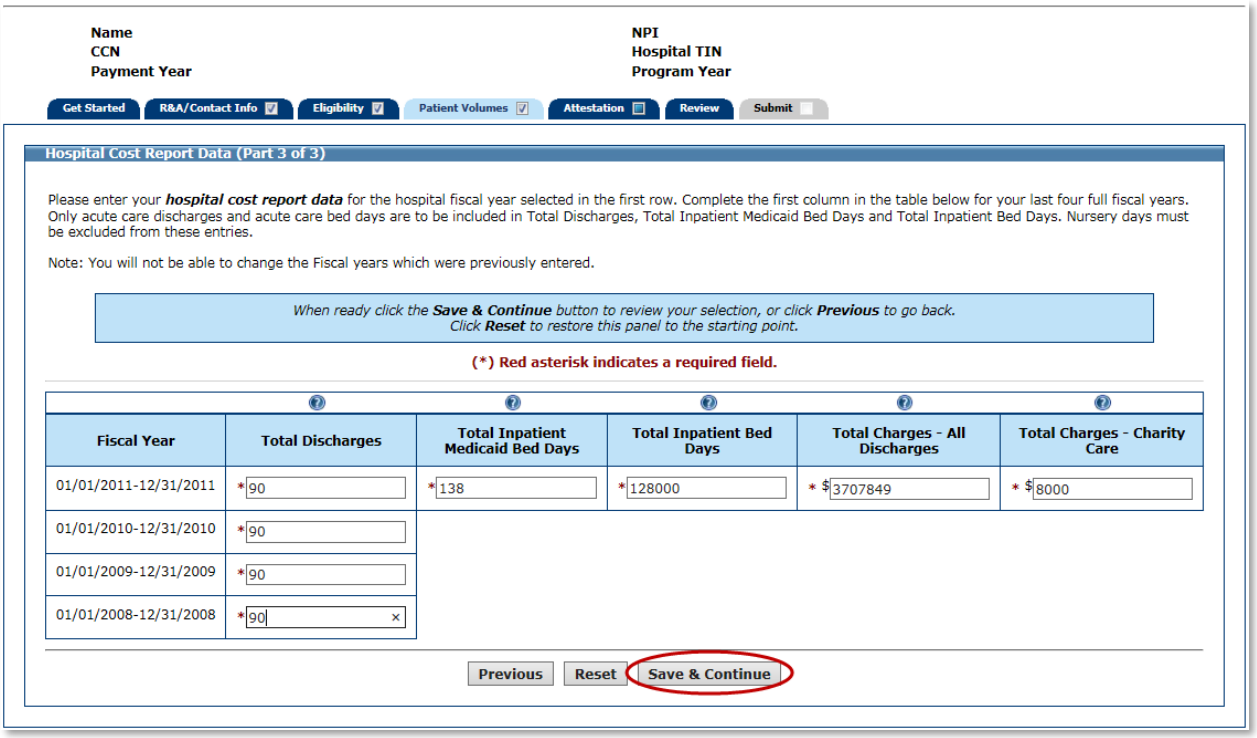
Confirm if you want to proceed to change the hospital cost report data. Be advised that if you elect to proceed the data that was previously entered for hospital cost report data will be erased.

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.

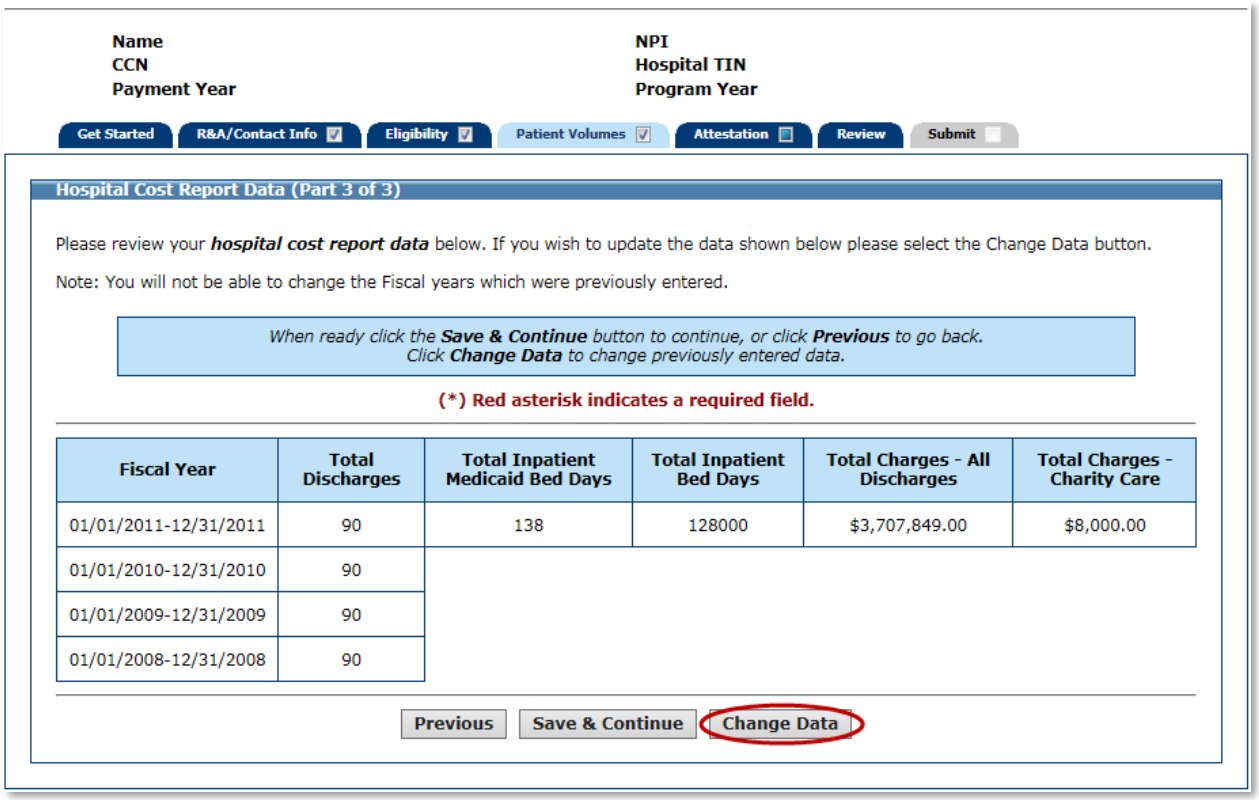


If you re-enter the hospital cost report data and the values match the existing hospital cost report data on file, you will receive an error message. The re-entered data cannot match the existing data on file.

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.

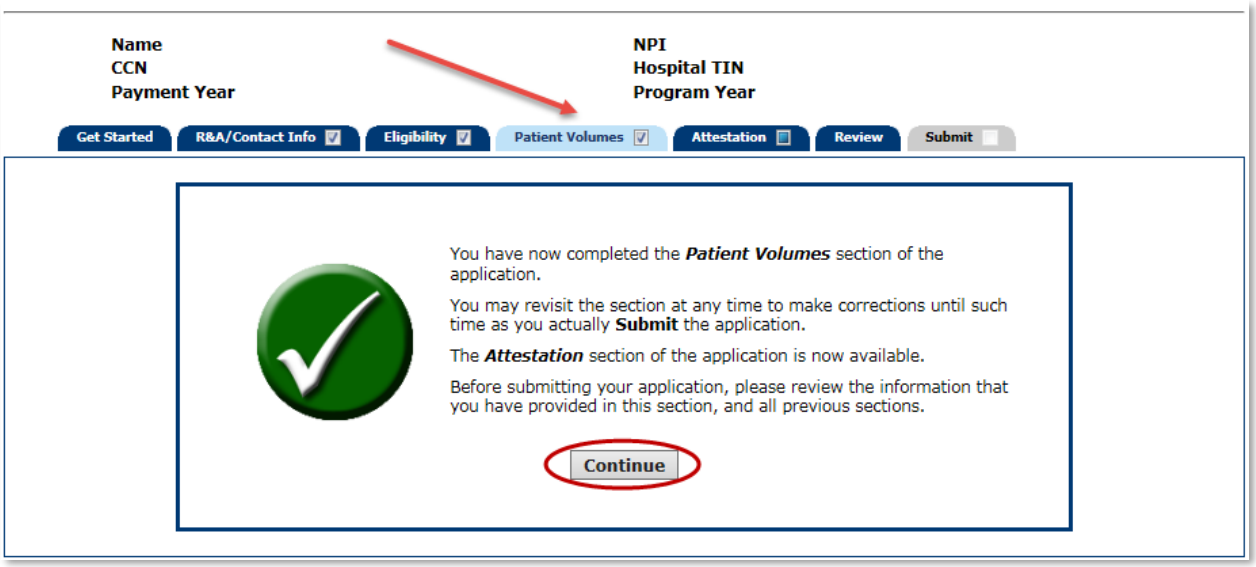


Once you have submitted the application, MAPIR recalculates the incentive payment for that year based on the revised hospital cost data as well as the remaining payments. If the new calculation results in a revised payment for the current year, you will receive a payment for the revised amount.

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.



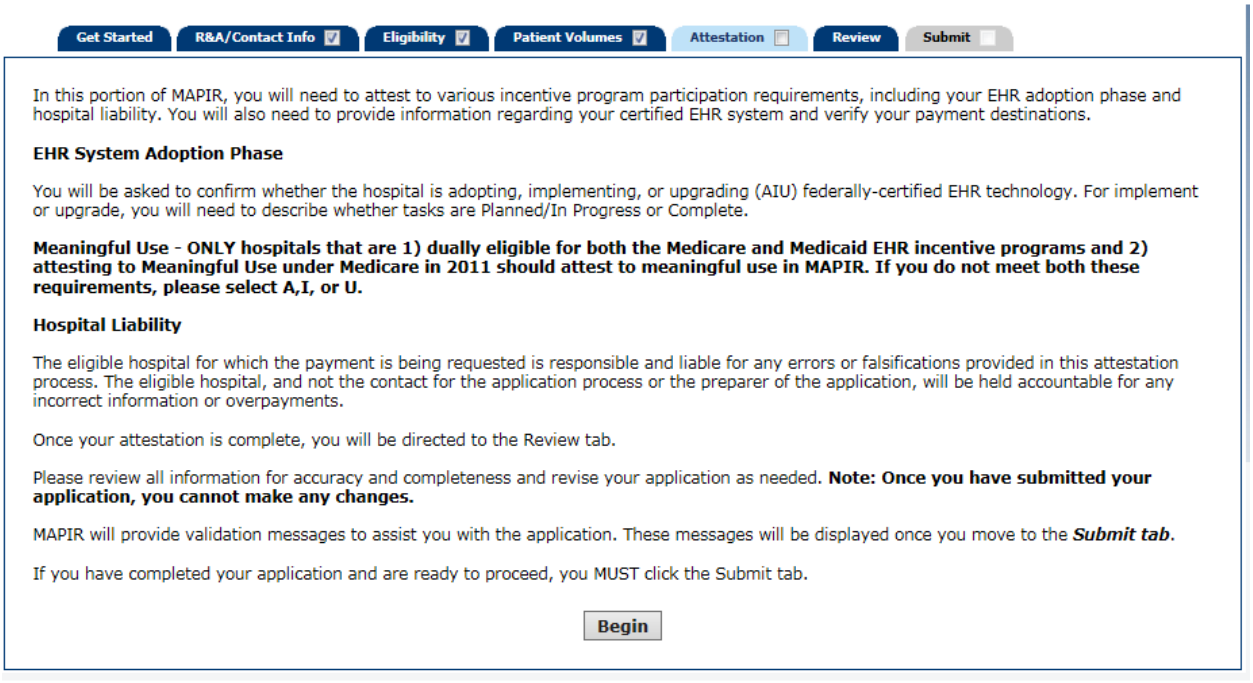
Step 5 – Attestation

This section will ask you to provide information about your EHR System Adoption Phase. The Adoption phase for 2019 is Meaningful Use.

This initial Attestation screen provides information about this section.

Note
The Adoption, Implementation, and Upgrade phases are not available in 2019.

Click **Begin** to continue to the Attestation section.



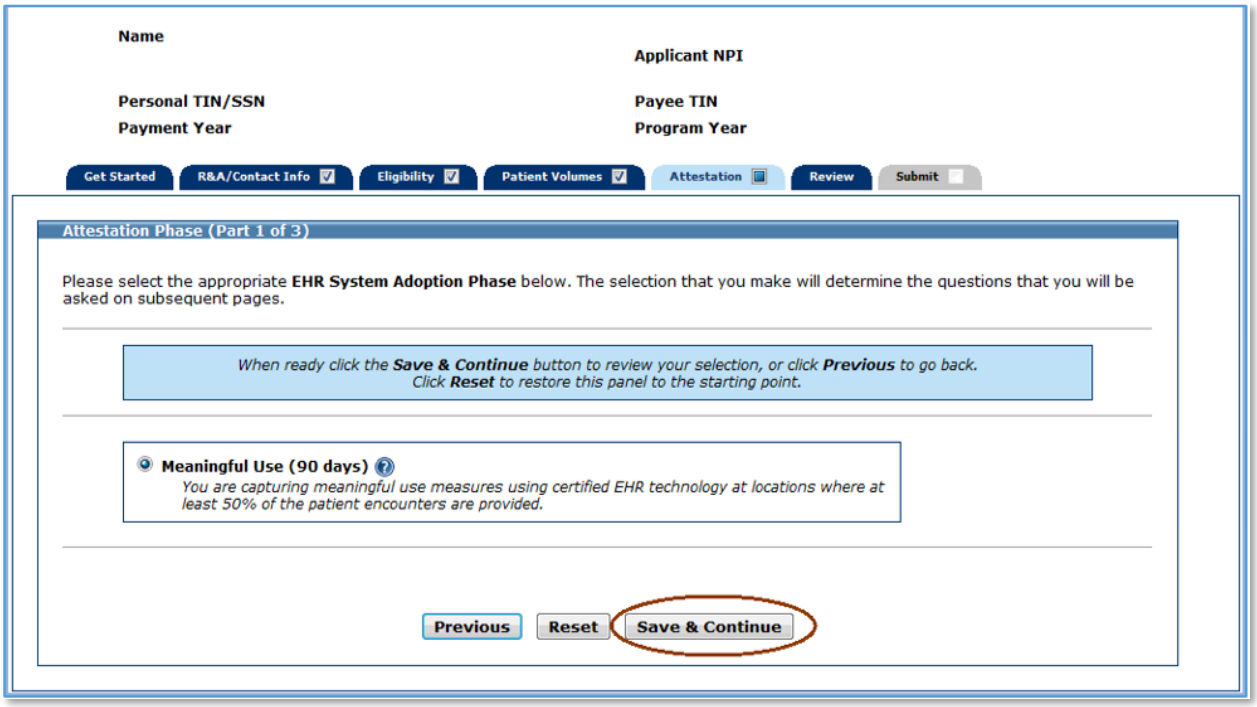
Meaningful Use Phase

Select an EHR System Adoption Phase for reporting Meaningful Use of Certified EHR Technology. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2019 is set to Meaningful Use (90 days).

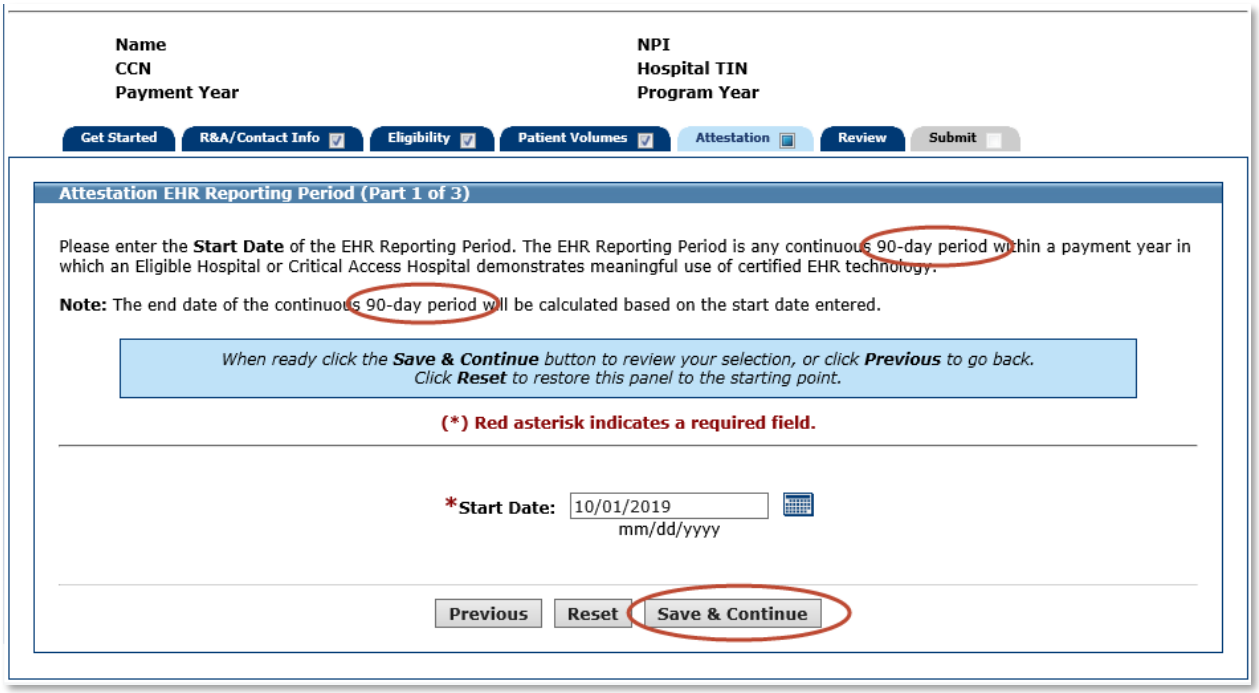
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2019 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

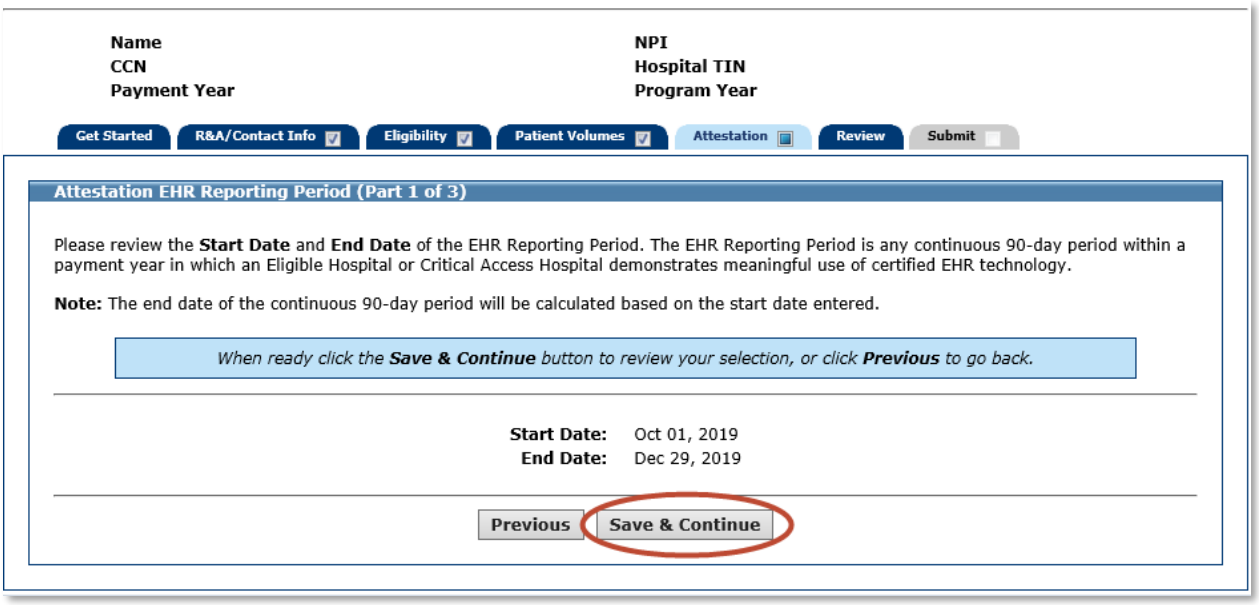
Enter a Start Date or use the calendar located to the right of the **Start Date** field.

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



A system calculated end date of 90 days will be generated from your chosen **Start Date**.

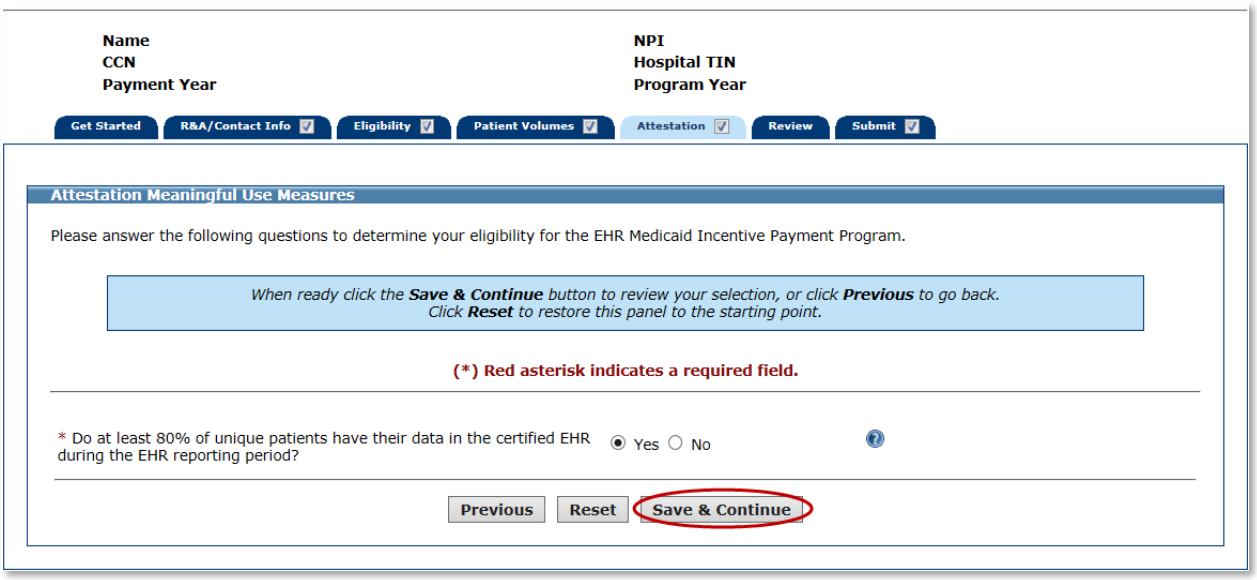
Click **Save & Continue** to review your selection or click **Previous** to go back.



Meaningful Use General Requirements

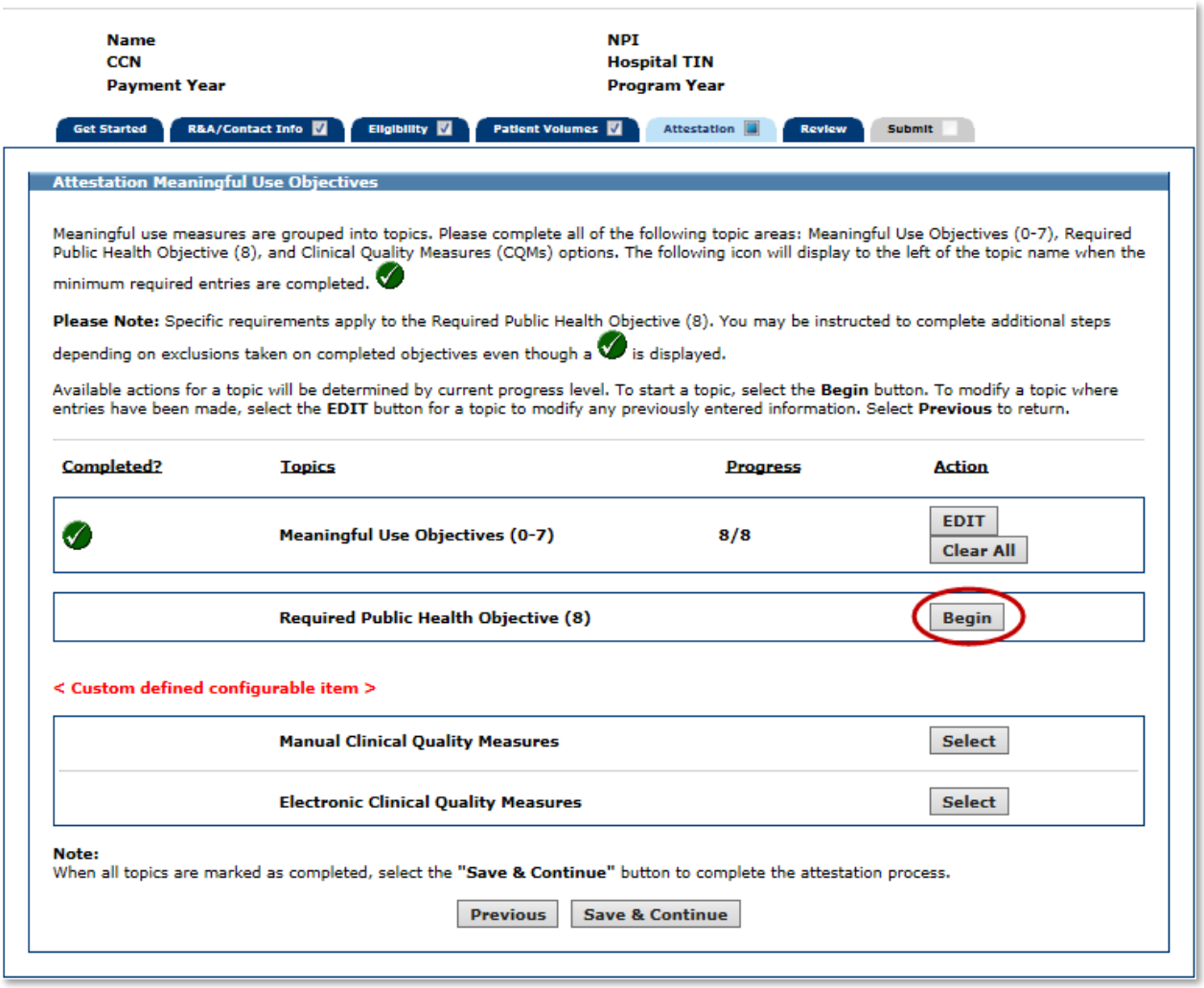
Answer all the following questions and select either the **Yes** or **No** radio buttons.

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.



If all measures 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, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.



Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into two distinct topics: Meaningful Use Objectives and the Required Public Health Objective. The Manual Clinical Quality Measures are further divided into 2 topics, of which one must be selected: Clinical Quality Measures and Electronic Clinical Quality Measures.

You may complete any of the three topics in any order.

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.

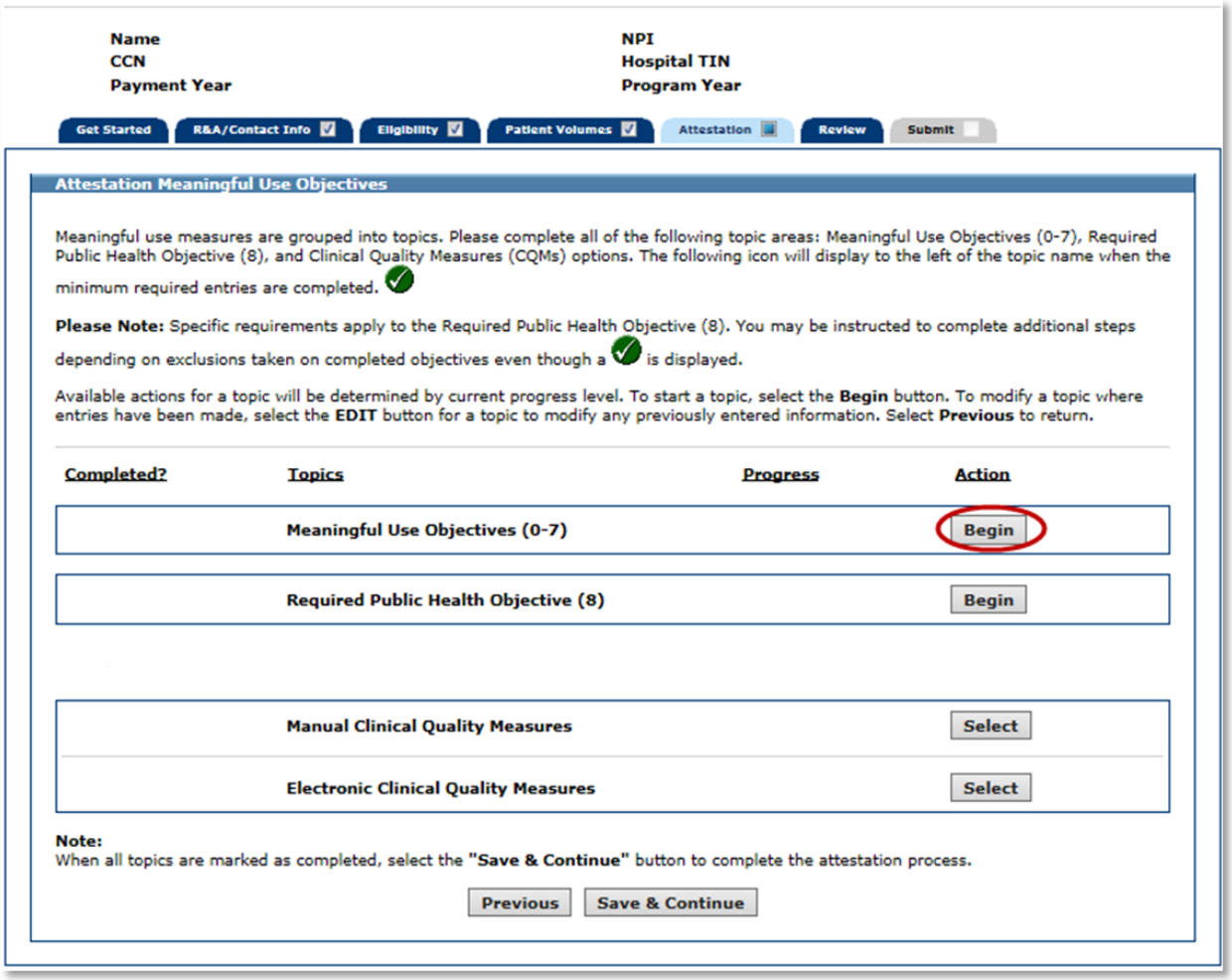


Figure 0-1: Stage 3 Measures Topic List

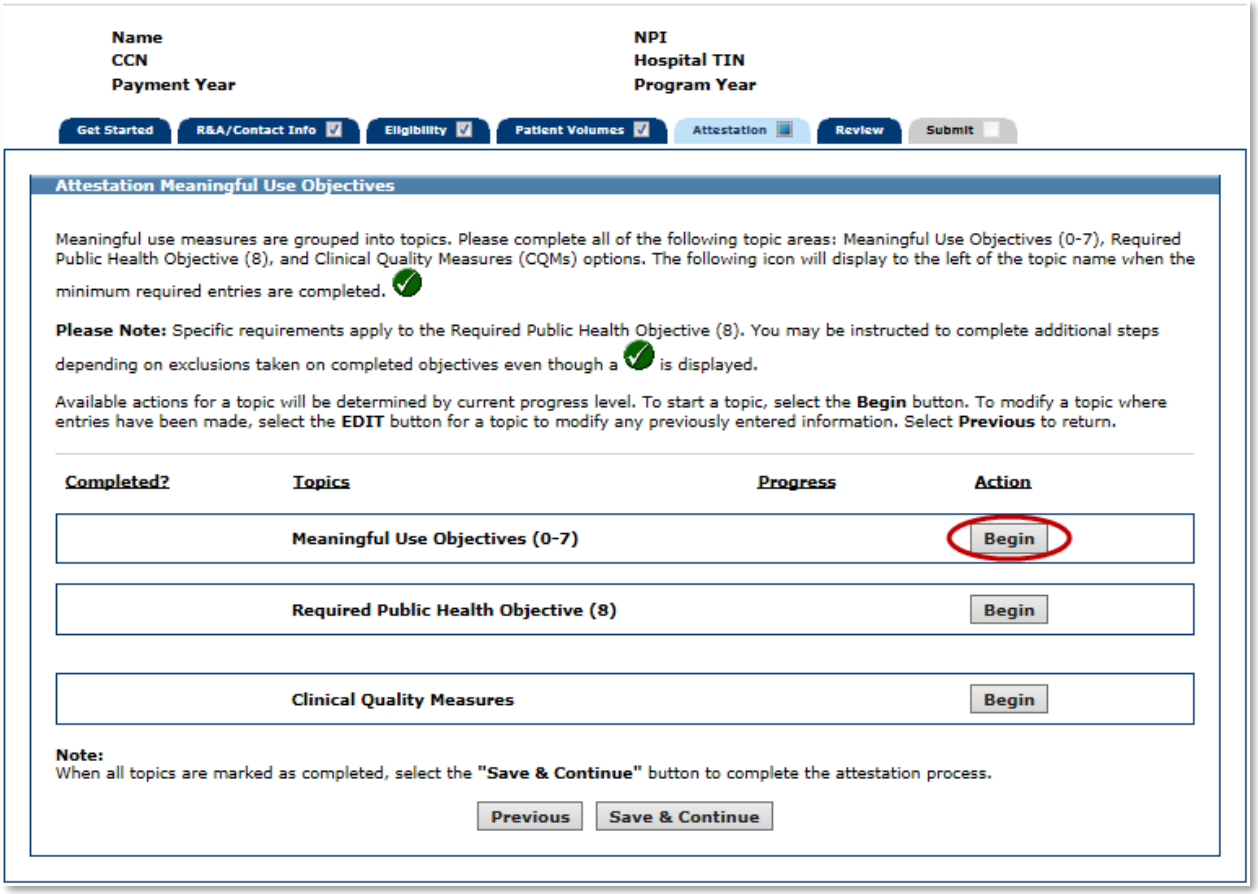
Stage 3 MU

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 (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic 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.

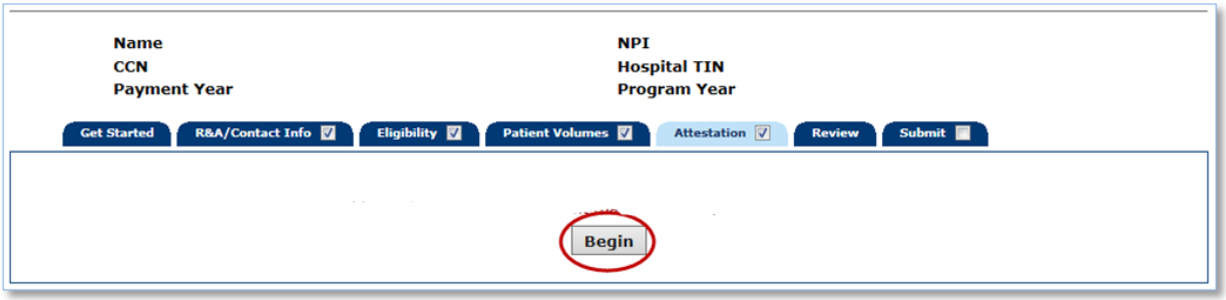


Meaningful Use Objectives (0-7)

This screen provides information about the Stage 3 Meaningful Use Objectives.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (0-7).

Click **Begin** to continue to the Meaningful Use Objective List Table.



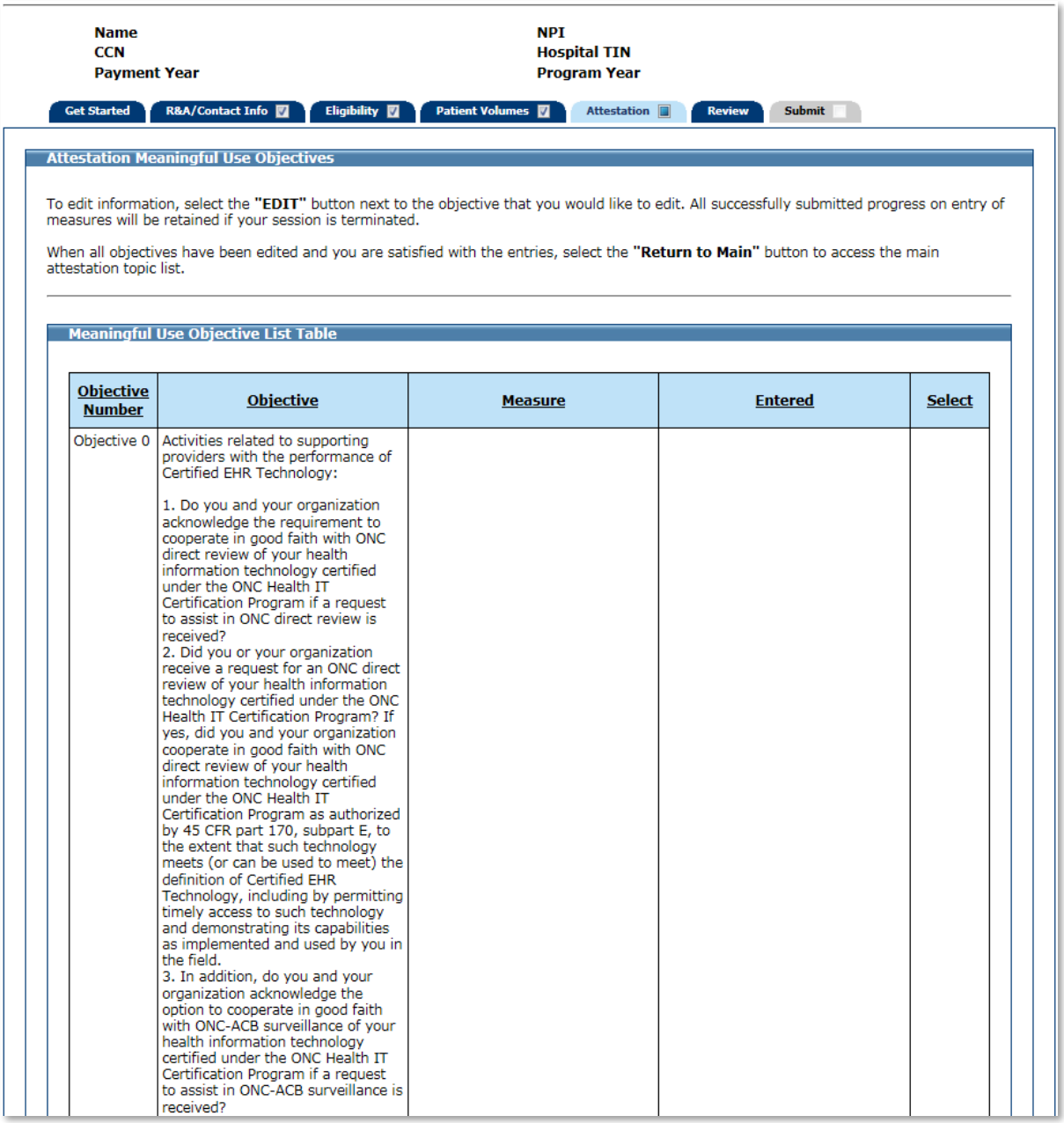
Meaningful Use Objective List Table

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.



Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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

Objective Number	Objective	Measure	Entered	Select
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field. 3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?			

Figure 0-2: Meaningful Use Objective List Table (Part 1 of 5)

				4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field? Actions related to supporting information exchange and the prevention of health information blocking: 1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology: 2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?			EDIT			

Figure 0-3: Meaningful Use Objective List Table (Part 2 of 5)

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.		EDIT
Objective 2	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 25 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.		EDIT
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs 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 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, 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 60 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 60 percent of diagnostic imaging 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.		EDIT

Figure 0-4: Meaningful Use Objective List Table (Part 3 of 5)

Objective 5	The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology. The eligible hospital or CAH must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.		EDIT
Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.	During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information, (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology, or (3) A combination of (1) and (2). For more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative. Patient generated health data or data from a nonclinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.		EDIT

Figure 0-5: Meaningful Use Objective List Table (Part 4 of 5)

Objective 7	The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.	For more than 50 percent of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record. For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document. For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication: Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy: Review of the patient's known medication allergies. (3) Current Problem list: Review of the patient's current and active diagnoses.		EDIT

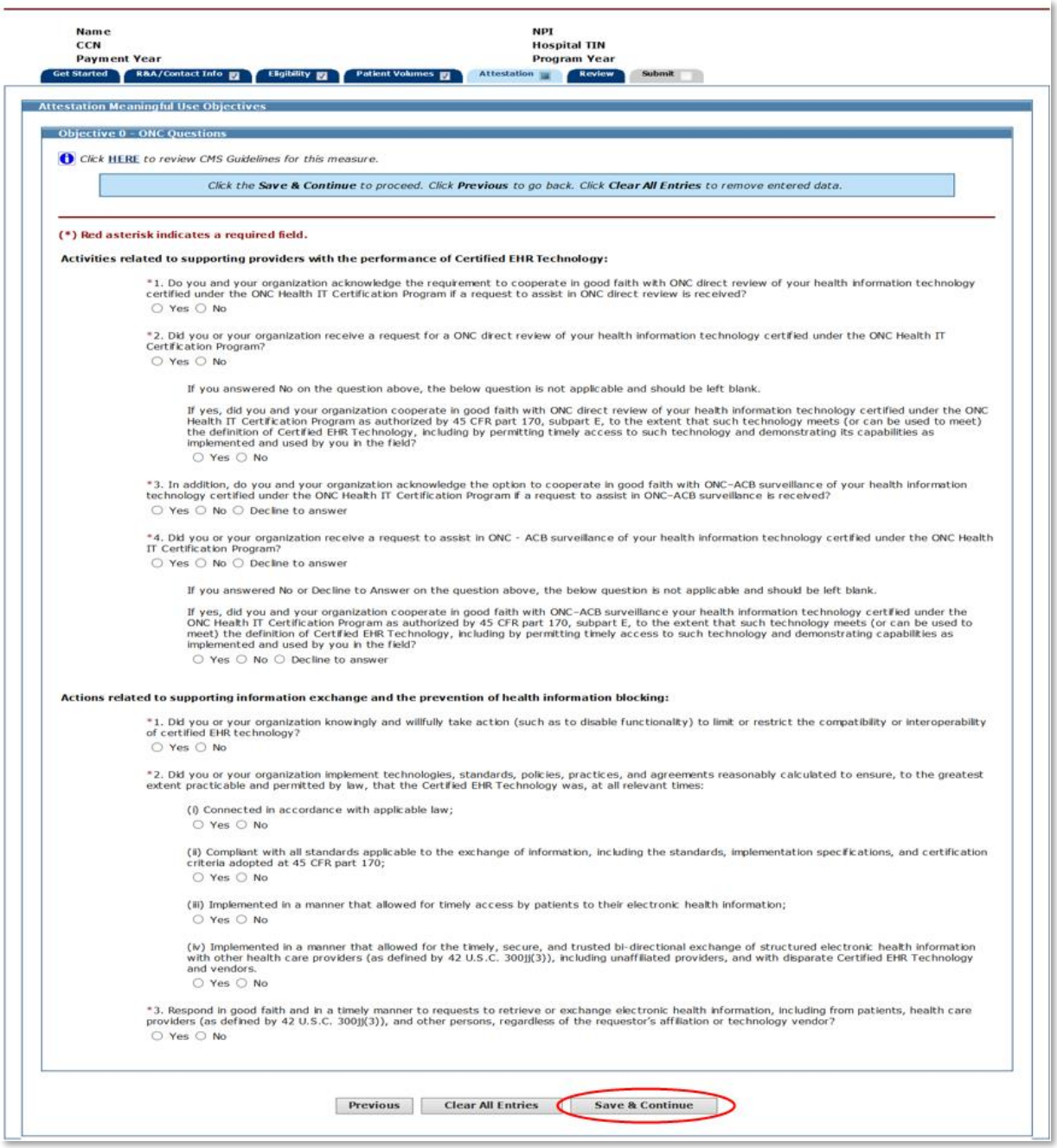
Return to Main

Figure 0-6: Meaningful Use Objective List Table (Part 5 of 5)

Objective 0 – ONC Questions

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.**



Name
CCN
Payment Year
NPI
Hospital TIN
Program Year

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Objective 0 - ONC Questions

Click HERE to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
○ Yes ○ No

*2. Did you or your organization receive a request for a ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
○ Yes ○ No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
○ Yes ○ No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
○ Yes ○ No ○ Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
○ Yes ○ No ○ Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
○ Yes ○ No ○ Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology?
○ Yes ○ No

*2. Did you or your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;
○ Yes ○ No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
○ Yes ○ No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
○ Yes ○ No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
○ Yes ○ No

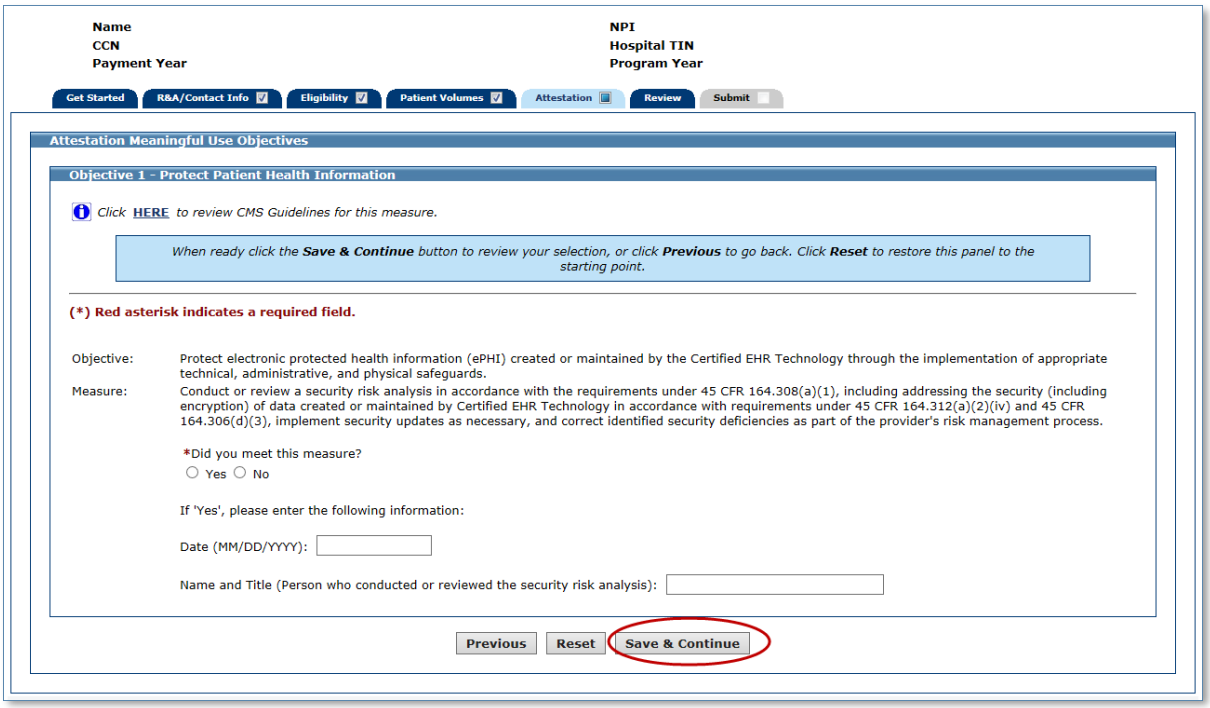
*3. Respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
○ Yes ○ No

Previous | Clear All Entries | Save & Continue

Objective 1 – Protect Patient Health Information

Enter information in all required fields

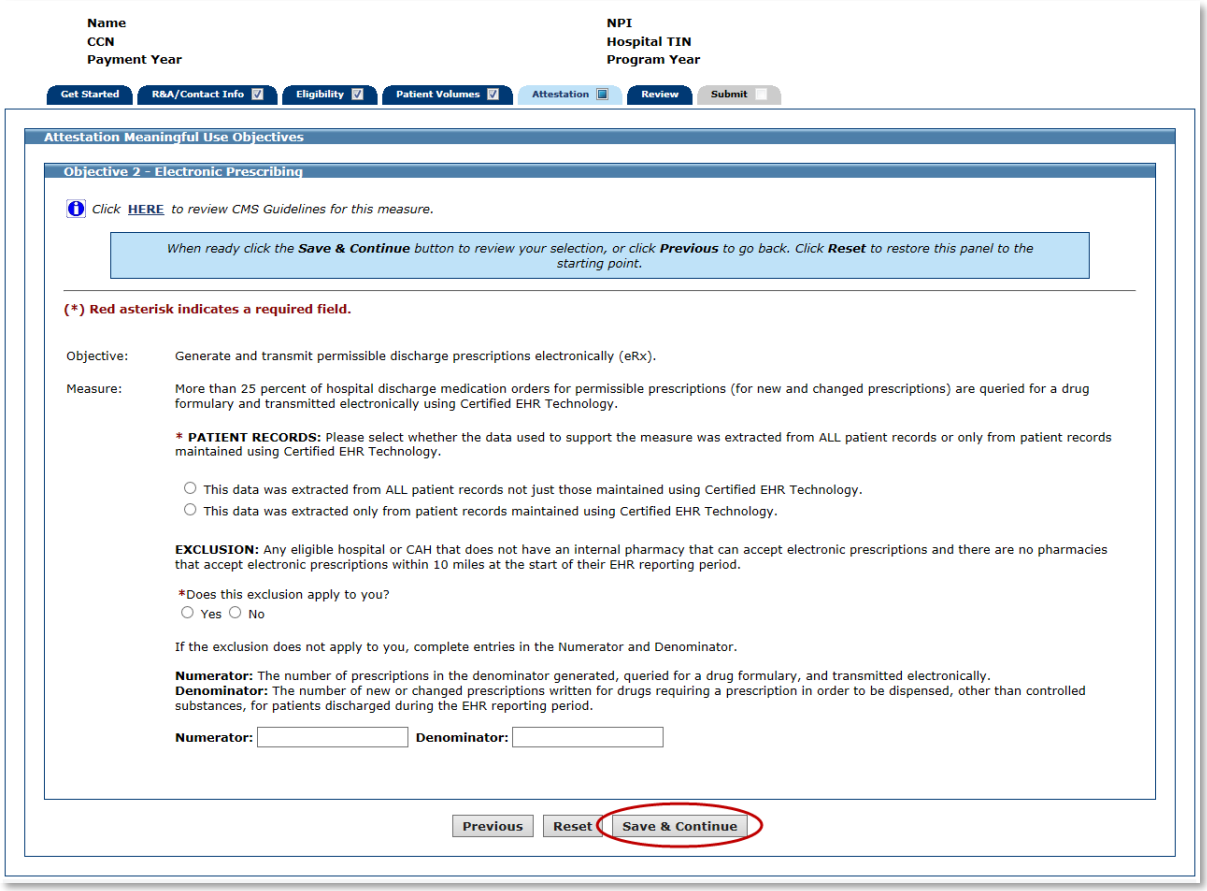
Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**



Objective 2 – Electronic Prescribing

Enter information in all required fields

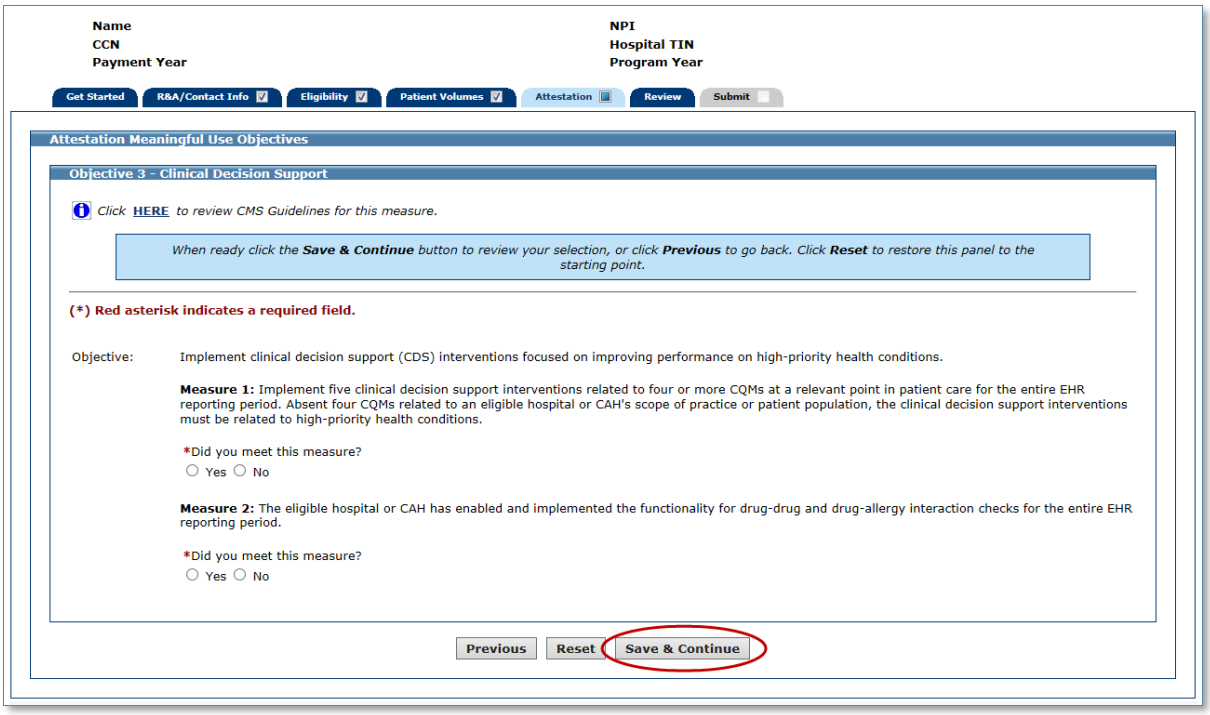
Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**



Objective 3 – Clinical Decision Support

Enter information in all required fields

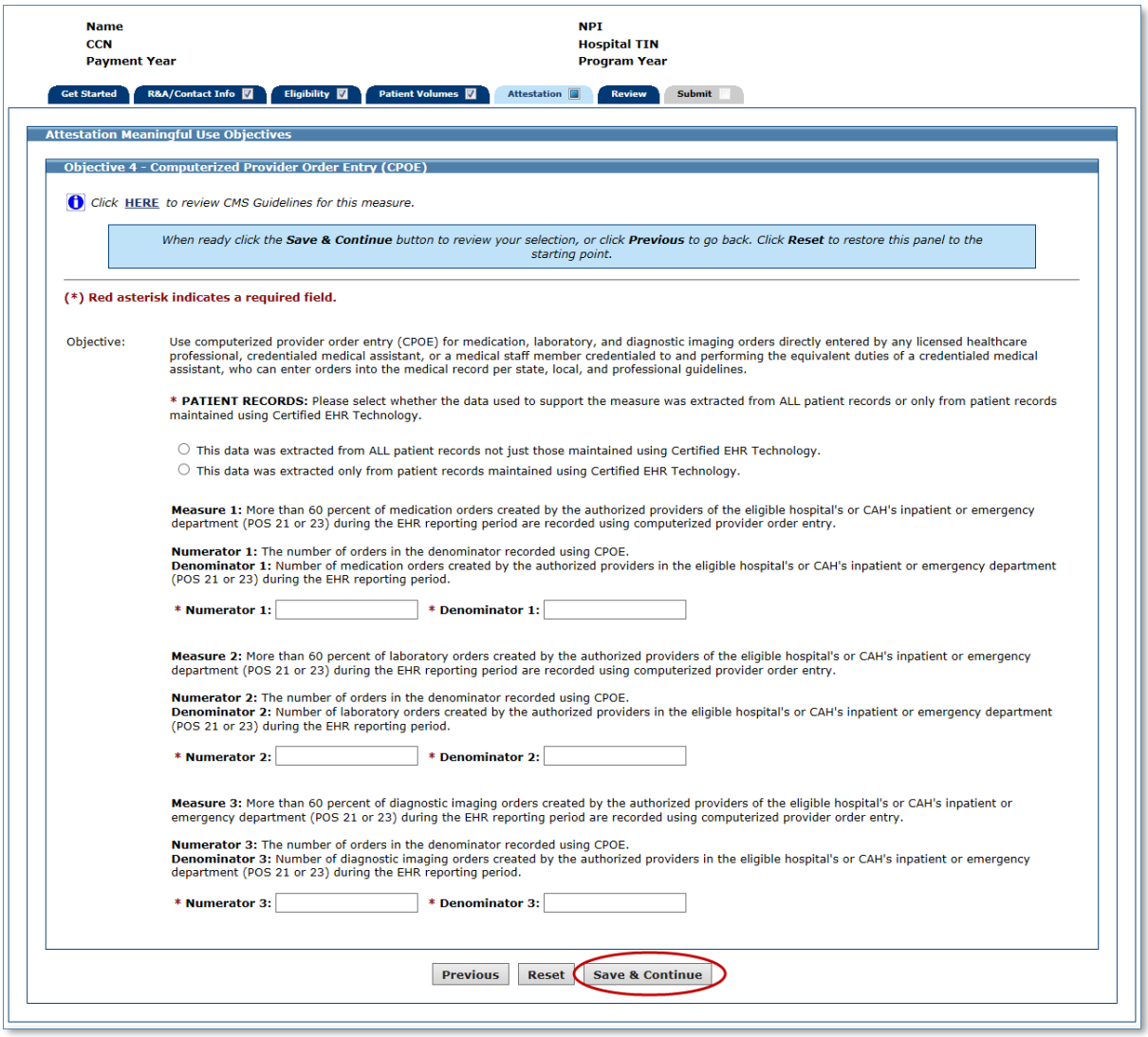
Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**



Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields

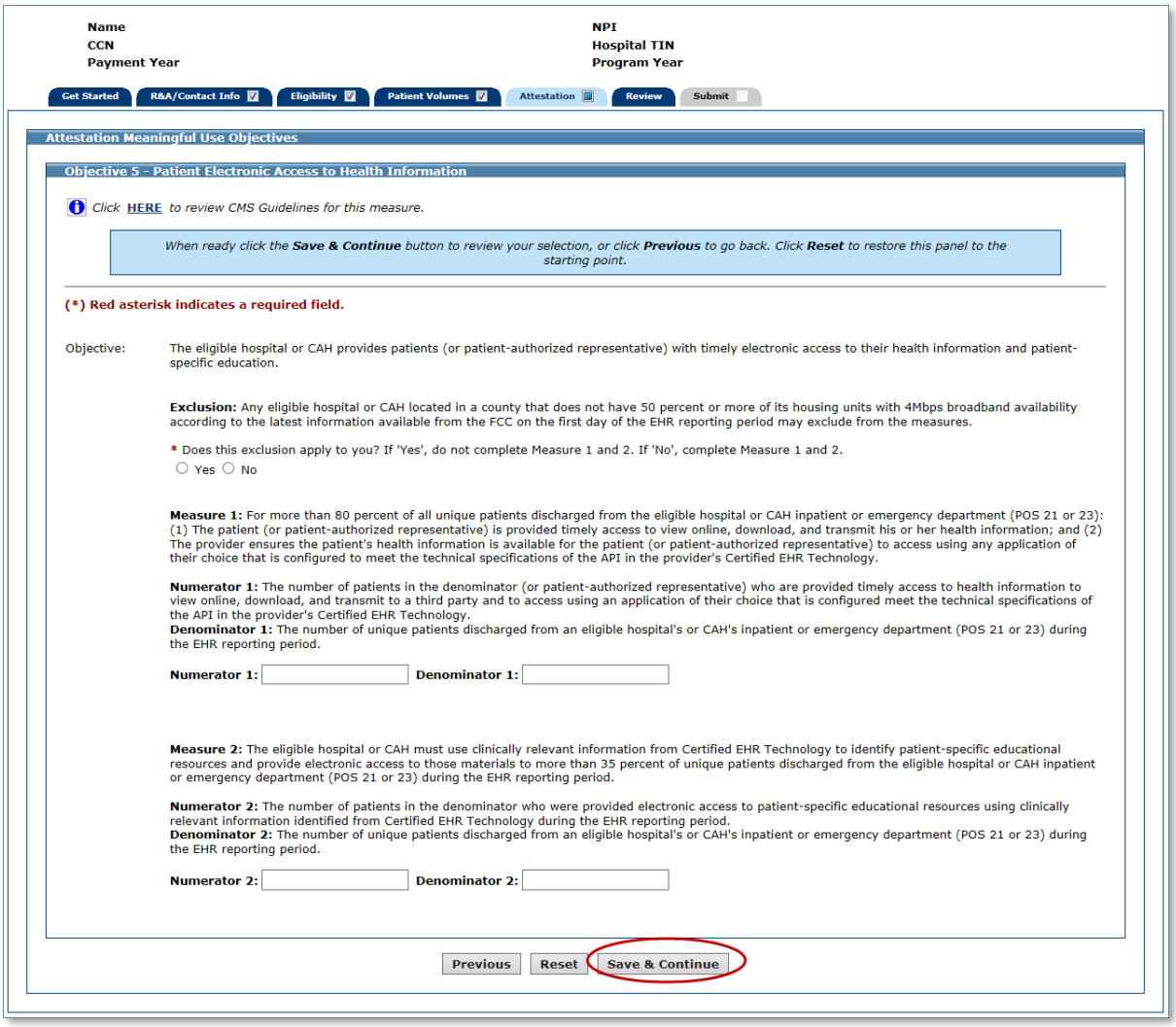
Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue.**



Objective 5 – Patient Electronic Access to 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 6 – Coordination of Care Through Patient Engagement

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.**

Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Objective 6 - Coordination of Care Through Patient Engagement

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: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.

Exclusion: Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete Measures 1, 2 and 3. If 'No', complete Measures 1,2 and 3.
○ Yes ○ No

Measure 1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information, (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology, or (3) A combination of (1) and (2).

Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.
Denominator 1: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 1: [ ] **Denominator 1:** [ ]

Measure 2: For more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.
Denominator 2: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: [ ] **Denominator 2:** [ ]

Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.
Denominator 3: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: [ ] **Denominator 3:** [ ]

Previous | Reset | Save & Continue

Objective 7 – Health Information Exchange (HIE) - Exclusion

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.**

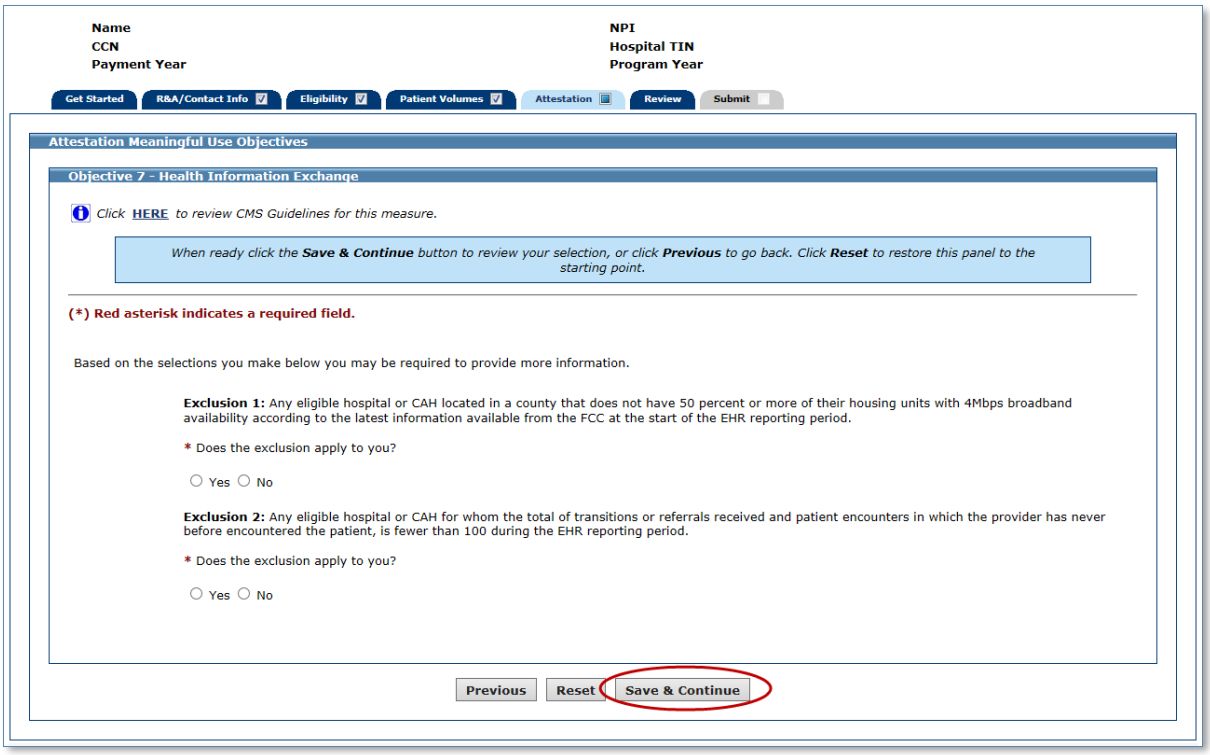


Figure 0-7: Health Information Exchange (HIE) exclusions

Note
If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.

The following measures will display on the Objective 7 - Health Information Exchange screen, ONLY WHEN specific exclusions have been selected on the previous Objective 7 – Health Information Exchange screen.

Note
For example if Exclusion 1 and 2 were both answered “Yes” then the following screen will not display.

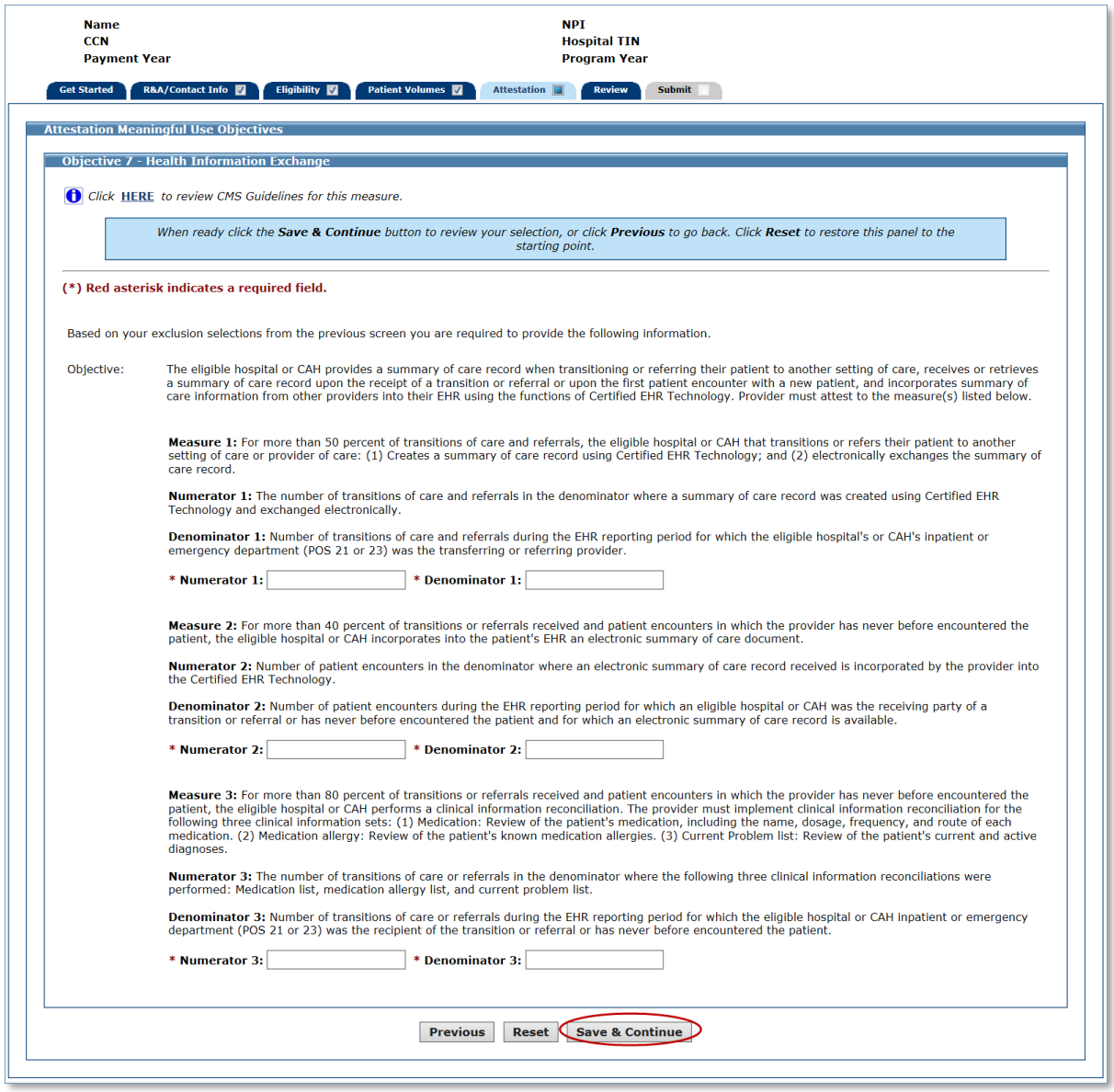


Figure 0-8: Health Information Exchange (HIE) results

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).

Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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.

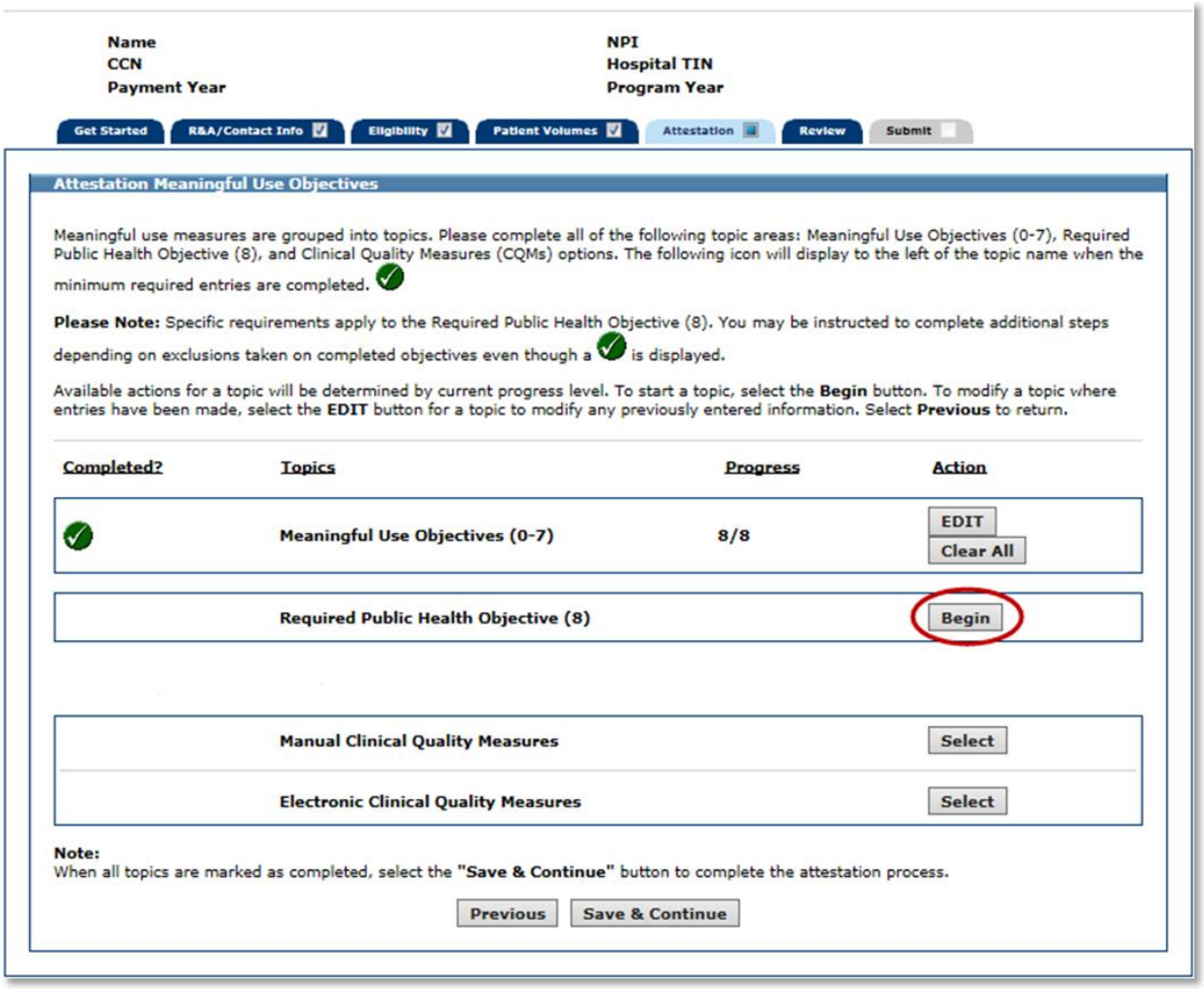
Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If		Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = No Question 2 = Yes Yes Yes Yes Question 3 = Yes	

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.

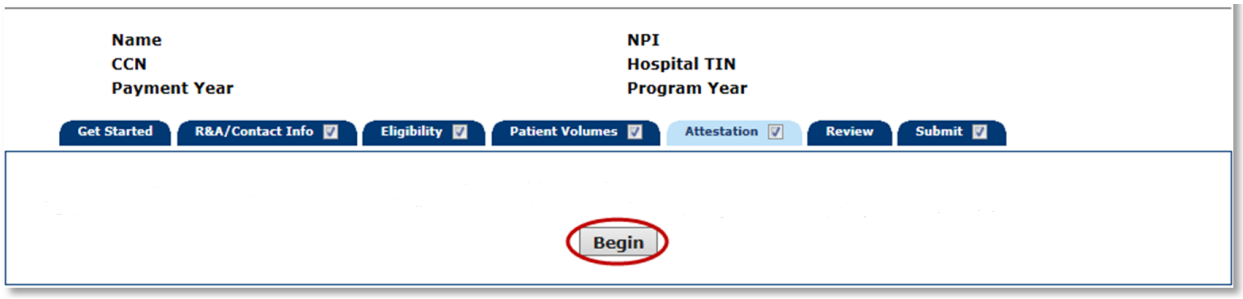
To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.



Stage 3 Required Public Health Objective (8)

This initial screen provides information about the Stage 3 Required Public Health Objective.

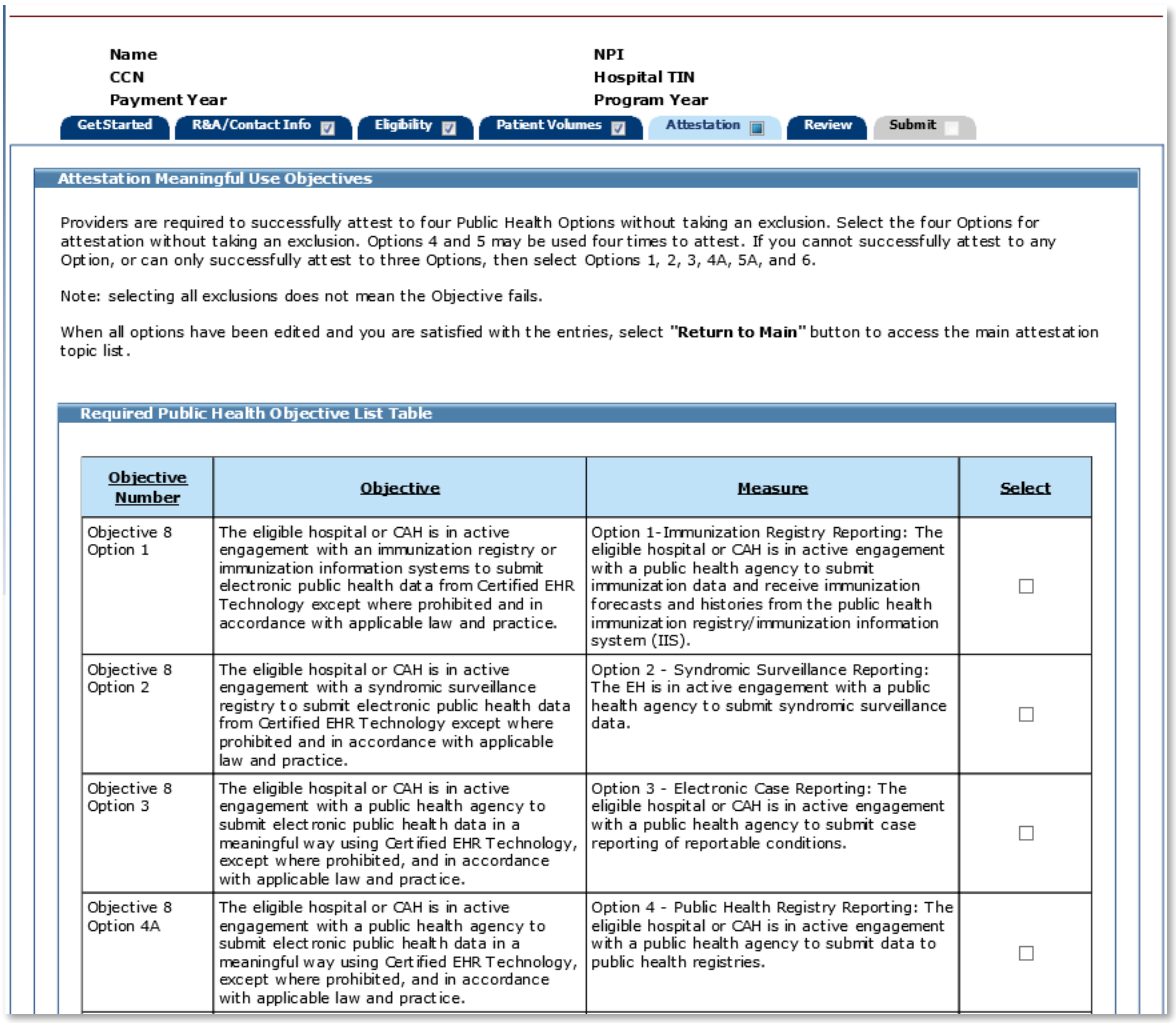
Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.



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.



Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Providers are required to successfully attest to four Public Health Options without taking an exclusion. Select the four Options for attestation without taking an exclusion. Options 4 and 5 may be used four times to attest. If you cannot successfully attest to any Option, or can only successfully attest to three Options, then select Options 1, 2, 3, 4A, 5A, and 6.

Note: selecting all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	☐
Objective 8 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 EH is in active engagement with a public health agency to submit syndromic surveillance data.	☐
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	☐
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☐

Figure 0-9: Required Public Health Objective Selection screen (Part 1 of 2)

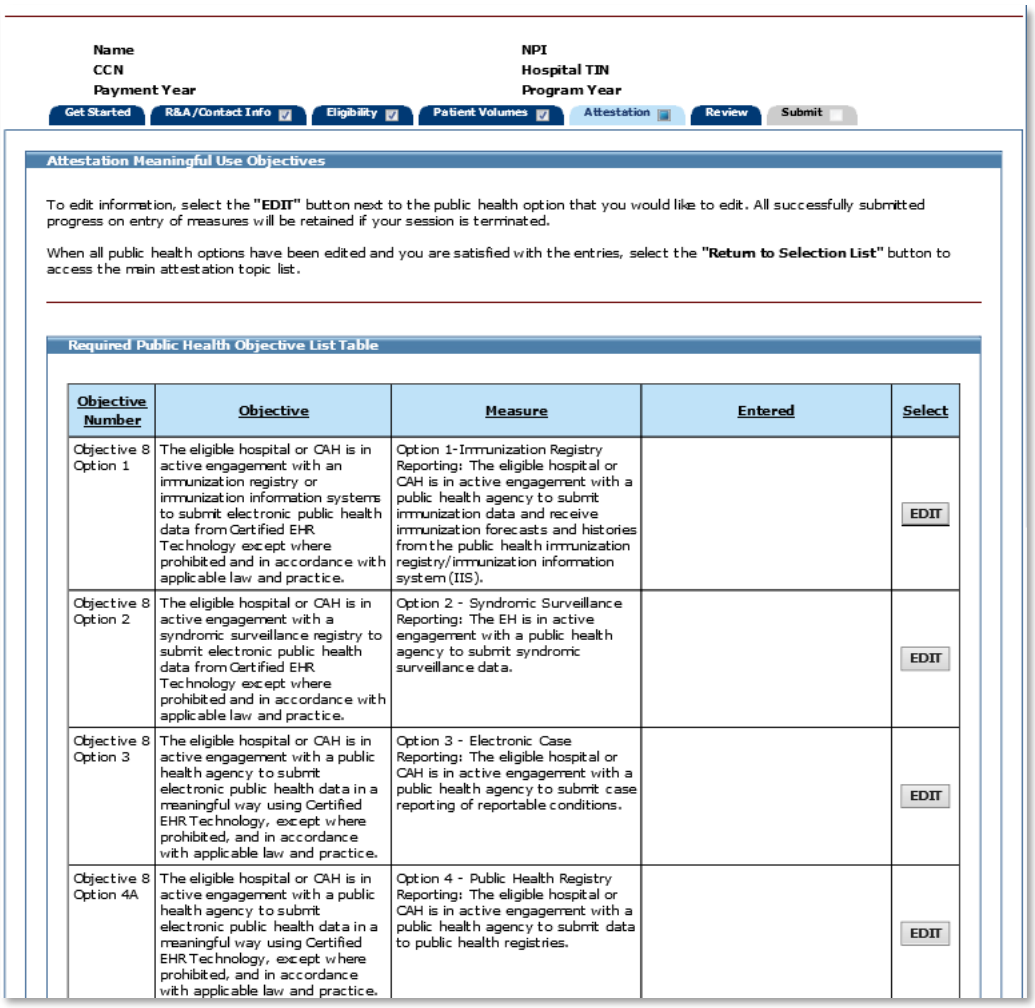
Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☐
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☐
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☐
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☐
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☐
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☐
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☐
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital and CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	☐

Return to Main | Reset | Save & Continue

Figure 0-10: Required Public Health Objective Selection screen (Part 2 of 2)

Required Public Health Objective Worksheet

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



Name
CCN
Payment Year
NPI
Hospital TIN
Program Year

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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

Objective Number	Objective	Measure	Entered	Select
Objective 8 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).		EDIT
Objective 8 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 EH is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.		EDIT
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.		EDIT

Figure 0-11: Required Public Health Objective Worksheet (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.		EDIT
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.		EDIT
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.		EDIT
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.		EDIT
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.		EDIT
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.		EDIT
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.		EDIT
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital and CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.		EDIT

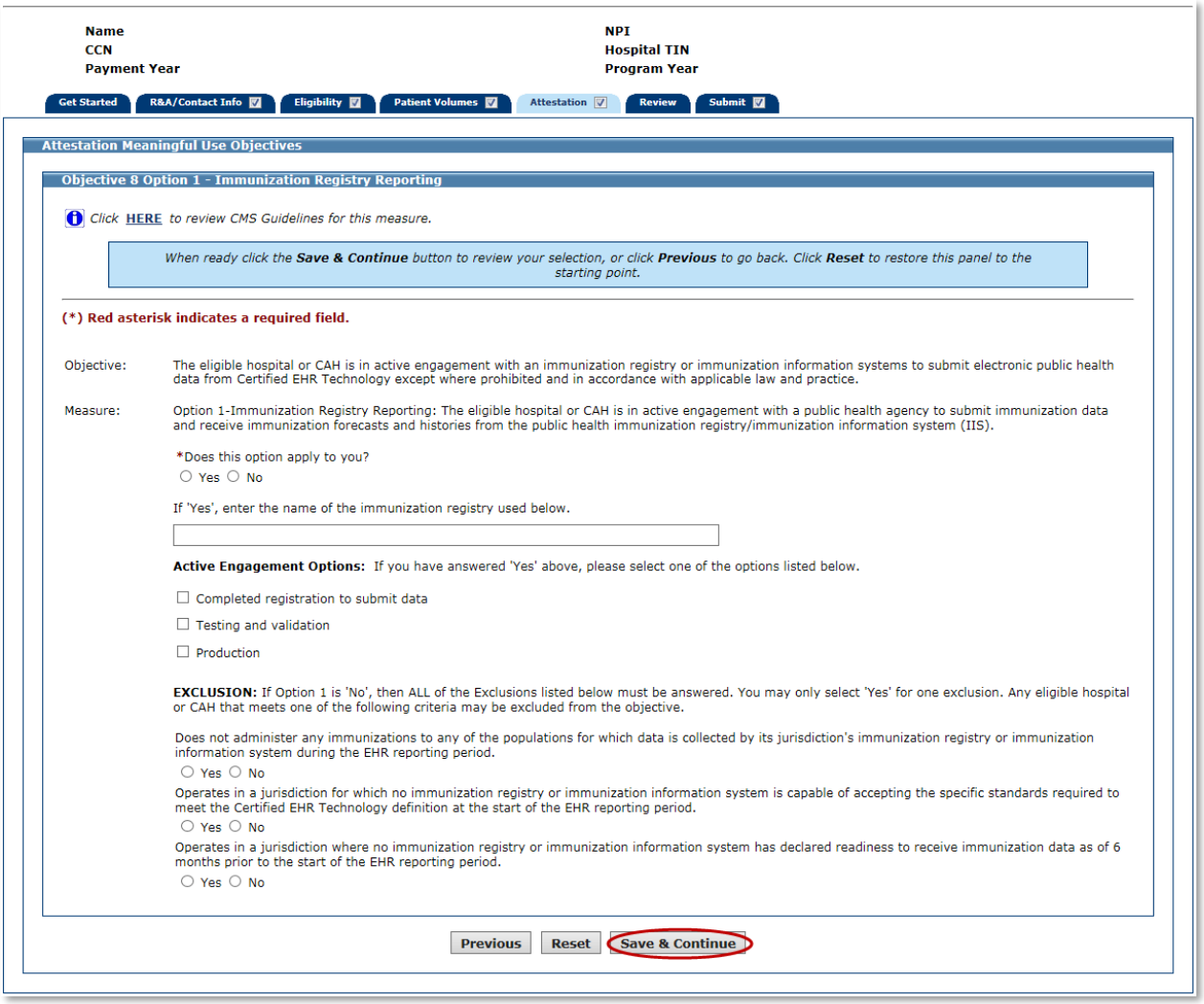
Return to Selection List

Figure 0-12: Required Public Health Objective Worksheet (Part 2 of 2)

Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

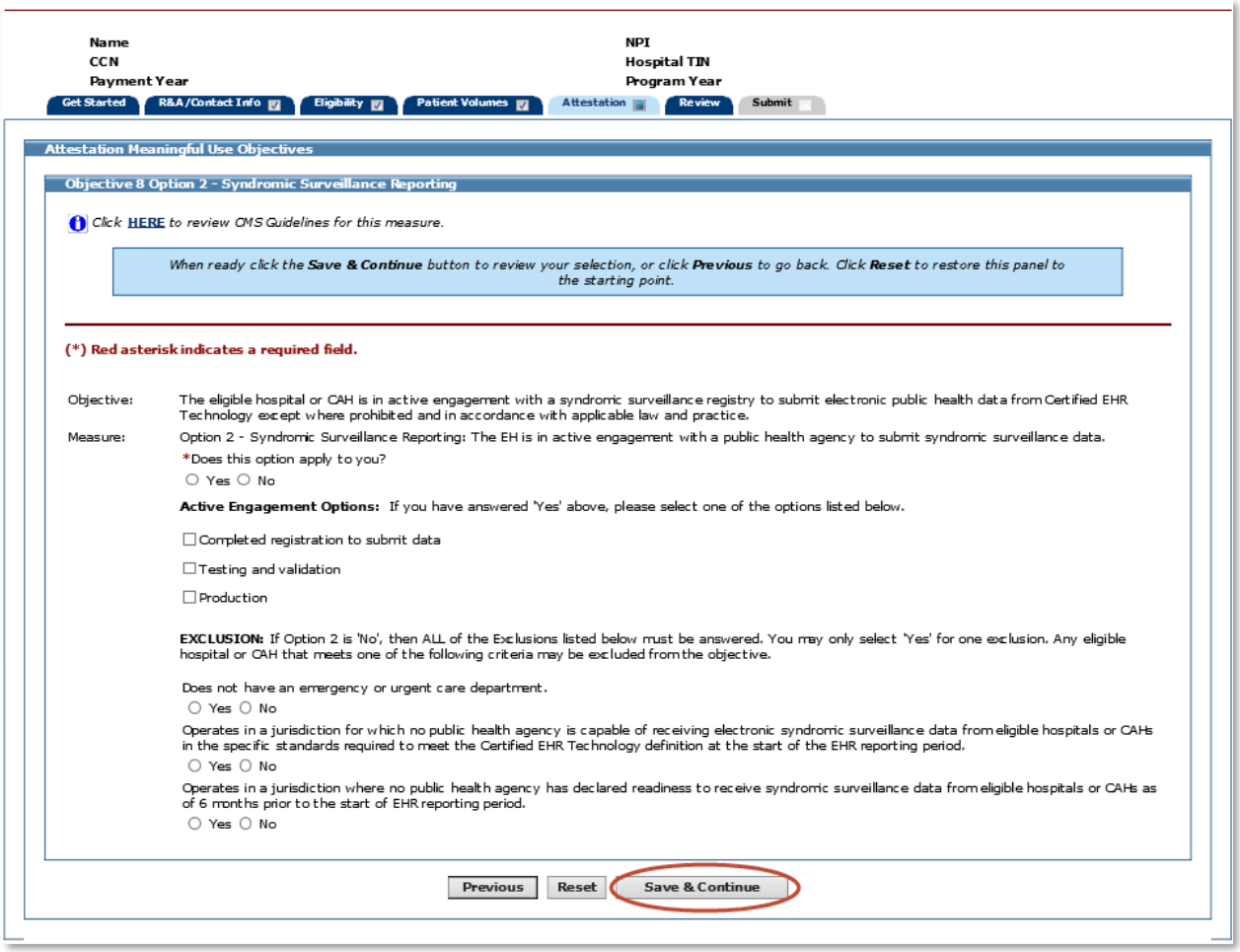
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 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.



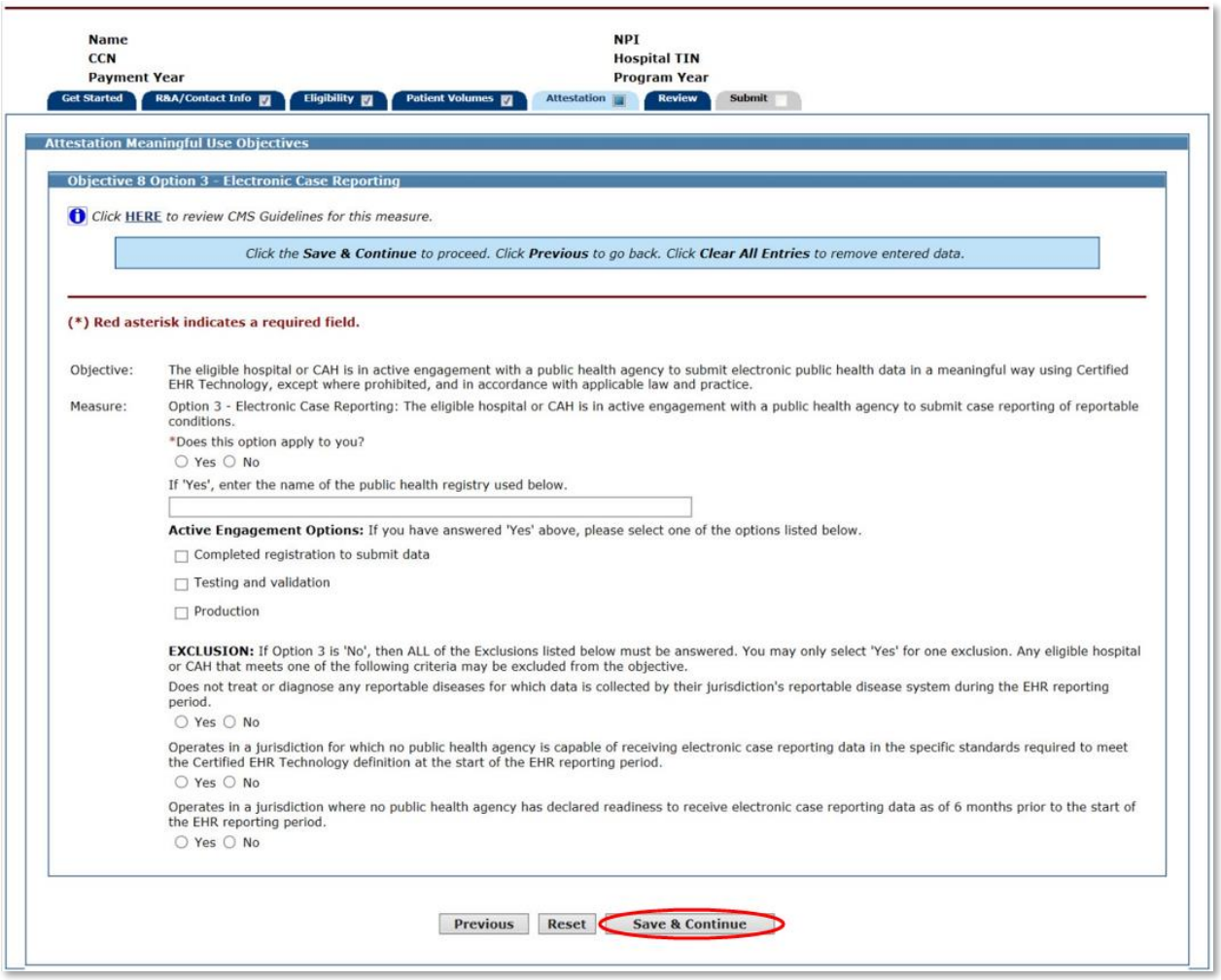
Objective 8 Option 3 – Electronic Case Reporting

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.

Note
On March 2018 CMS determined that Measure 3 Electronic Case Reporting would not be required when an exclusion was chosen, and the minimum number of Objectives had not been successfully attested to until Program Year 2019.

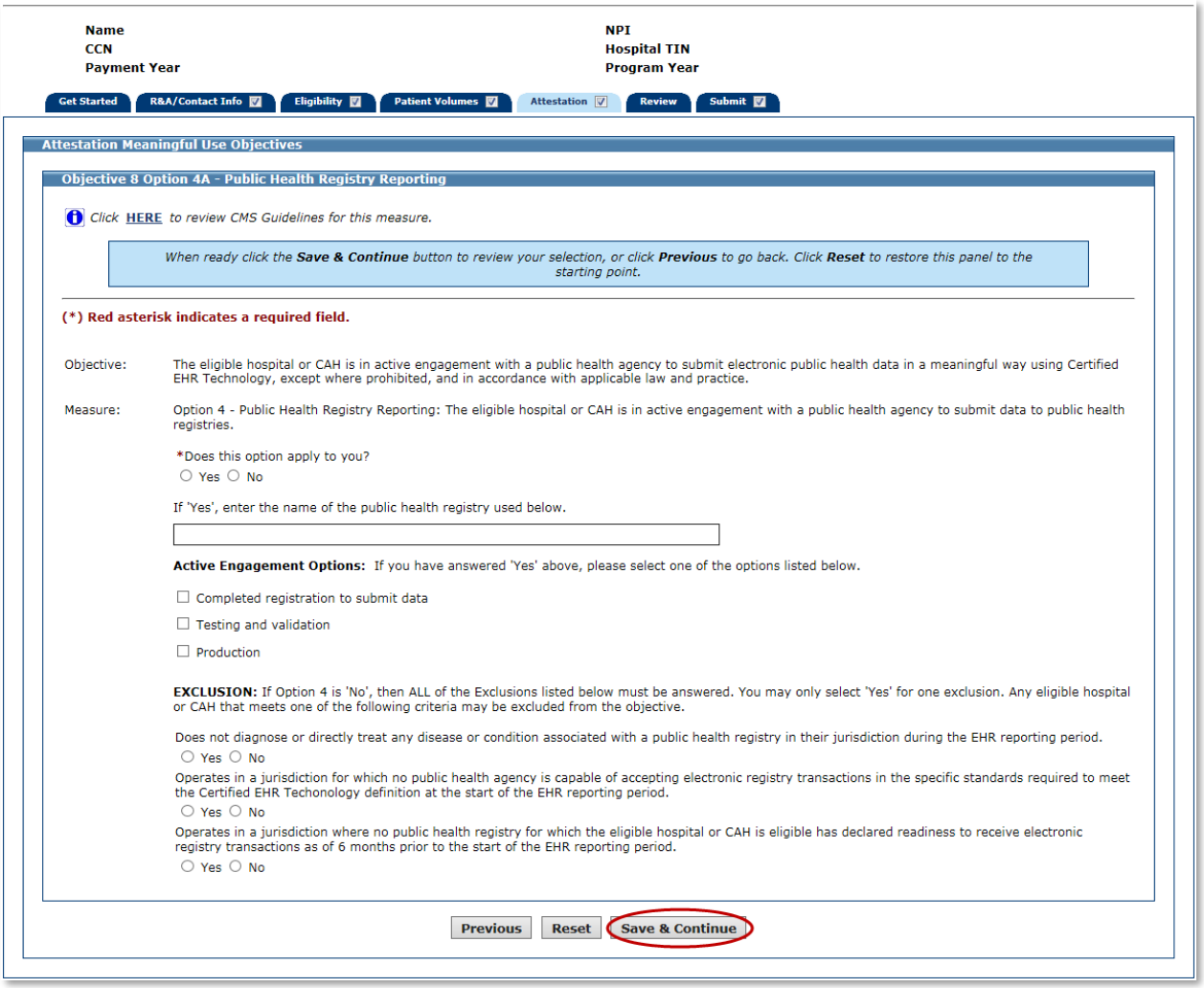
Beginning with Program Year 2019 and higher, Electronic Case Reporting is required when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.



Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

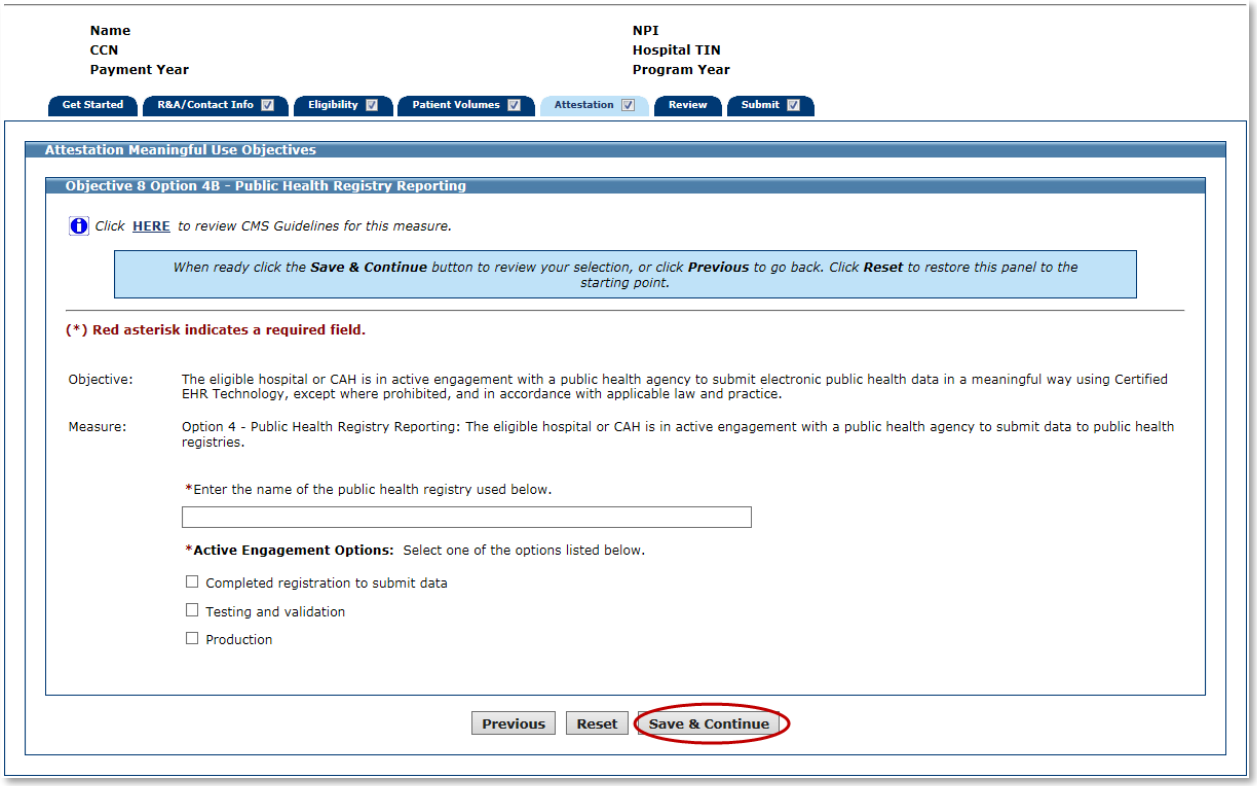
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

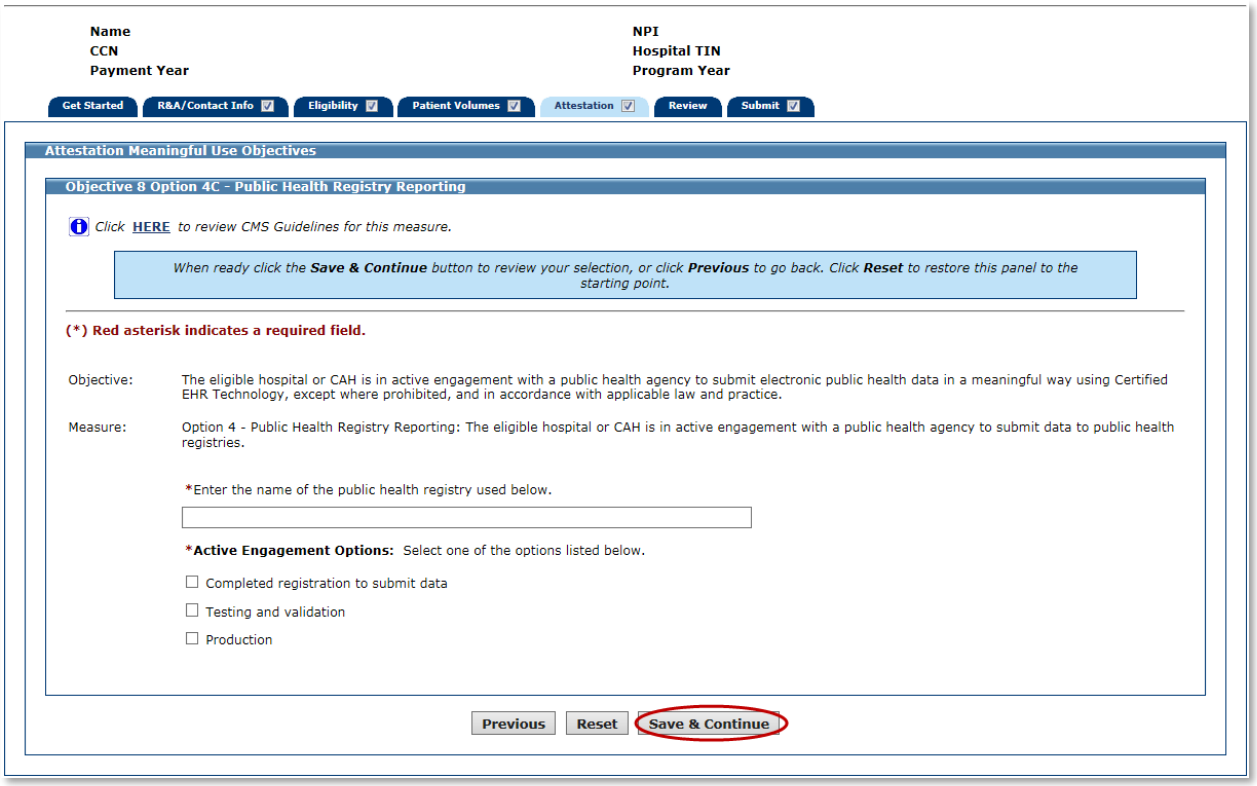
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 4C – Public Health Registry Reporting

Enter information in all required fields.

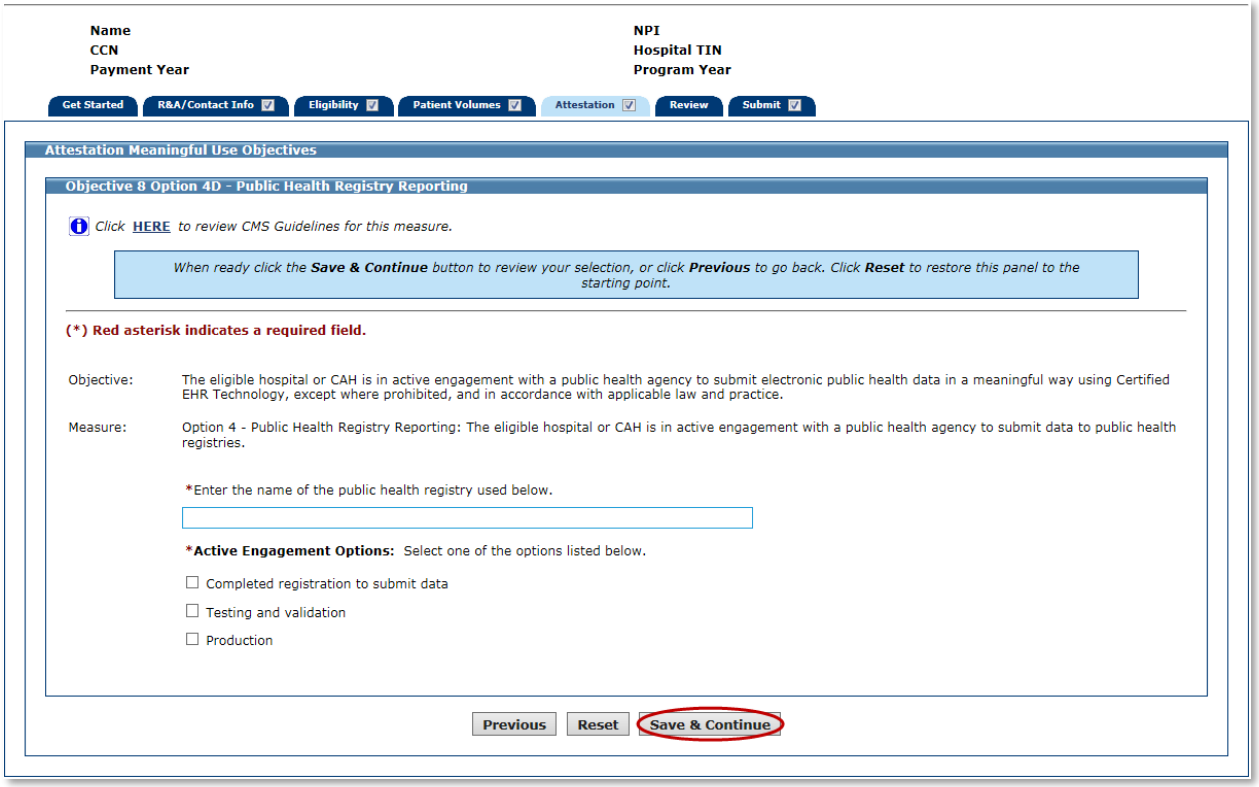
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 4D – Public Health Registry Reporting

Enter information in all required fields.

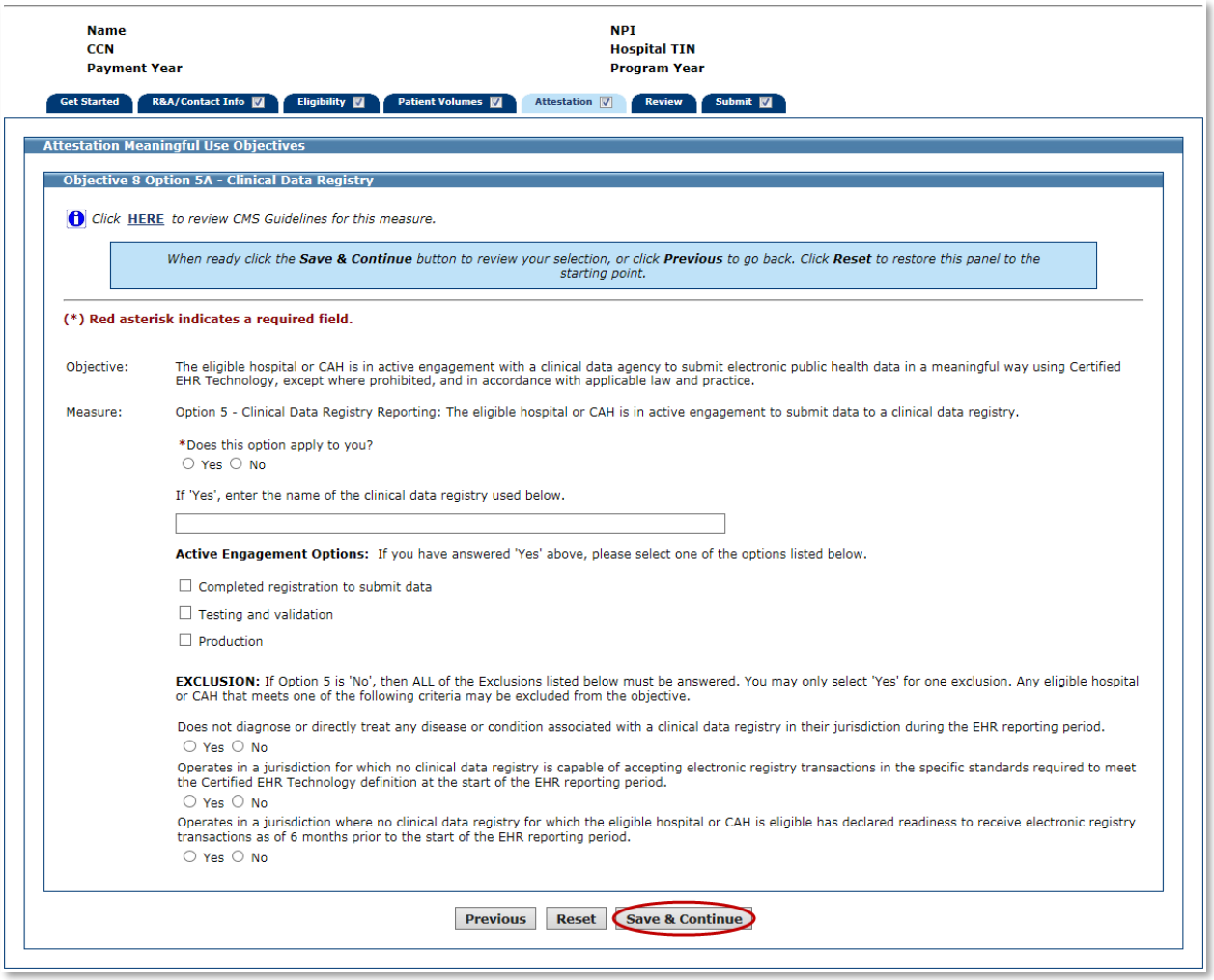
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 5A – Clinical Data Registry

Enter information in all required fields.

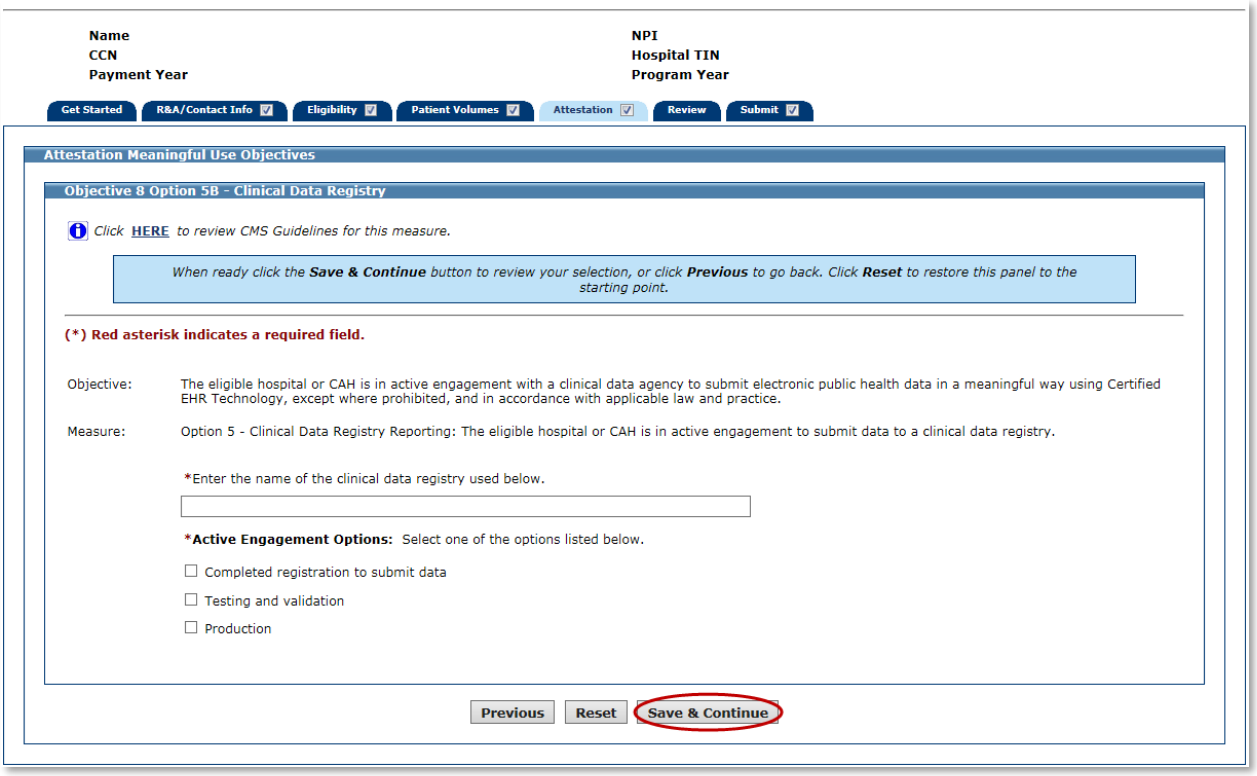
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 5B – Clinical Data Registry

Enter information in all required fields.

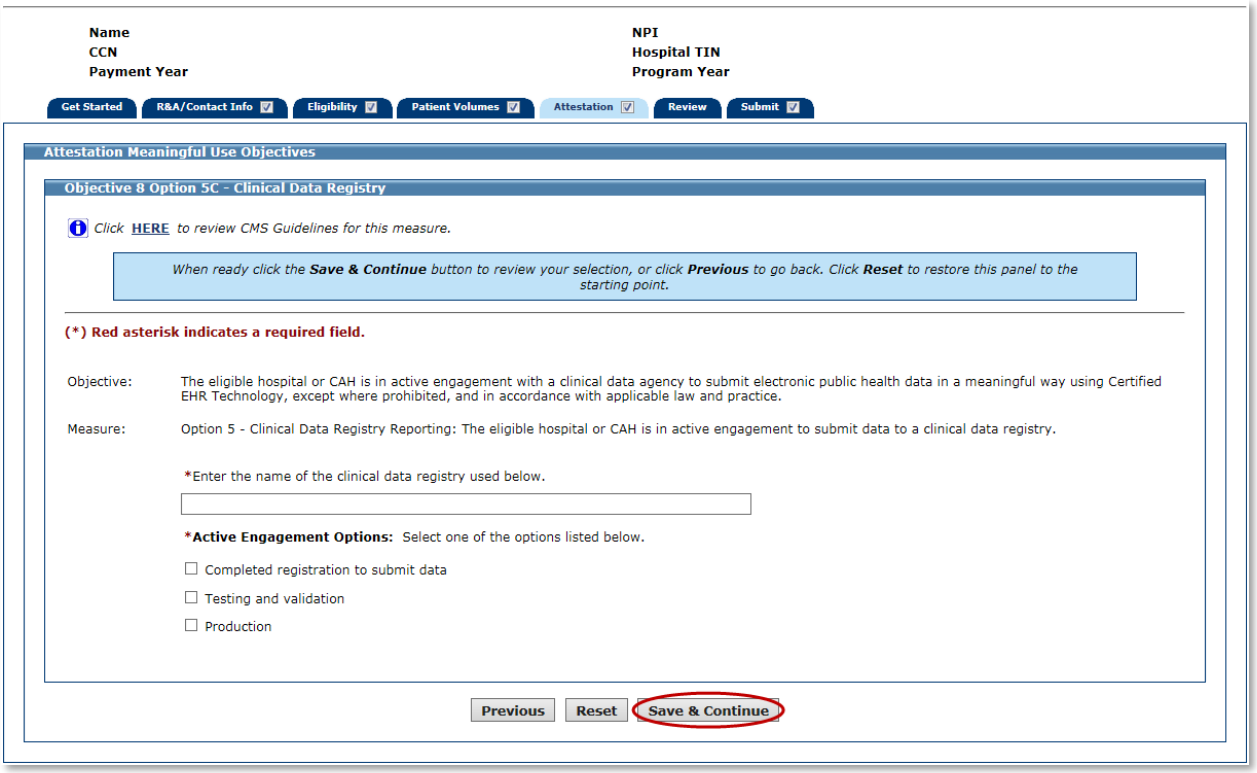
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 5C – Clinical Data Registry

Enter information in all required fields.

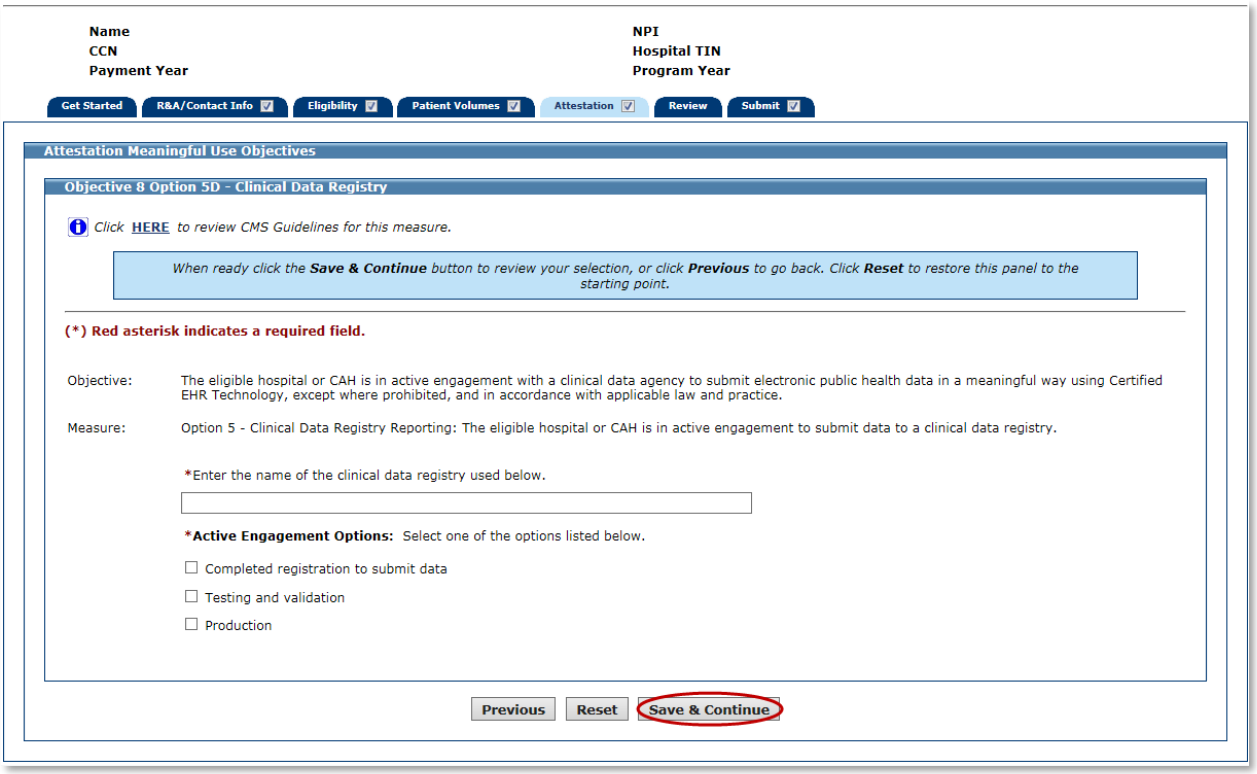
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 5D – Clinical Data Registry

Enter information in all required fields.

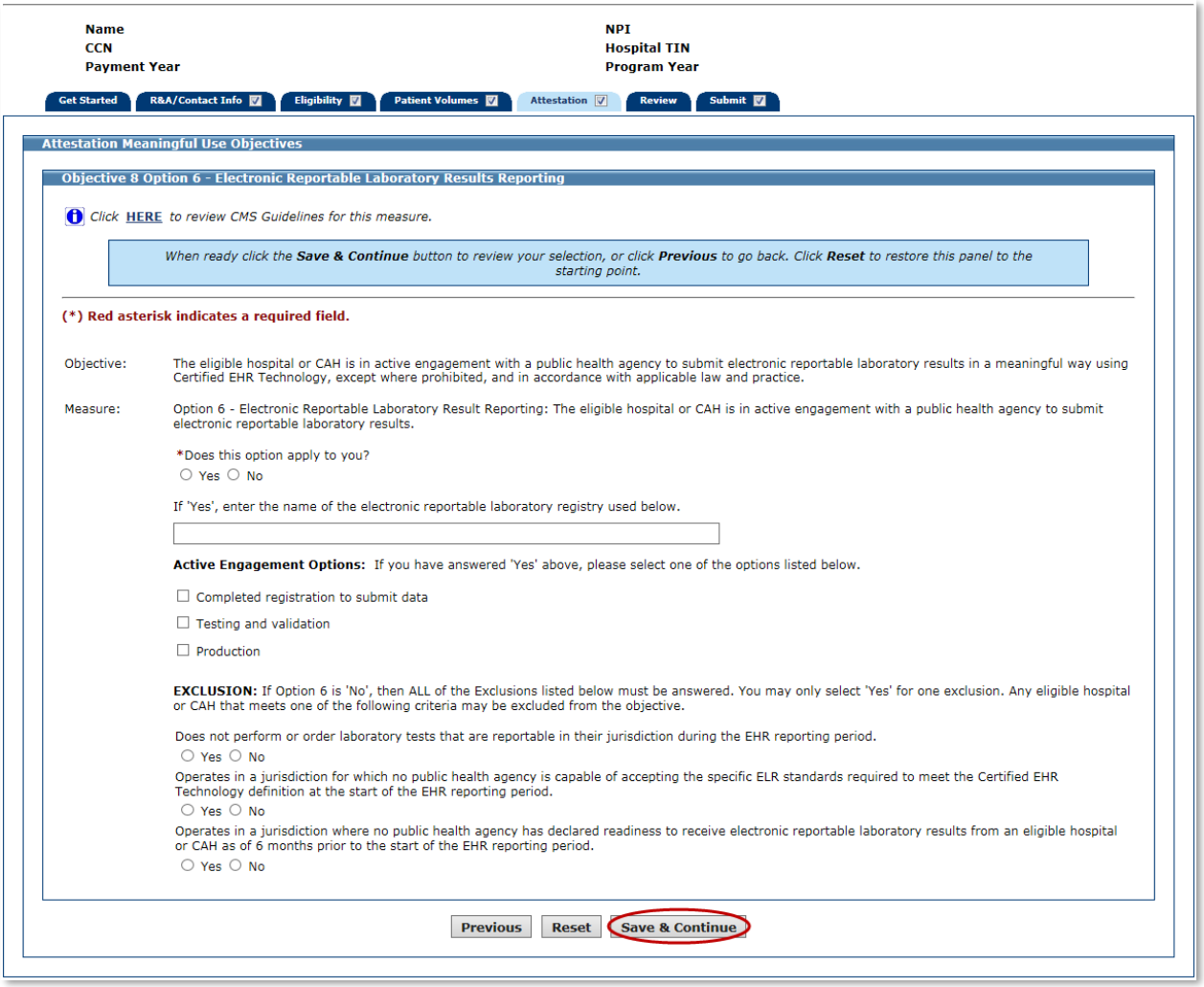
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.



Objective 8 Option 6 – 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 8 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 8 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 8 option.

Once you have attested to all the Objective 8 options, click **Return to Selection List** to return to the Public Health Selection screen.

Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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

Objective Number	Objective	Measure	Entered	Select
Objective 8 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Measure Option 1 = Yes Registry Name = abc Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 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 from an urgent care setting.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	Measure Option 3 = Yes Registry Name = abc Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4A = Yes Registry Name = abc Active Engagement Option = Testing and validation	EDIT

Figure 0-13: Required Public Health Objective List Table (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4B = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4C = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4D = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5A = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5B = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5C = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5D = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	Measure Option 6 = Yes Registry Name = test Active Engagement Option = Production	EDIT

Return to Selection List

Figure 0-14: Required Public Health Objective List Table (Part 2 of 2)

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.

Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Providers are required to successfully attest to four Public Health Options without taking an exclusion. Select the four Options for attestation without taking an exclusion. Options 4 and 5 may be used four times to attest. If you cannot successfully attest to any Option, or can only successfully attest to three Options, then select Options 1, 2, 3, 4A, 5A, and 6.

Note: selecting all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	☑
Objective 8 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 EH is in active engagement with a public health agency to submit syndromic surveillance data.	☑
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	☑
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☑

Figure 0-15: Attestation Meaningful Use Objectives screen (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☑
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☑
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	☑
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☑
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☑
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☑
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	☑
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	☑

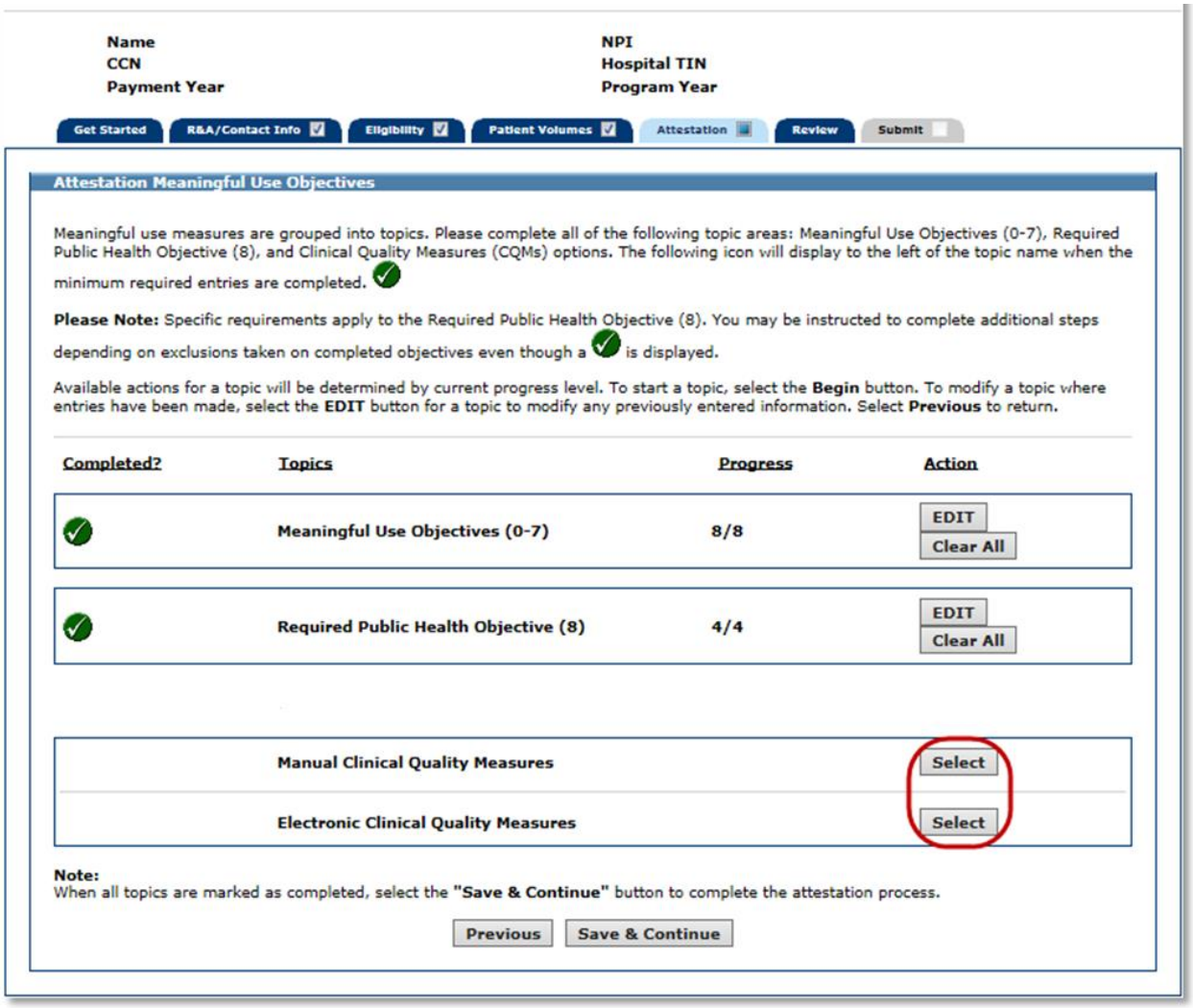
Return to Main | Reset | Save & Continue

Figure 0-16: Attestation Meaningful Use Objectives screen (Part 2 of 2)

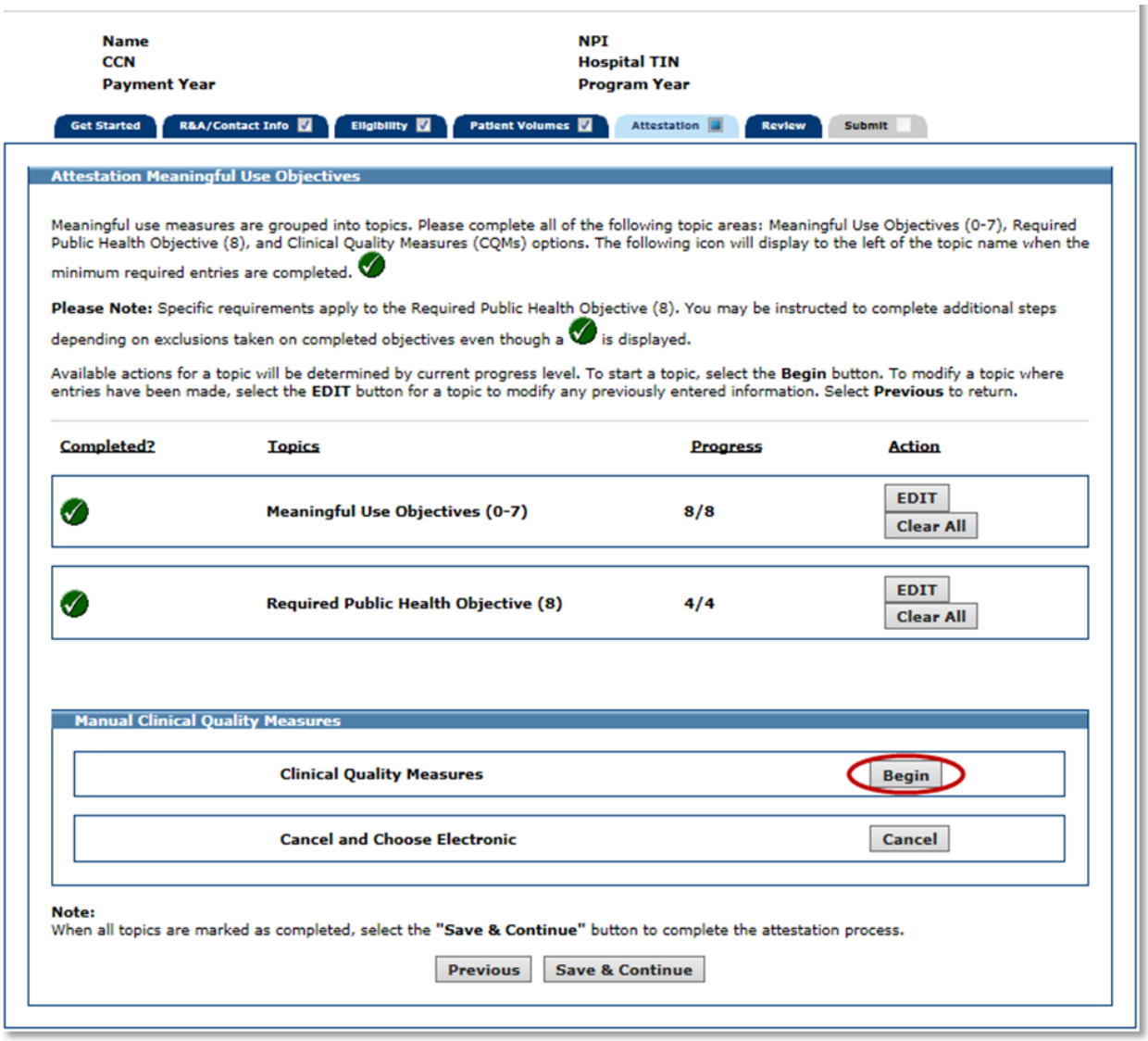
If all options for Objective 8 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic or click **Clear All** to clear the topic information you entered. Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Proceed to the Clinical Quality Measures (CQMs) – Stage 3 section.



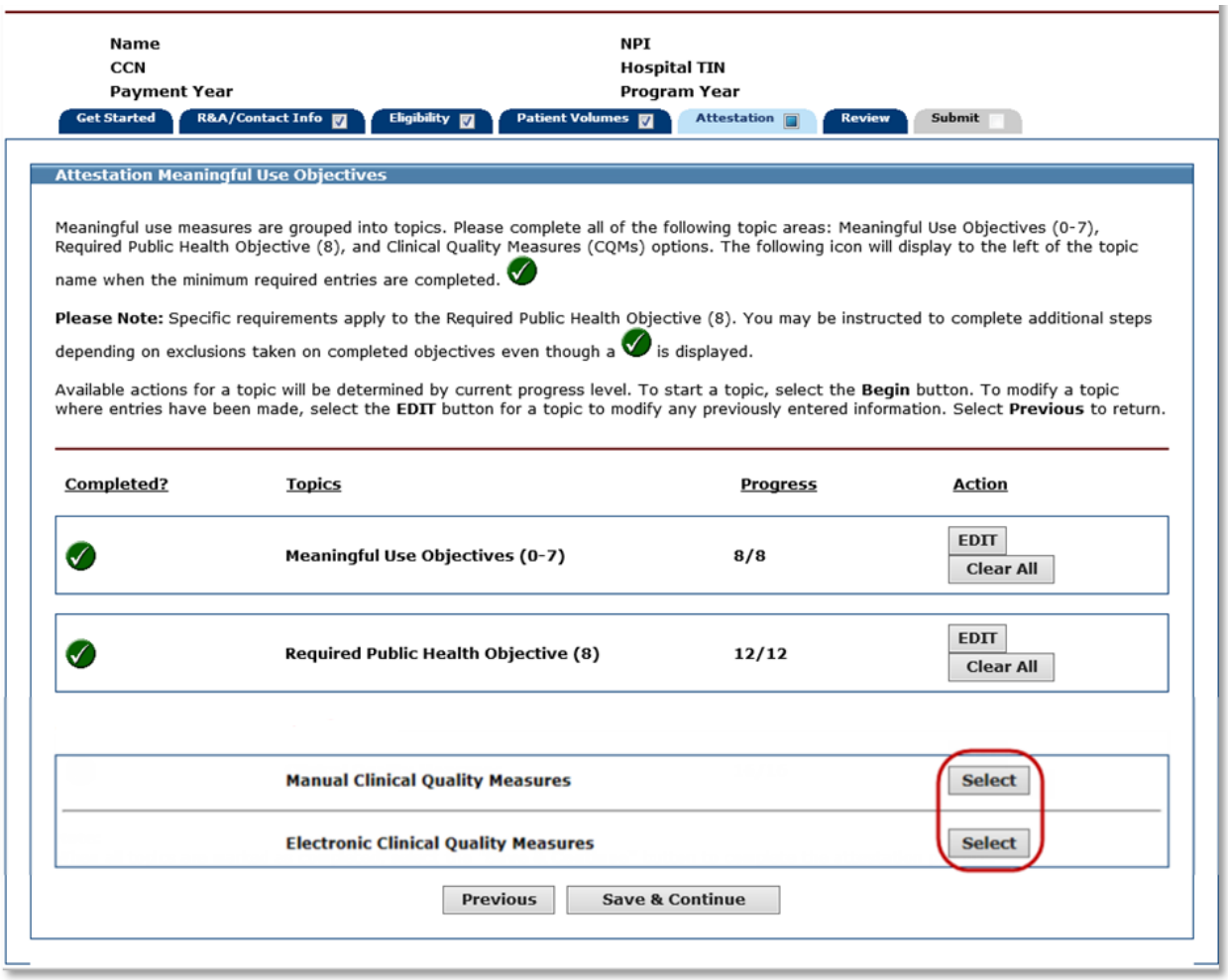
Once Manual Clinical Quality Measures is selected, click **Begin**.



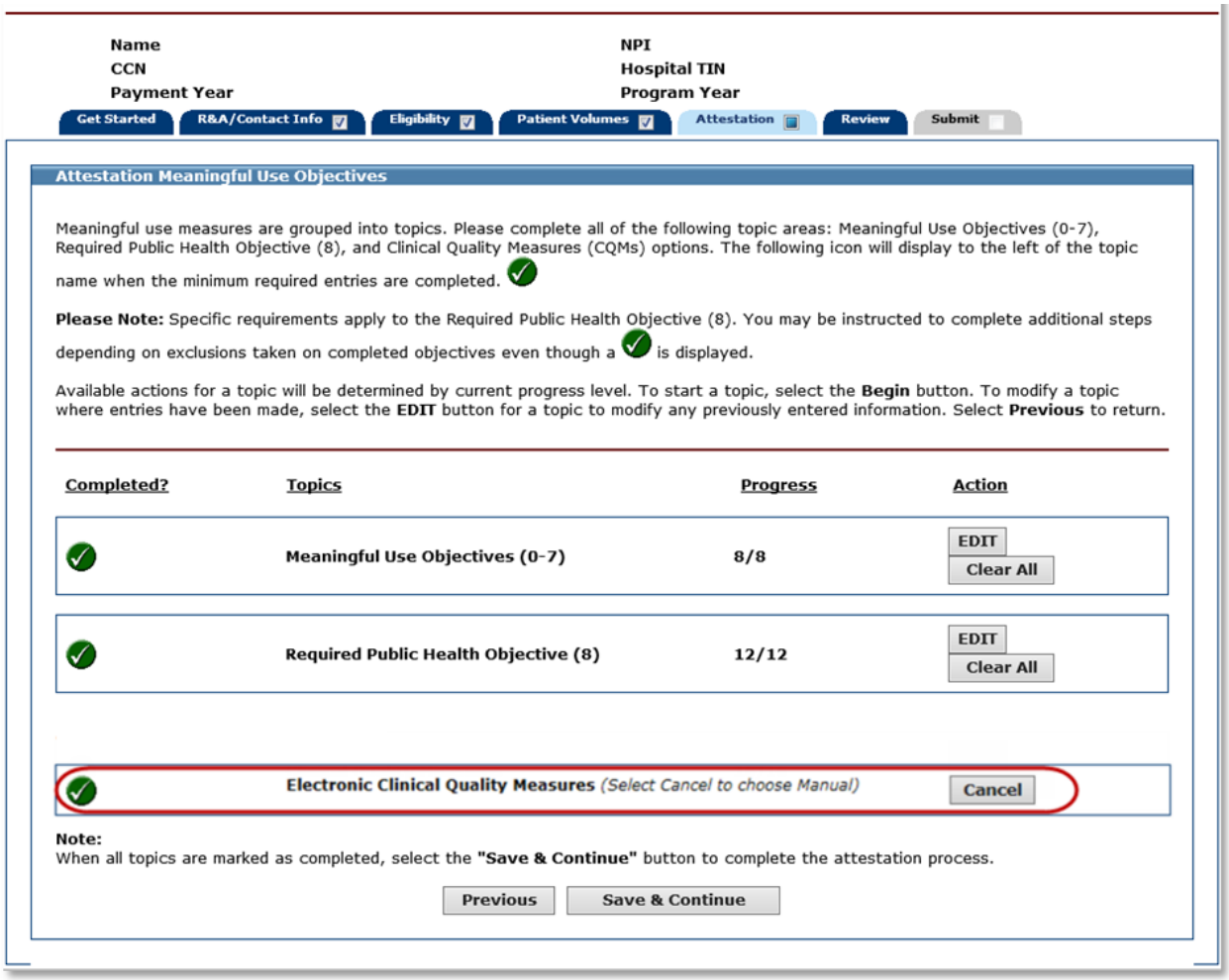
Clinical Quality Measures (CQMs) – Stage 3

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 **Select** button to choose Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

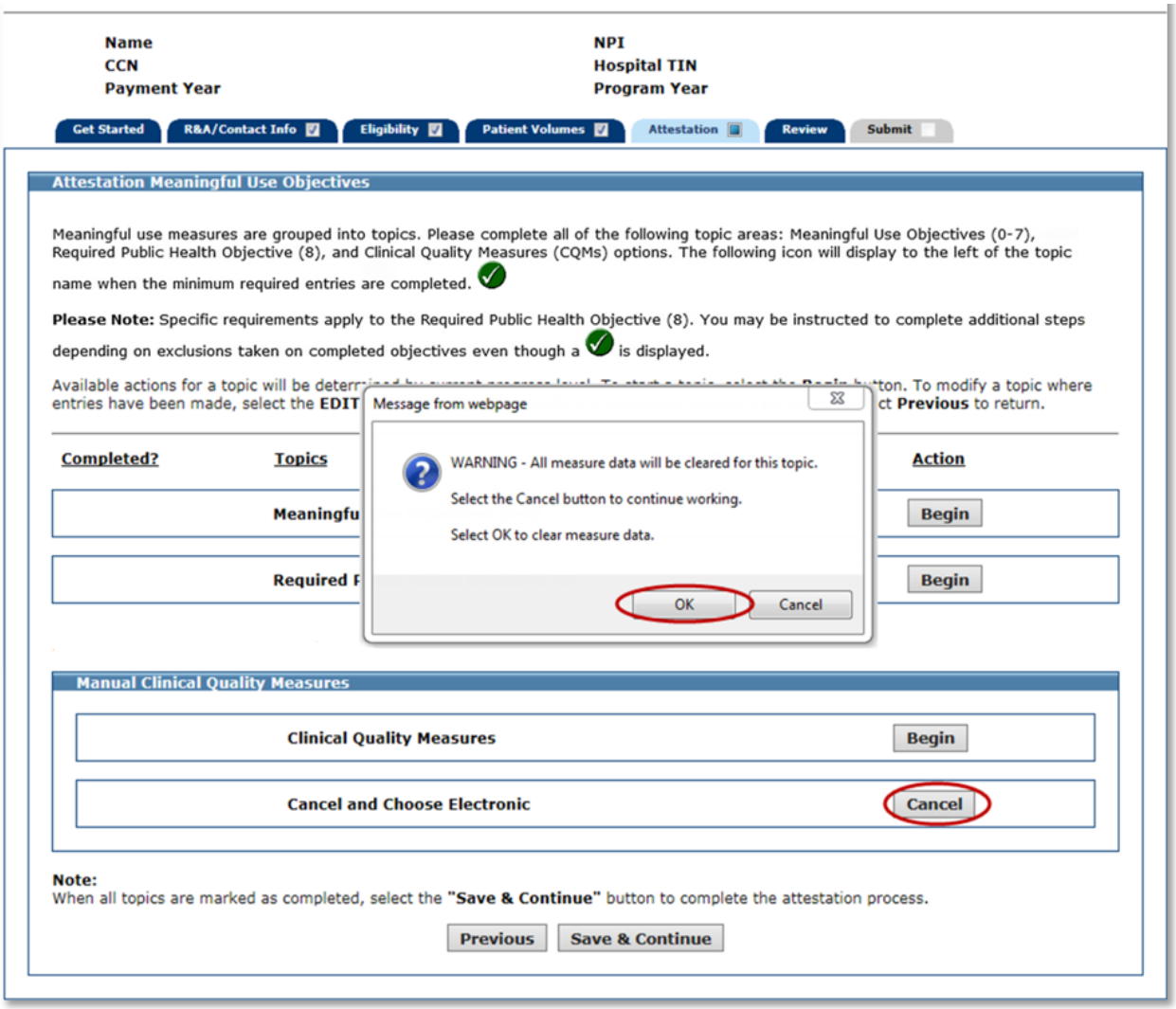
Note
The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.



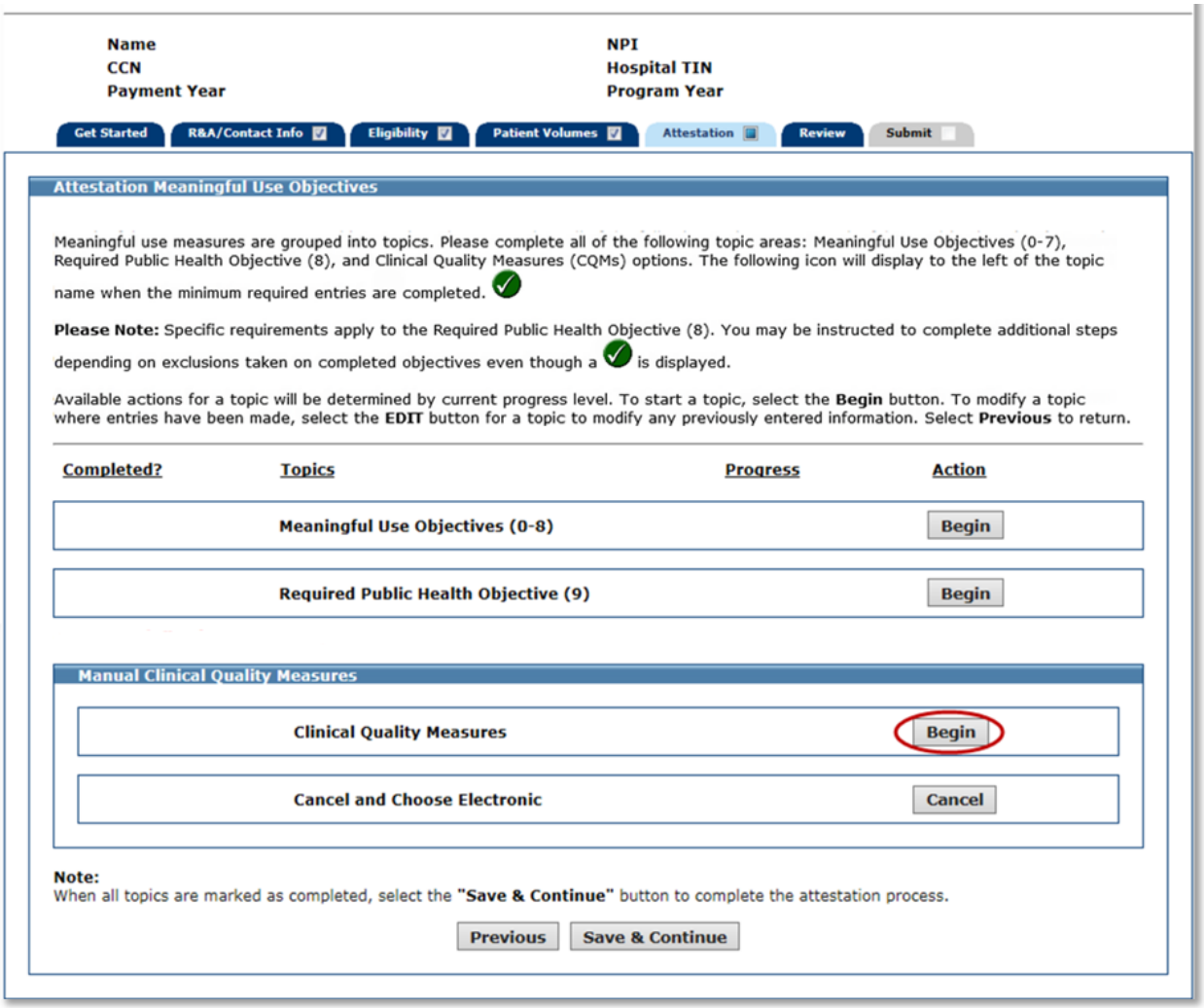
If Electronic Clinical Quality Measures is selected a ✓ will appear on the Measures Topic List.



To cancel Manual Clinical Quality Measures and choose Electronic Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.



If Manual Clinical Quality Measures is selected, click **Begin**.

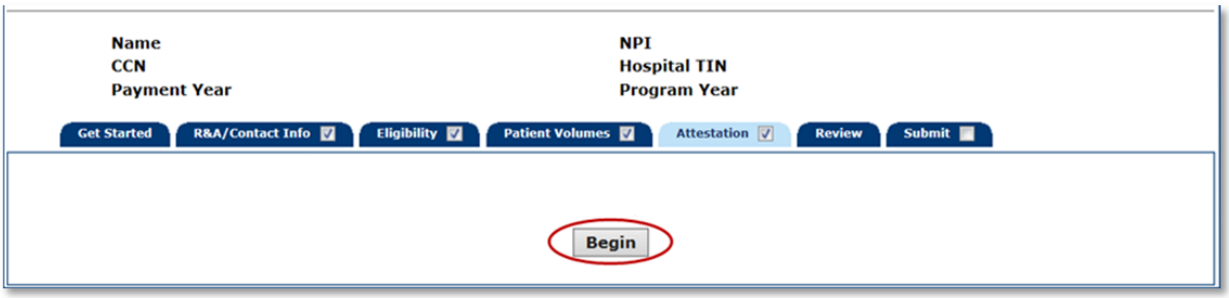


Manual Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

Stage 3



Meaningful Use Clinical Quality Measure Worklist Table

This screen displays the Meaningful Use Clinical Quality Measures Worksheet. There are 16 Meaningful Use Clinical Quality Measures available for attestation. All 16 Meaningful Use Clinical Quality Measures are required for attestation.

Click **Edit** to enter or edit information for the measure or click **Return** to go back.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

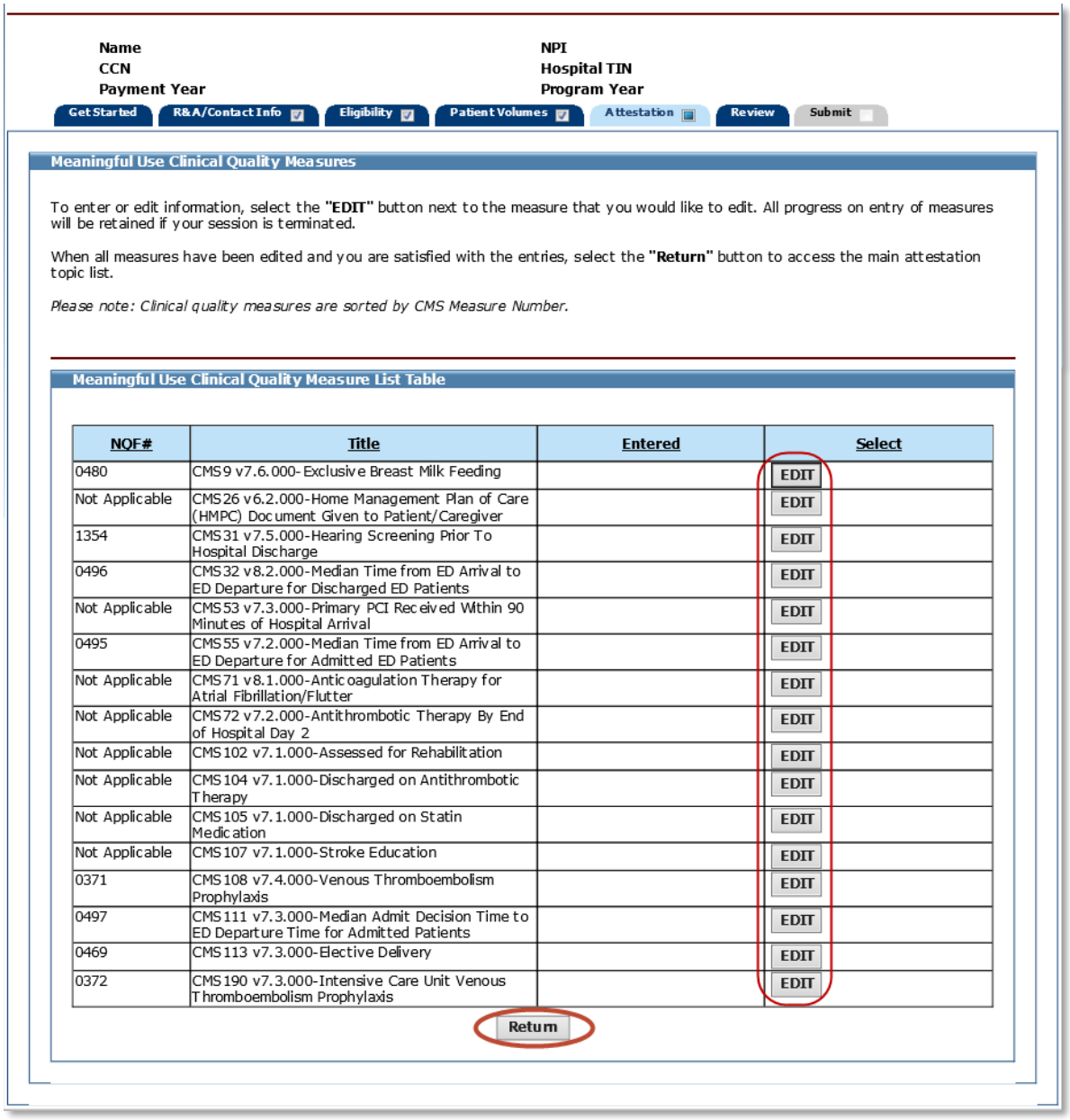


Figure 0-17: Meaningful Use Clinical Quality Measures Worksheet screen

There are 16 Meaningful Use Clinical Quality Measure screens. Instructions for each measure are provided on the screens. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

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.

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button for the next measure.

The following screens display the Meaningful Use Quality Measures Worklist Table with data entered for every selected measure attest to.

Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A /Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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 CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

NQF#	Title	Entered	Select
0480	CMS9 v7.6.000-Exclusive Breast Milk Feeding	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS26 v6.2.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0	EDIT
1354	CMS31 v7.5.000-Hearing Screening Prior To Hospital Discharge	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0496	CMS32 v8.2.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0 Measure Observation 4 = 300 Measure Population 4 = 300 Exclusion 4 = 0	EDIT

Figure 0-18: Meaningful Use Quality Measures Worklist Table with data entered (Part 1 of 2)

Not Applicable	CMS53 v7.3.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
0495	CMS55 v7.2.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0	EDIT
Not Applicable	CMS71 v8.1.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS72 v7.2.000-Antithrombotic Therapy By End of Hospital Day 2	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS102 v7.1.000-Assessed for Rehabilitation	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS104 v7.1.000-Discharged on Antithrombotic Therapy	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS105 v7.1.000-Discharged on Statin Medication	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS107 v7.1.000-Stroke Education	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0371	CMS108 v7.4.000-Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0497	CMS111 v7.3.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 200 Measure Population 3 = 200 Exclusion 3 = 0	EDIT
0469	CMS113 v7.3.000-Elective Delivery	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0372	CMS190 v7.3.000-Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT

Return

Figure 0-19: Meaningful Use Quality Measures Worklist Table with data entered (Part 2 of 2)

The following is a list of the 16 Clinical Quality Measures available for you to attest to:

Measure Number	Title	Screen Example
CMS9 v7.6	Exclusive Breast Milk Feeding	Screen 3
CMS26 v6.2	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Screen 5
CMS31 v7.5	Hearing Screening Prior To Hospital Discharge	Screen 3
CMS32 v8.2	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Screen 1
CMS53 v7.3	Primary PCI Received Within 90 Minutes of Hospital Arrival	Screen 2
CMS55 v7.2	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Screen 1
CMS71 v8.1	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Screen 2
CMS72 v7.2	Antithrombotic Therapy By End of Hospital Day 2	Screen 2
CMS102 v7.1	Assessed for Rehabilitation	Screen 3
CMS104 v7.1	Discharged on Antithrombotic Therapy	Screen 2
CMS105 v7.1	Discharged on Statin Medication	Screen 2
CMS107 v7.1	Stroke Education	Screen 3
CMS108 v7.4	Venous Thromboembolism Prophylaxis	Screen 3
CMS111 v7.3	Median Admit Decision Time to ED Departure Time for Admitted Patients	Screen 1
CMS113 v7.3	Elective Delivery	Screen 3
CMS190 v7.3	Intensive Care Unit Venous Thromboembolism Prophylaxis	Screen 2

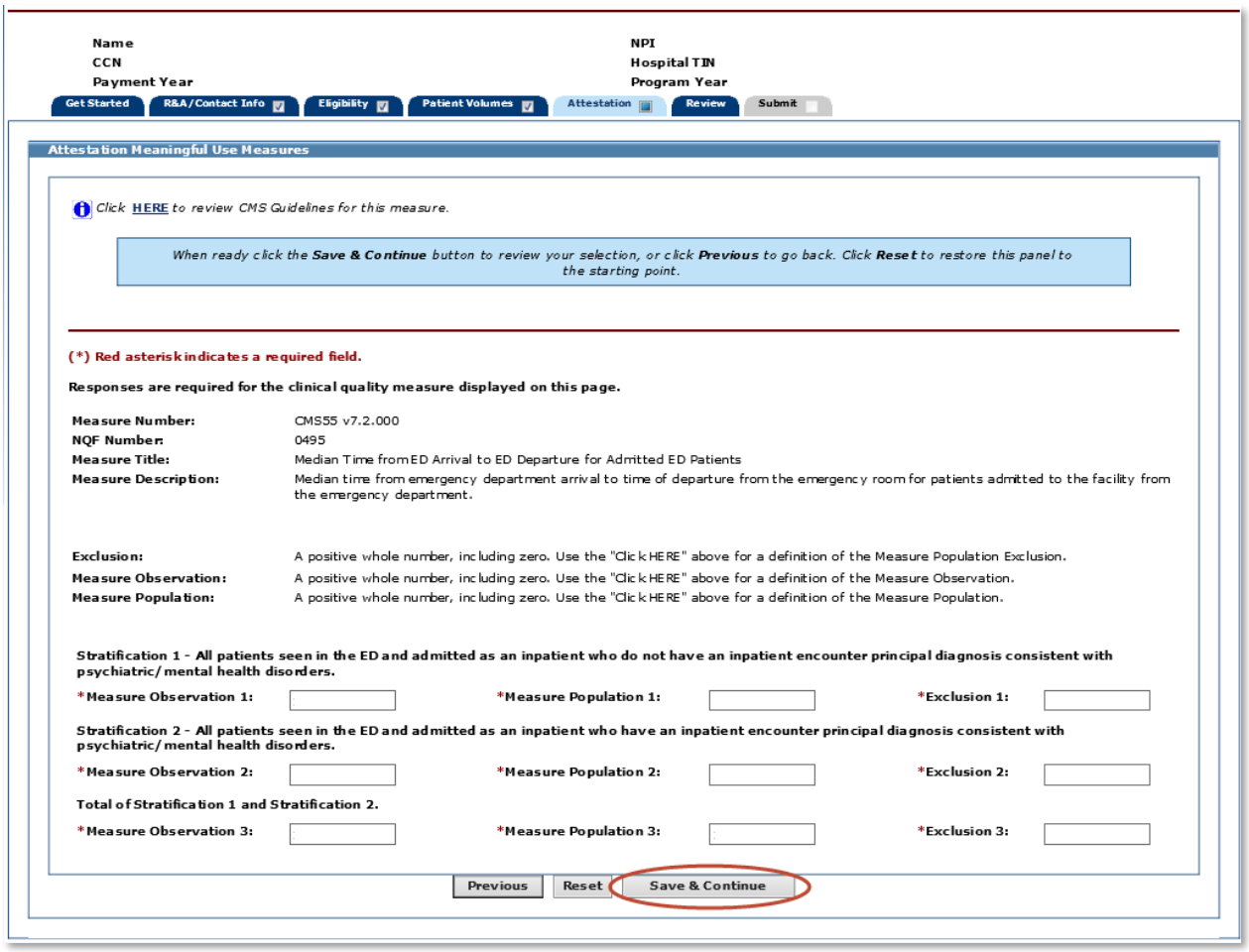
There are 16 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical 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:

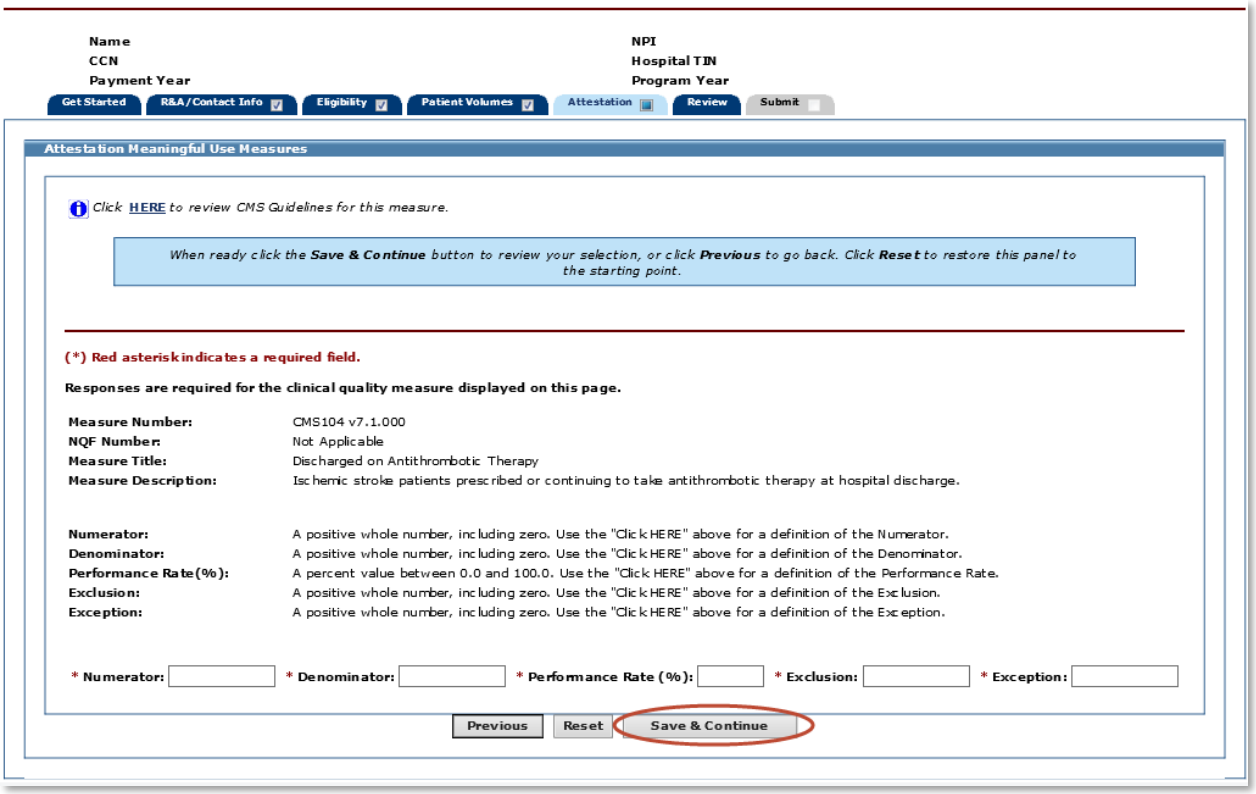
CMS55 v7.2, CMS111 v7.3, and CMS32 v8.2



Screen 2

The following Measure Numbers use this screen layout:

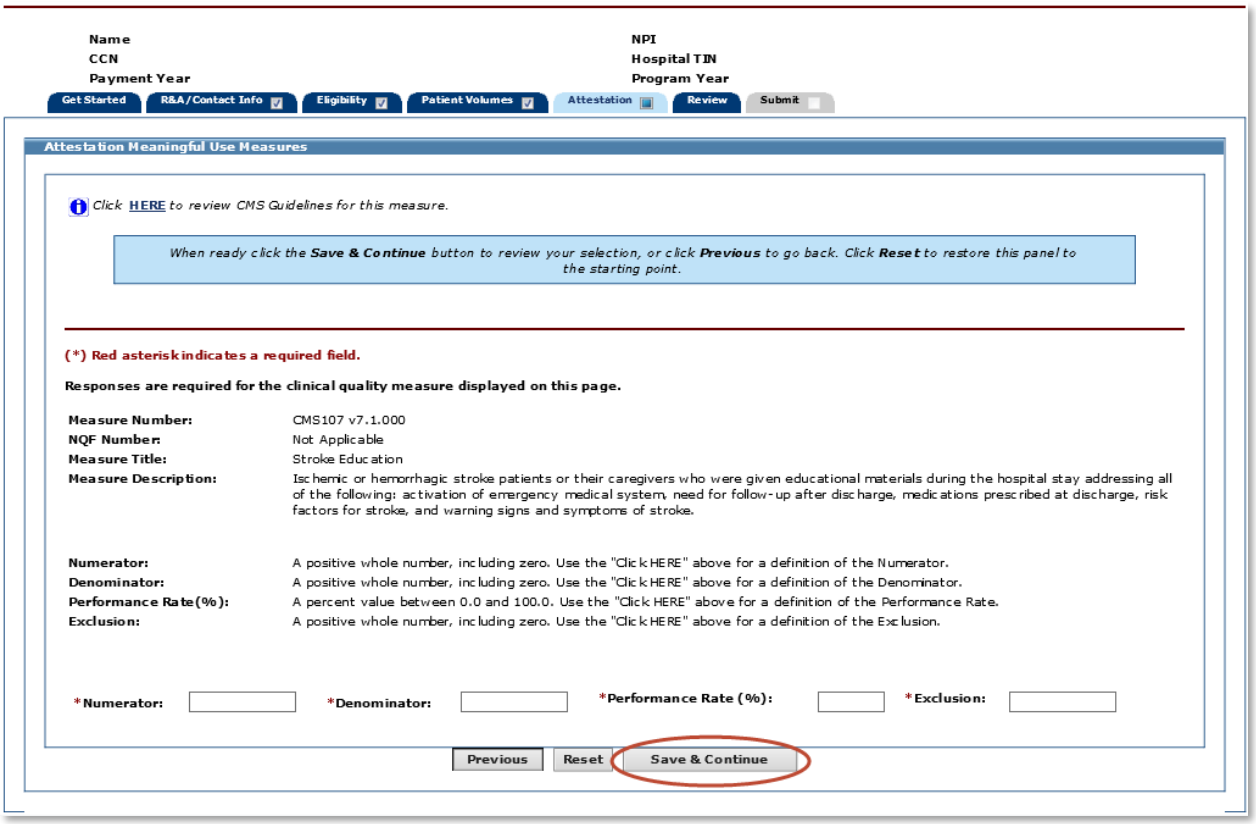
CMS104 v7.1, CMS71 v8.1, CMS72 v7.2, CMS105 v7.1, CMS190 v7.3, and CMS53 v7.3



Screen 3

The following Measure Numbers use this screen layout:

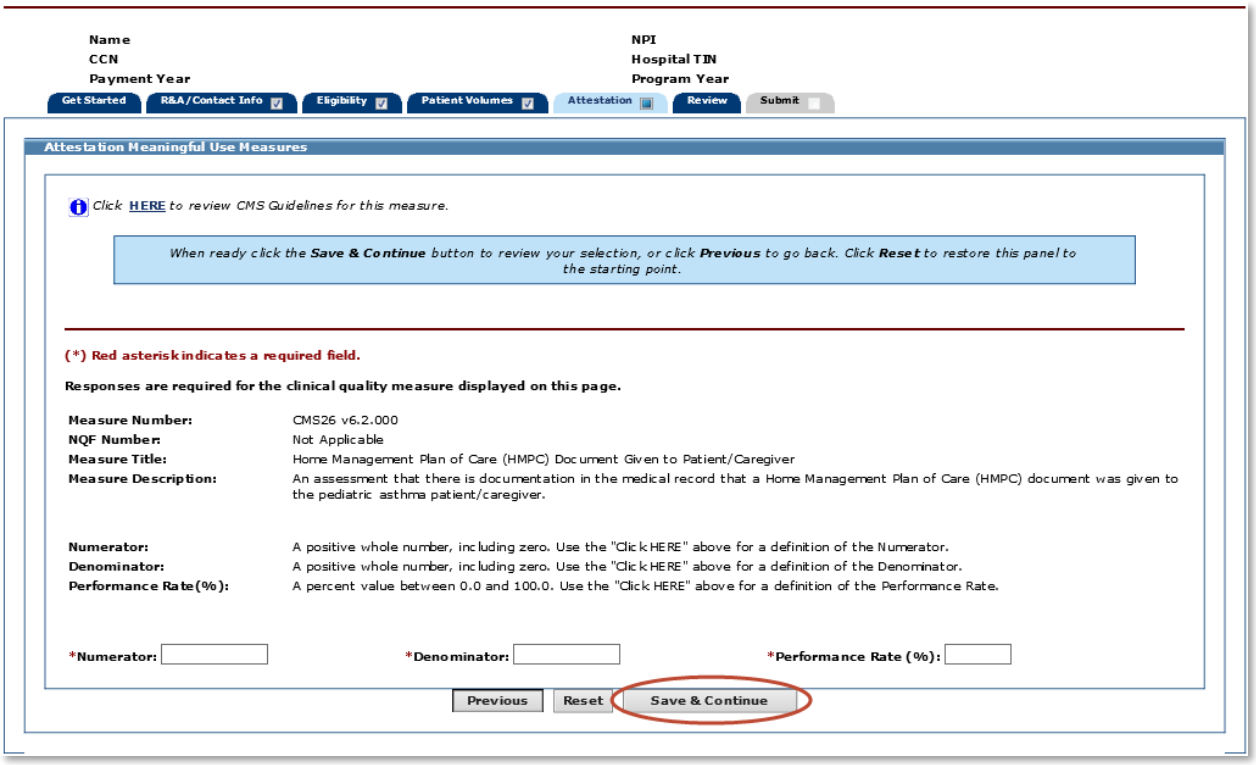
CMS107 v7.1, CMS102 v7.1, CMS108 v7.4, CMS113 v7.3, CMS9 v7.6, and CMS31 v7.5



Screen 5

The following Measure Numbers use this screen layout:

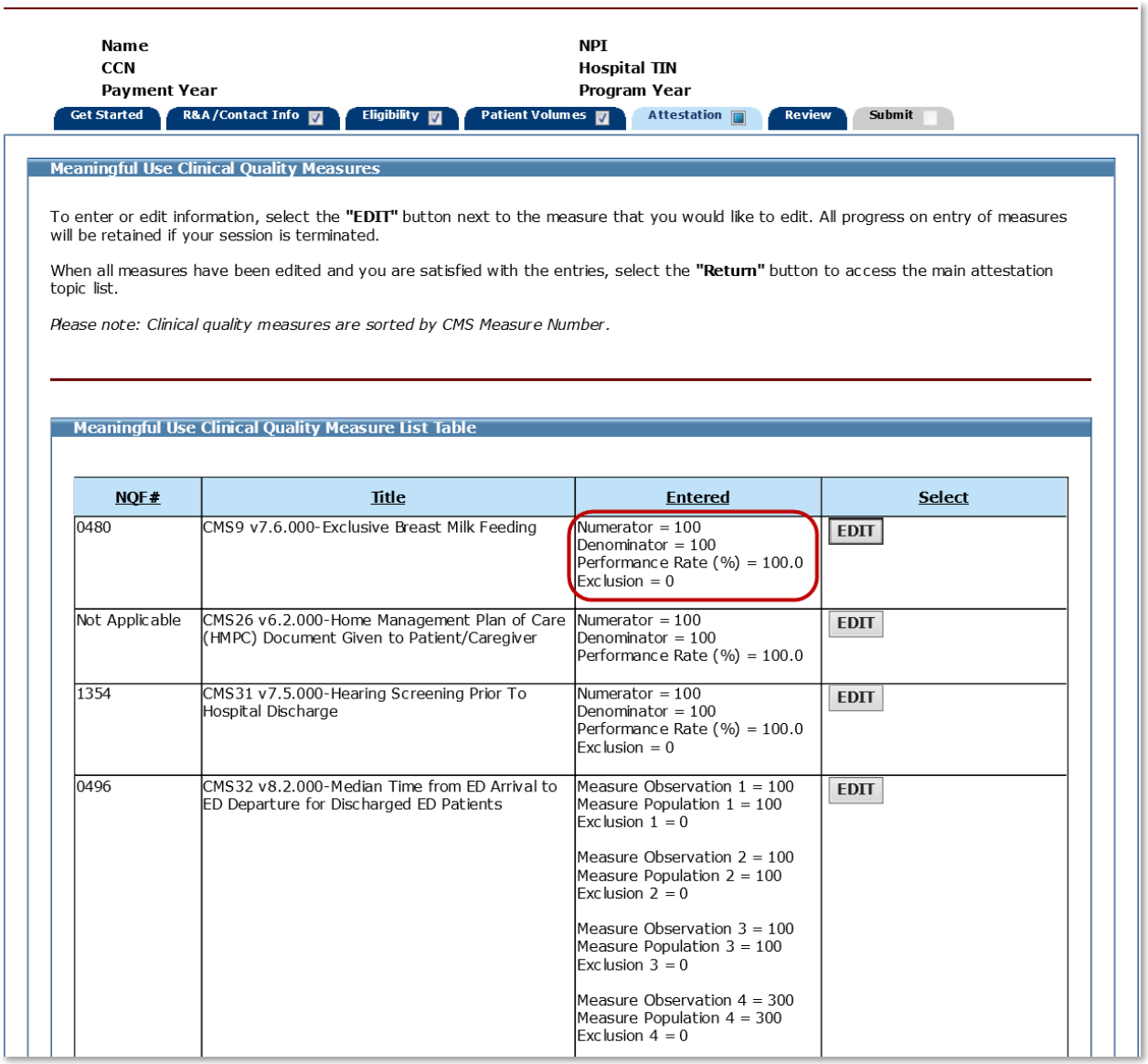
CMS26 v6.2



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.

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button to update a measure.



Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

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 CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

NQF#	Title	Entered	Select
0480	CMS9 v7.6.000-Exclusive Breast Milk Feeding	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS26 v6.2.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0	EDIT
1354	CMS31 v7.5.000-Hearing Screening Prior To Hospital Discharge	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0496	CMS32 v8.2.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0 Measure Observation 4 = 300 Measure Population 4 = 300 Exclusion 4 = 0	EDIT

Figure 0-20: Meaningful Use Quality Measures Worklist Table with data entered (Part 1 of 2)

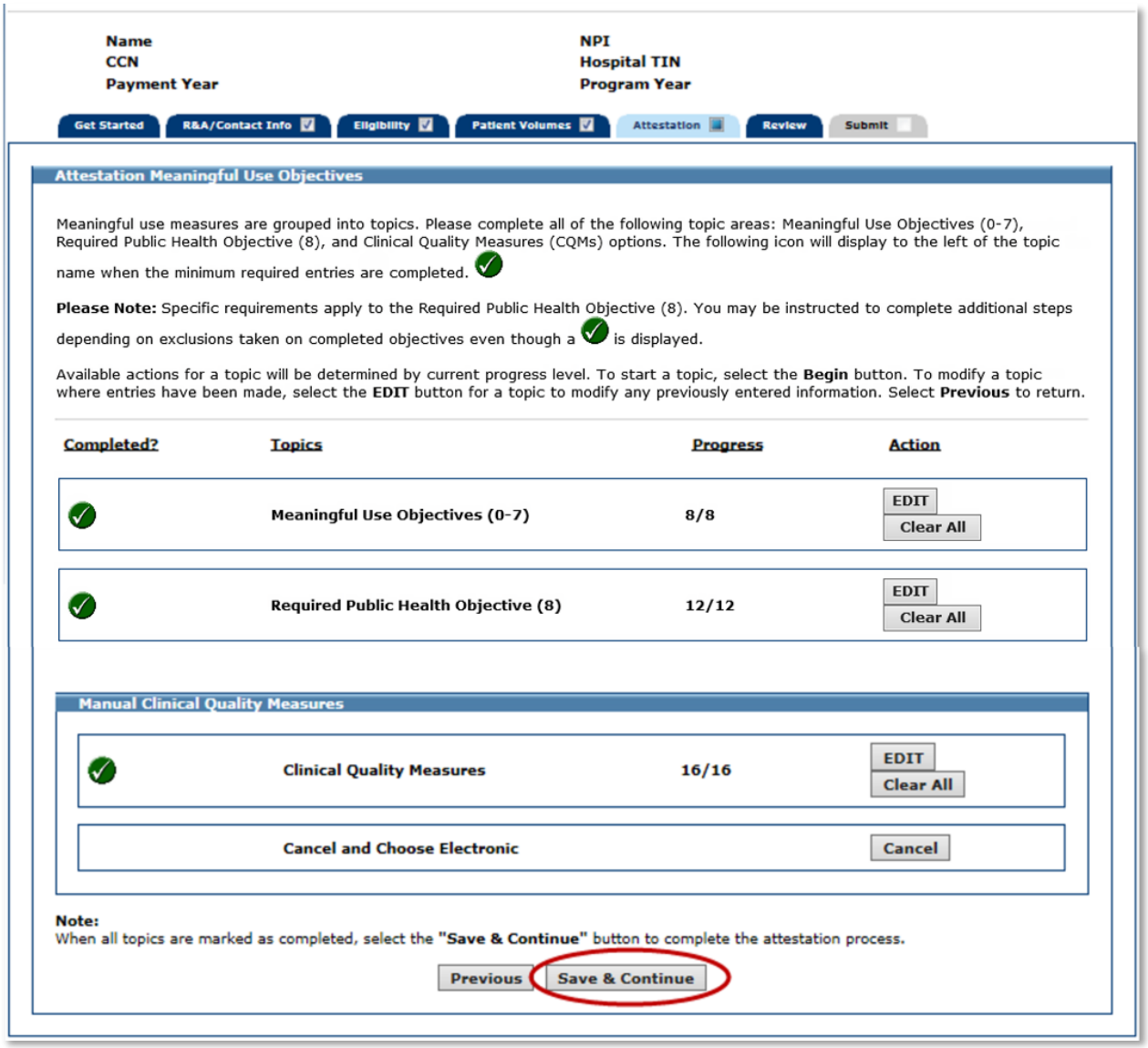
Not Applicable	CMS53 v7.3.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
0495	CMS55 v7.2.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0	EDIT
Not Applicable	CMS71 v8.1.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS72 v7.2.000-Antithrombotic Therapy By End of Hospital Day 2	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS102 v7.1.000-Assessed for Rehabilitation	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS104 v7.1.000-Discharged on Antithrombotic Therapy	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS105 v7.1.000-Discharged on Statin Medication	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS107 v7.1.000-Stroke Education	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0371	CMS108 v7.4.000-Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0497	CMS111 v7.3.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 200 Measure Population 3 = 200 Exclusion 3 = 0	EDIT
0469	CMS113 v7.3.000-Elective Delivery	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0372	CMS190 v7.3.000-Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT

Return

Figure 0-21: Meaningful Use Quality Measures Worklist Table with data entered (Part 2 of 2)

This screen displays all three Meaningful Use Measure topics marked complete in the Measures Topic List for Stage 3. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Click **Cancel** to choose Electronic Clinical Measures instead of manual Clinical Quality Measures.

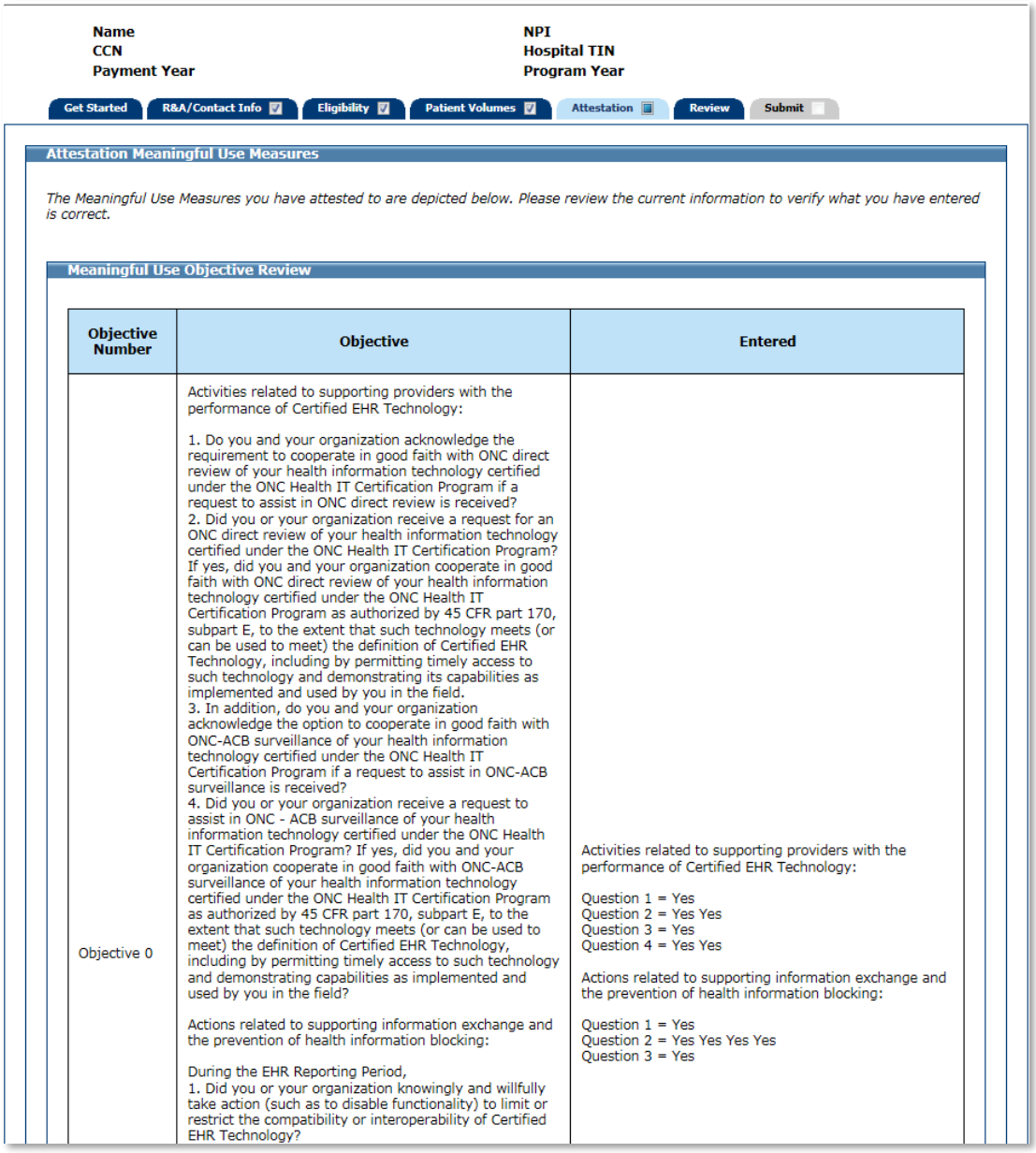


Meaningful Use Measures Summary

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.



Name **NPI**
CCN **Hospital TIN**
Payment Year **Program Year**

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use Objective Review

Objective Number	Objective	Entered
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field. 3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? 4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field? Actions related to supporting information exchange and the prevention of health information blocking: During the EHR Reporting Period, 1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?	Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes

Figure 0-22: Meaningful Use Measures Summary (Part 1 of 5)

	2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?	
Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.	Measure = No
Objective 2	Generate and transmit permissible discharge prescriptions electronically (eRx).	Patient Records = All Exclusion = Excluded
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = No Measure 2 = No
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	Patient Records = All Measure 1 Numerator 1 = 100 Denominator 1 = 200 Percentage = 50% Measure 2 Numerator 2 = 100 Denominator 2 = 200 Percentage = 50% Measure 3 Numerator 3 = 100 Denominator 3 = 200 Percentage = 50%
Objective 5	The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	Exclusion = Excluded
Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.	Exclusion = Excluded
Objective 7	The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded

Figure 0-23: Meaningful Use Measures Summary (Part 2 of 5)

Required Public Health Objective Review

Objective Number	Objective	Entered
Objective 8 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.	Measure Option 1 = No Exclusion 1 = No Exclusion 2 = Excluded Exclusion 3 = No
Objective 8 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.	Measure Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 3 = No Exclusion 1 = No Exclusion 2 = Excluded Exclusion 3 = No
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4A = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4B = Yes Registry Name = state Active Engagement Option = Testing and validation
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4C = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4D = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5A = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5B = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5C = Yes Registry Name = state Active Engagement Option = Testing and validation
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5D = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 6 = Yes Registry Name = state Active Engagement Option = Testing and validation

Figure 0-24: Meaningful Use Measures Summary (Part 3 of 5)

Meaningful Use Clinical Quality Measure Review

NQF	Measure Code	Title	Entered
0480	CMS9 v7.6.000	Exclusive Breast Milk Feeding	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
Not Applicable	CMS26 v6.2.000	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0
1354	CMS31 v7.5.000	Hearing Screening Prior To Hospital Discharge	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0496	CMS32 v8.2.000	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0 Measure Observation 4 = 0 Measure Population 4 = 0 Exclusion 4 = 0
Not Applicable	CMS53 v7.3.000	Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
0495	CMS55 v7.2.000	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0
Not Applicable	CMS71 v8.1.000	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS72 v7.2.000	Antithrombotic Therapy By End of Hospital Day 2	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS102 v7.1.000	Assessed for Rehabilitation	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0

Figure 0-25: Meaningful Use Measures Summary (Part 4 of 5)

Not Applicable	CMS104 v7.1.000	Discharged on Antithrombotic Therapy	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS105 v7.1.000	Discharged on Statin Medication	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS107 v7.1.000	Stroke Education	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0371	CMS108 v7.4.000	Venous Thromboembolism Prophylaxis	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0497	CMS111 v7.3.000	Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0
0469	CMS113 v7.3.000	Elective Delivery	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0372	CMS190 v7.3.000	Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0

Previous Save & Continue

Figure 0-26: Meaningful Use Measures Summary (Part 5 of 5)

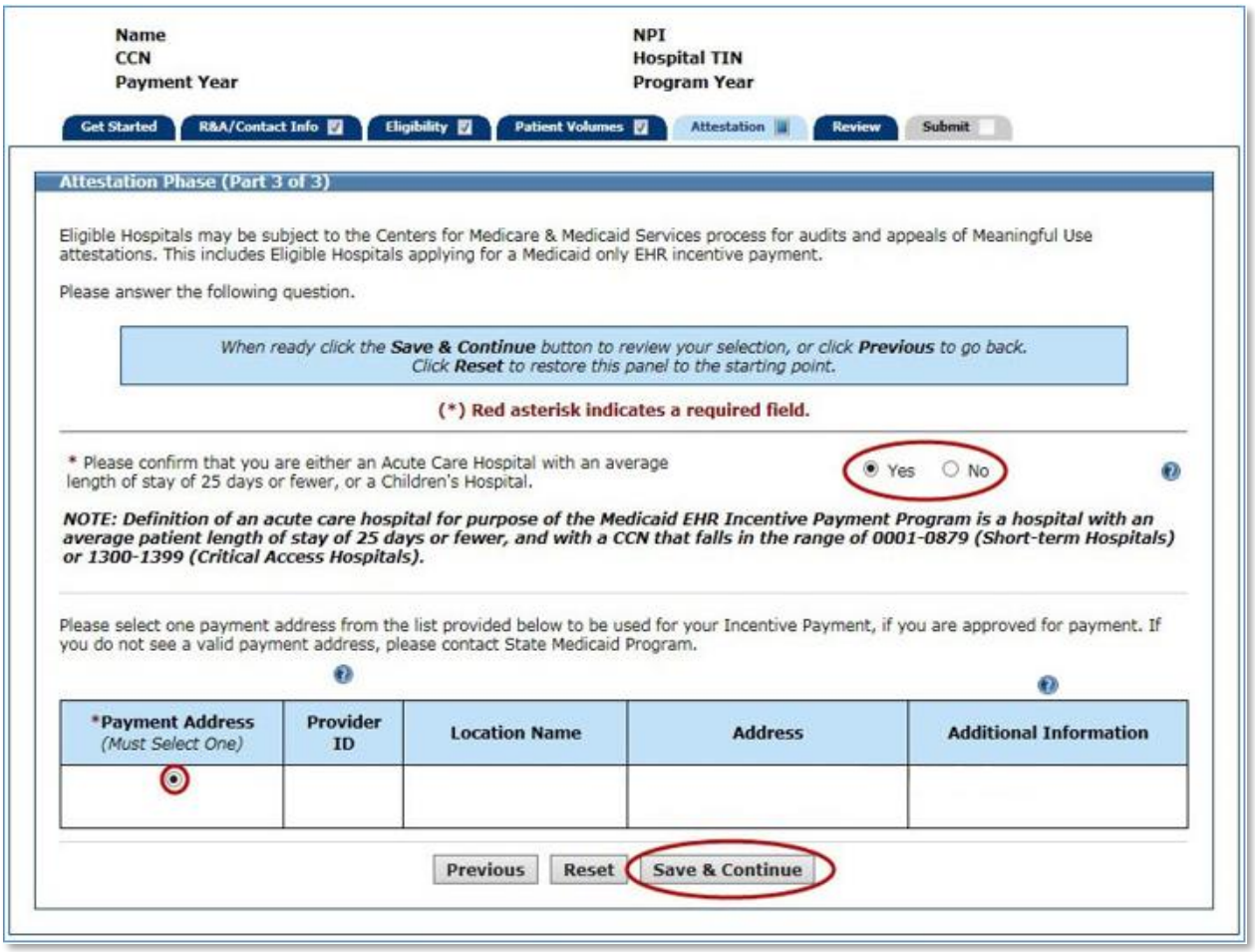
Attestation Phase (Part 3 of 3)

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.

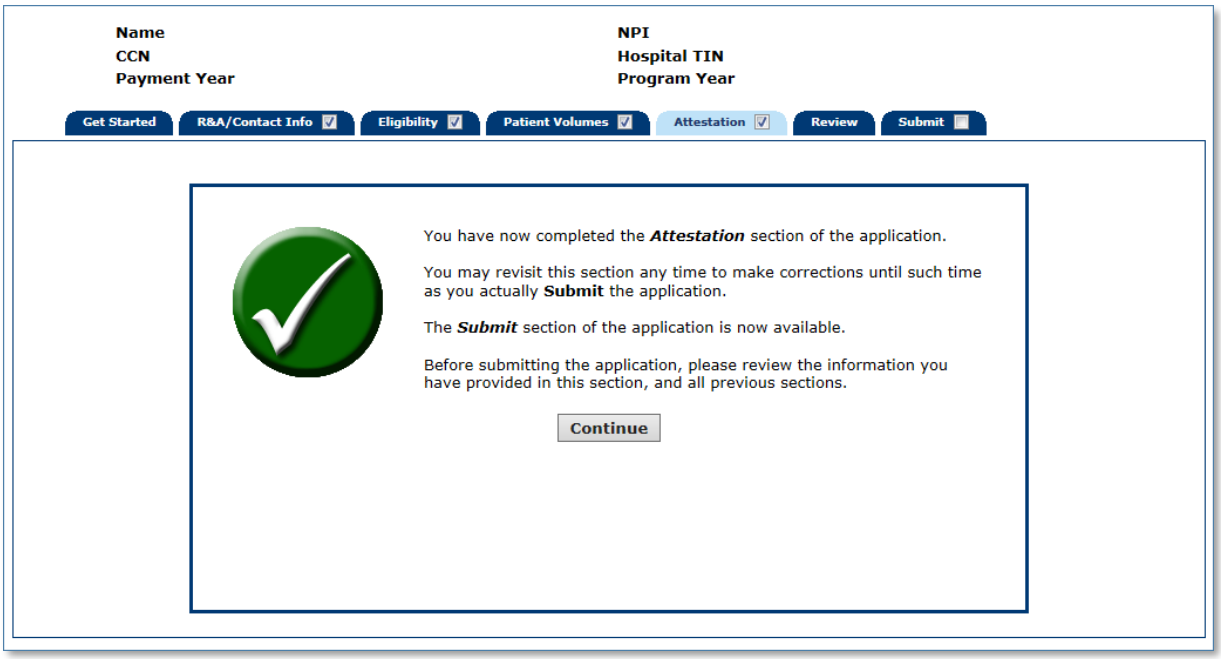
Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



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.

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).

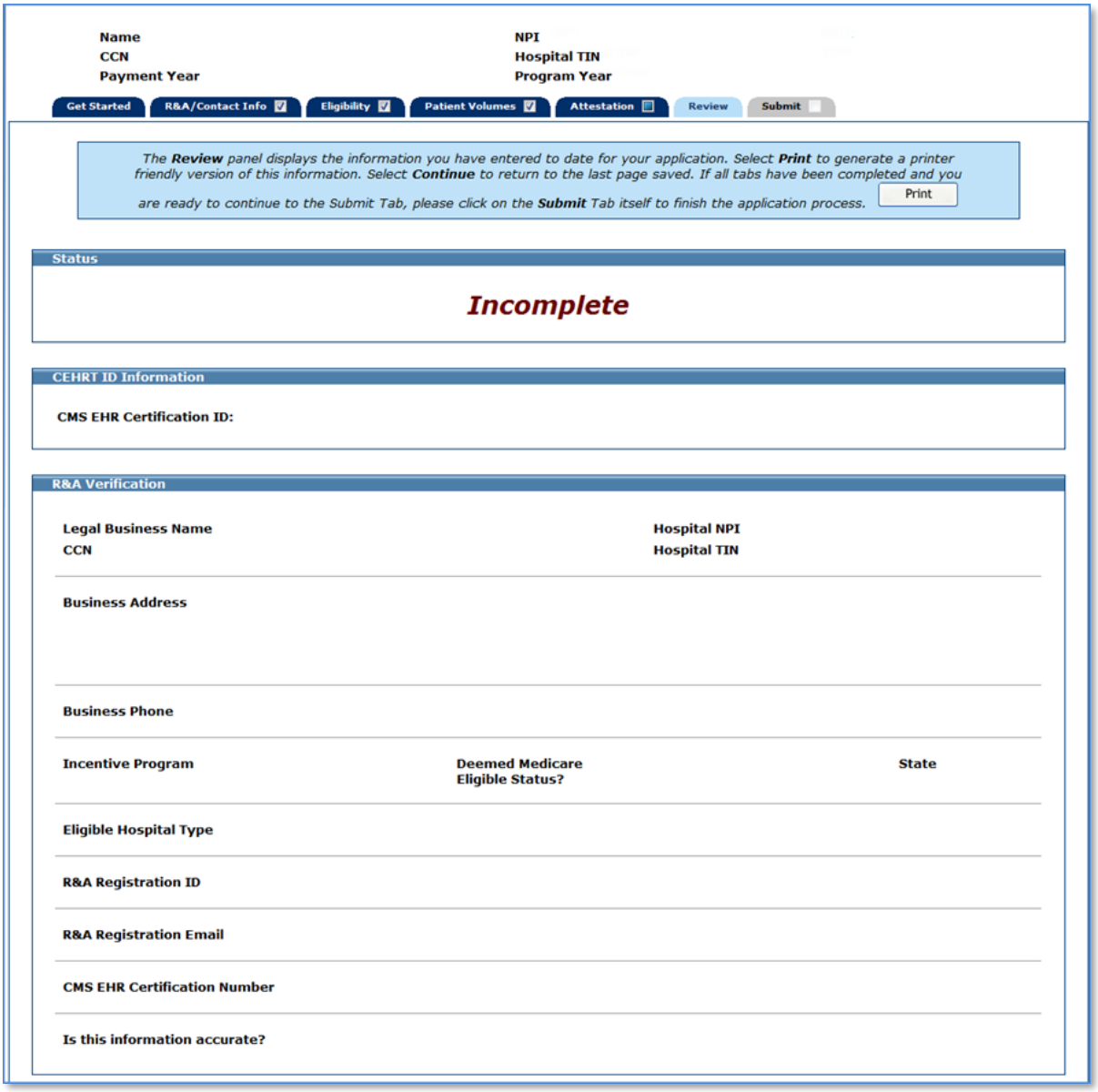


Figure-27: Review tab (Part 1 of 3)

Primary Contact Information

First Name
Last Name
Phone
Phone Extension
Email Address
Department
Address

Alternate Contact Information

First Name
Last Name
Phone
Phone Extension
Email Address

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

Provider ID	Location Name	Address	Encounter Volumes		% Medicaid Discharges
			In State Medicaid: *Other Medicaid:* *Total Discharges:*	883 0 8600	10%
			In State Medicaid: *Other Medicaid:* *Total Discharges:*	200 500 1000	70%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1083	500	9600	16%

Figure 0-28: Review tab (Part 2 of 3)

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Fiscal Year Start Date: Jan 01, 2010
Fiscal Year End Date: Dec 31, 2010

Hospital Cost Report Data (Part 3 of 3)

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2010-12/31/2010	2754	2754	28802880	$1,188,756,696.00	$56,452,000.00
01/01/2009-12/31/2009	2817				
01/01/2008-12/31/2008	2880				
01/01/2007-12/31/2007	2946				

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 purpose 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 CCN 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.

Provider ID	Location Name	Address	Additional Information

Top

Continue

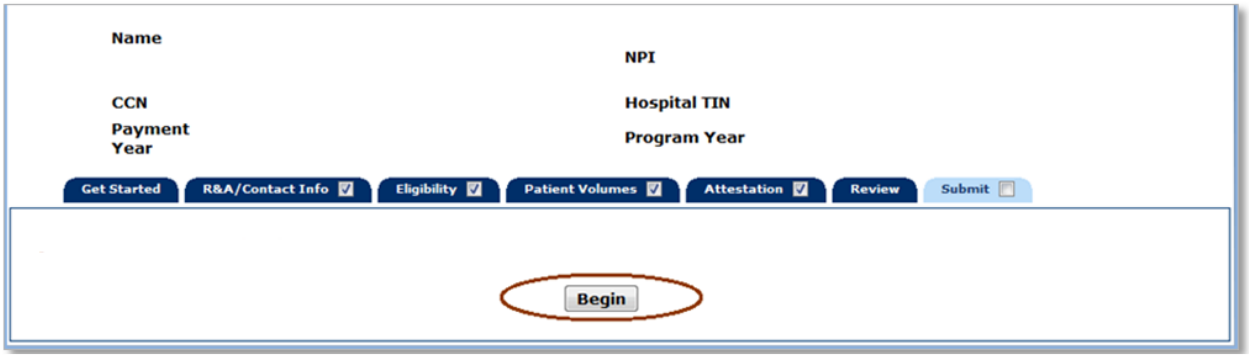
Figure 0-29: Review tab (Part 3 of 3)

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

1. Select the **Submit** tab.
2. **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 section 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 your eligibility and payment amount.
3. **Optional Questions** – You may be asked a series of optional questions that do not affect your application. The answers will provide information to your state Medicaid program about incentive program participation.
4. **File Upload** – You will have the opportunity to upload PDF files with documentation supporting your application. This optional information could include additional information on patient volumes, locations, or your certified EHR system.
5. The initial **Submit** screen contains information about this section.

Click **Begin** to continue to the submission process.



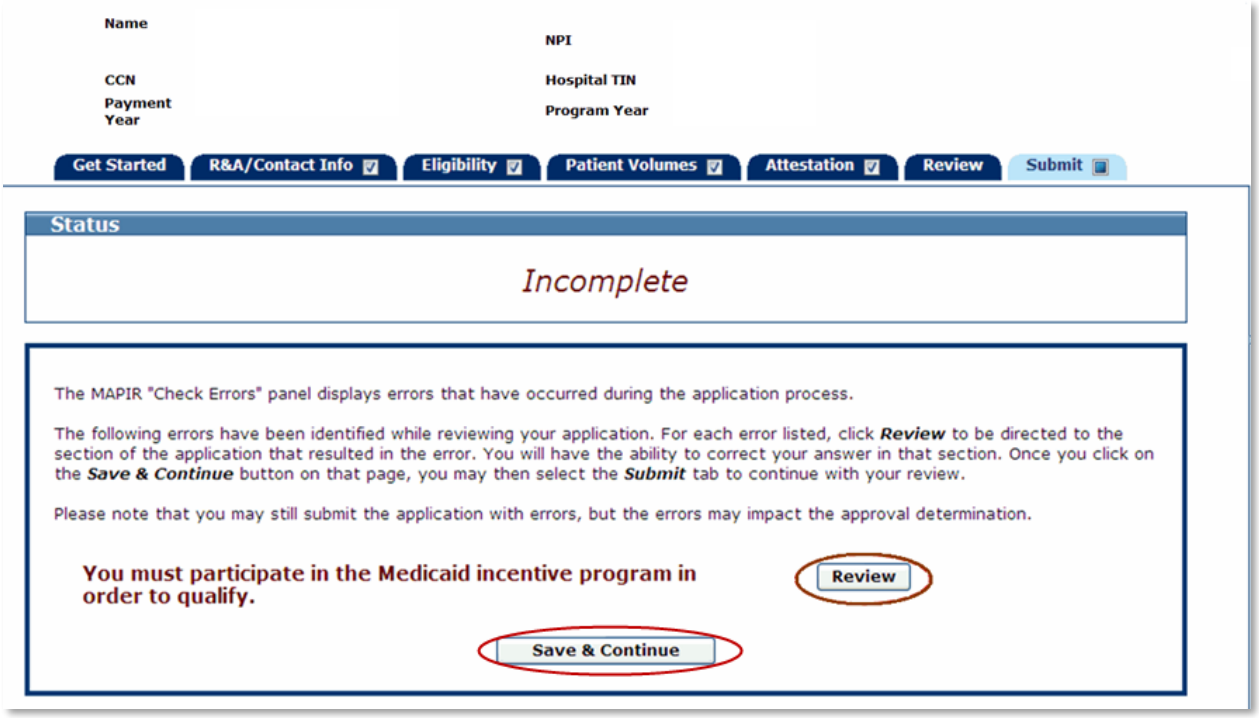
This screen lists the current status of your application and any error messages identified by the system.

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:

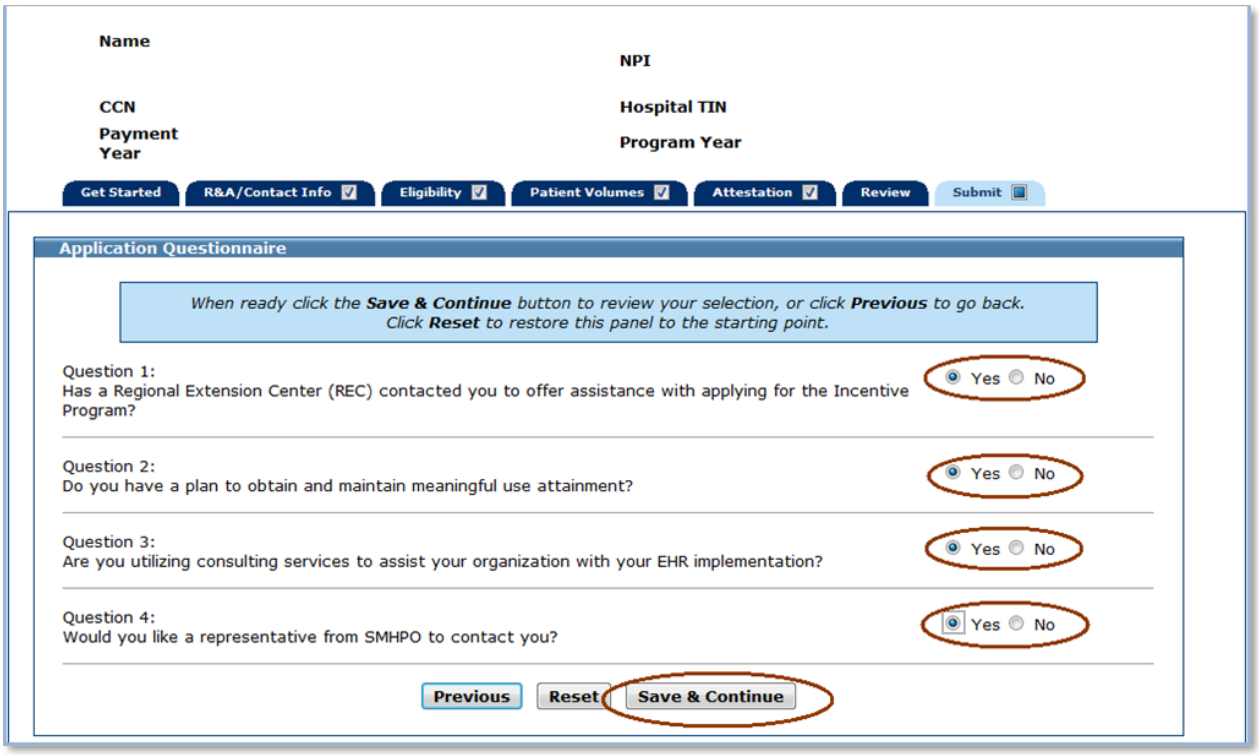
Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

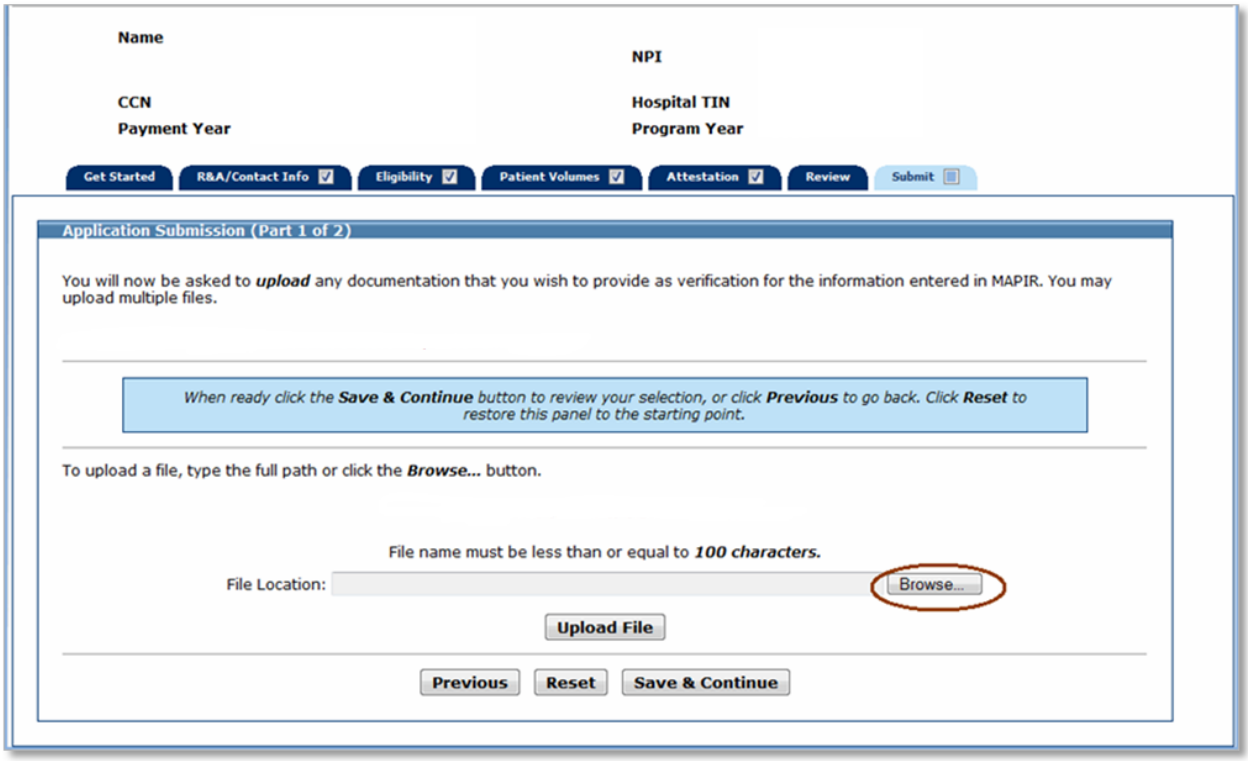


The Application Questionnaire screen presents optional questions. Answer the optional questions by selecting **Yes** or **No**.

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



To upload files, click **Browse** to navigate to the file you wish to upload.



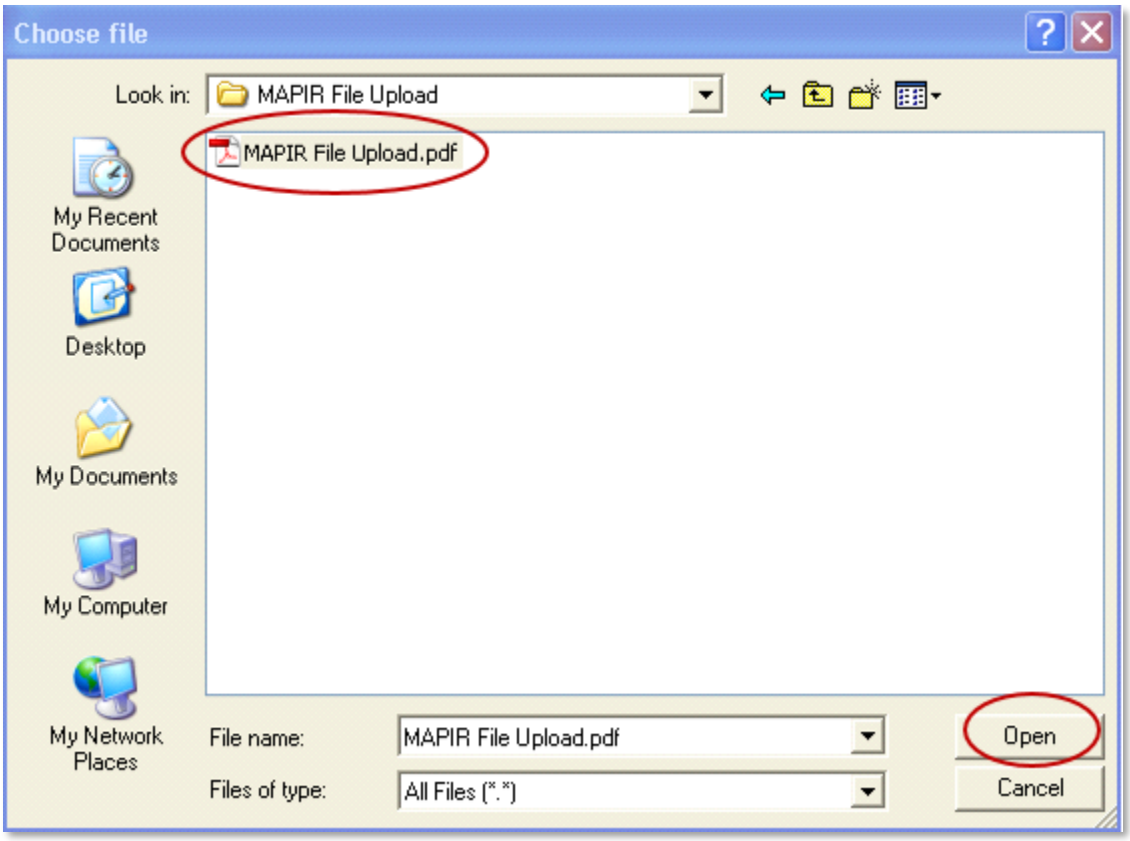
The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.

Note

File names must meet the following naming conventions:

- All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters.
- A single period preceding the file name extension.
- No more than one period in the file name.



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.

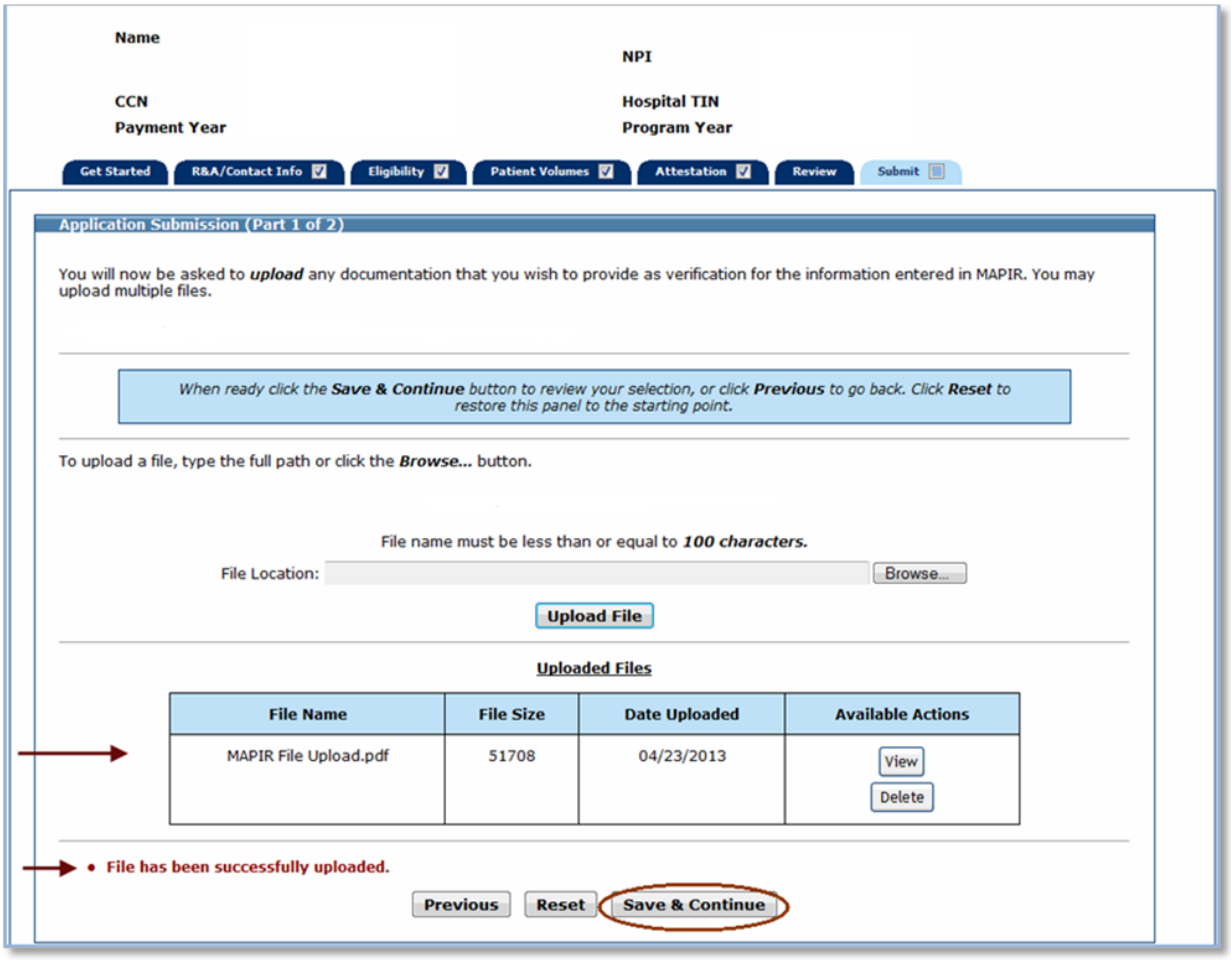
Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times a necessary.

All 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.



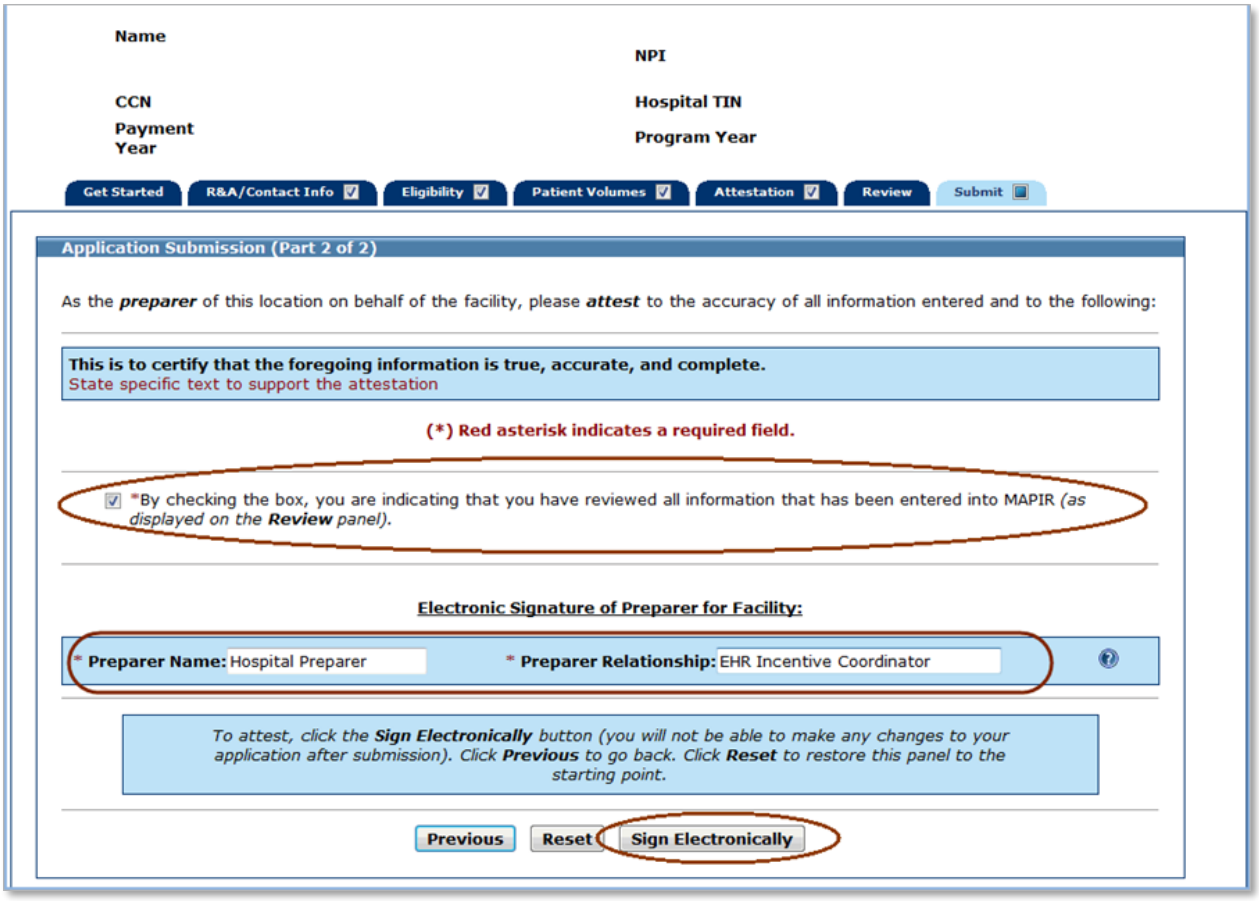
This screen depicts the Preparer signature screen.

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.

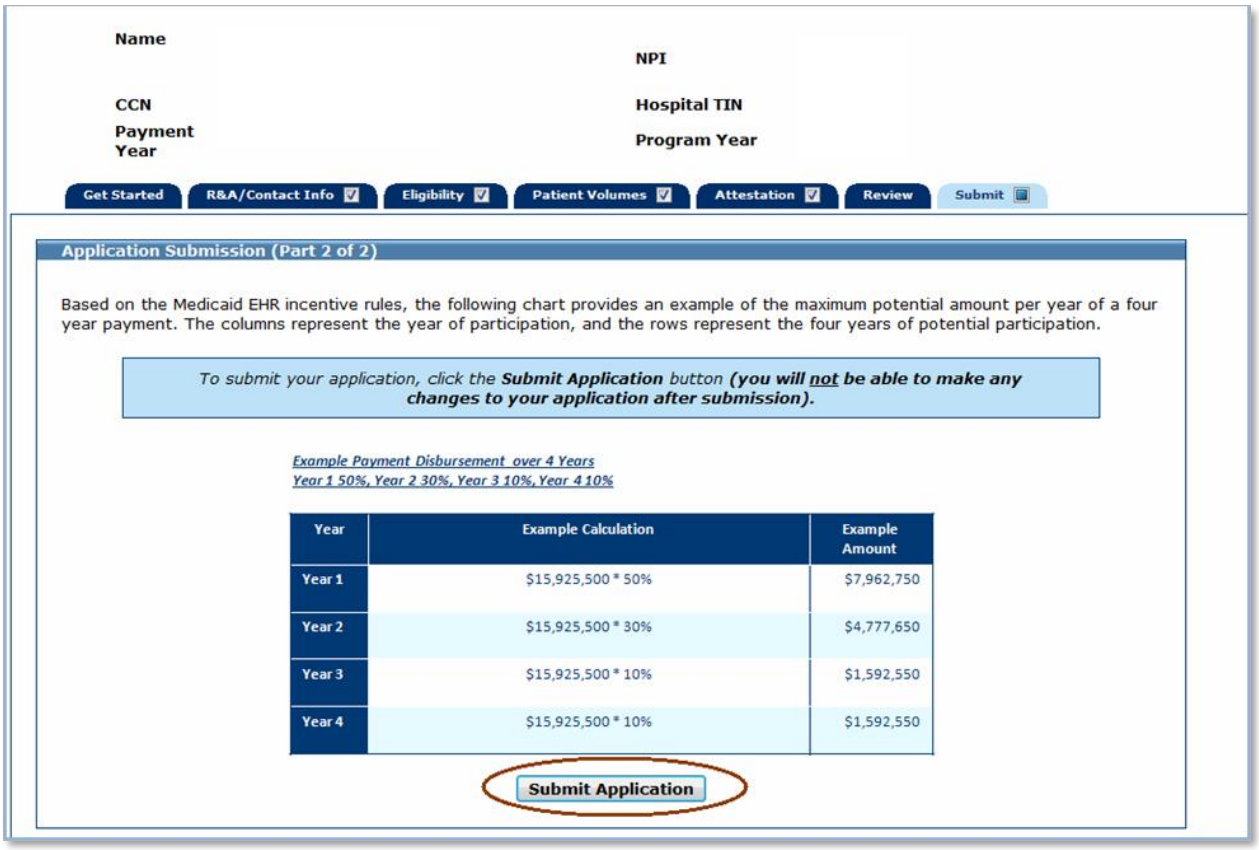


Your actual incentive payment will be calculated and verified by the state Medicaid program office. This screen shows an **Example Payment Disbursement over 4 Years.**

No information is required on this screen.

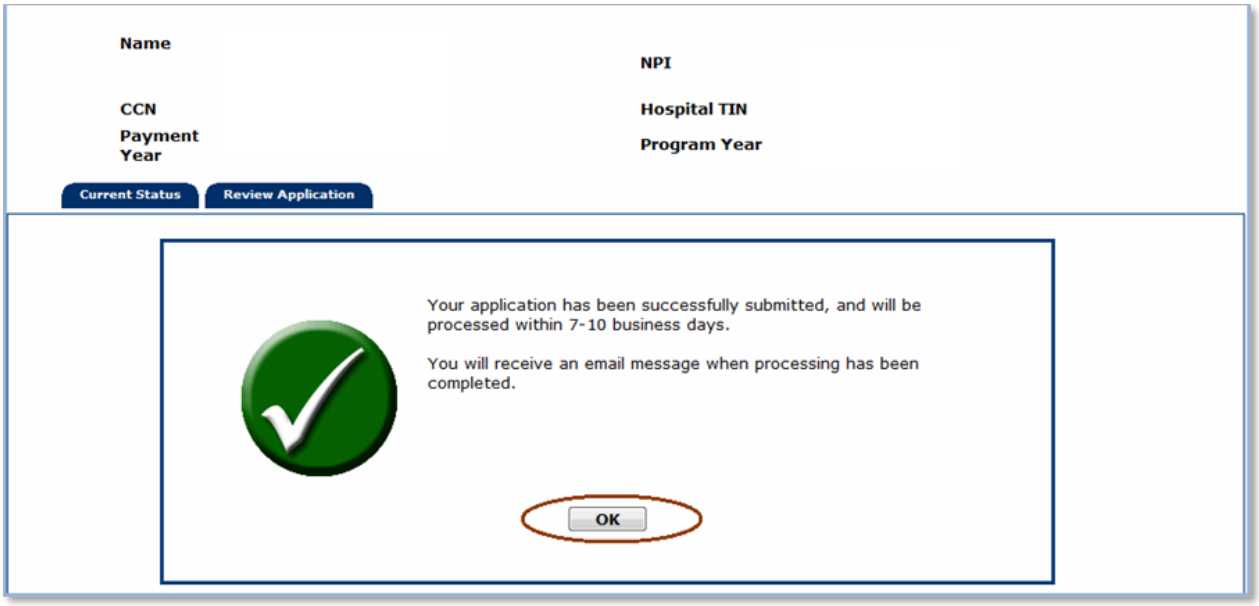
Note
This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit and return at any time to complete the submission process.

To submit your application, click **Submit Application** at the bottom of this screen.



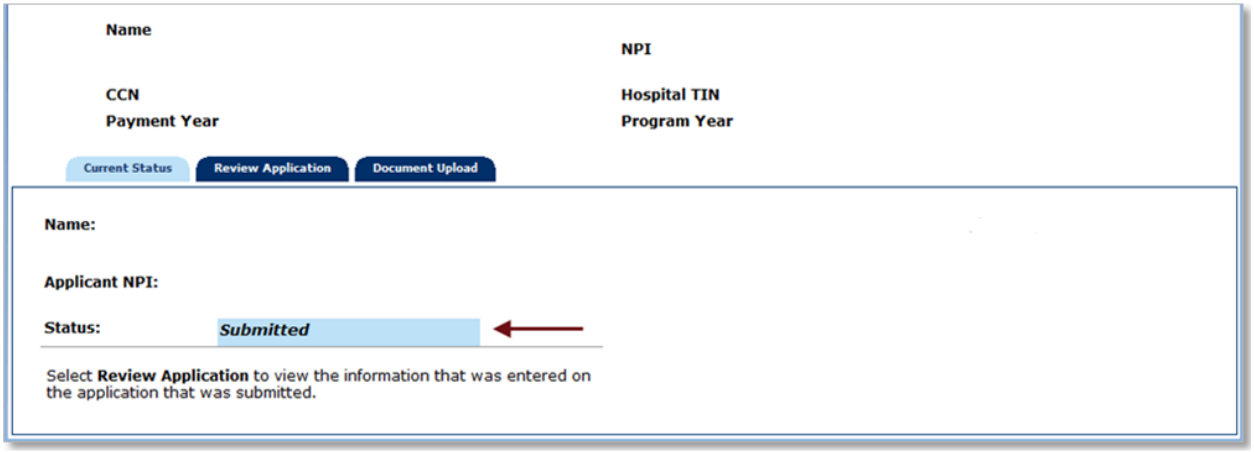
The check indicates your application has been successfully submitted.

Click **OK**.

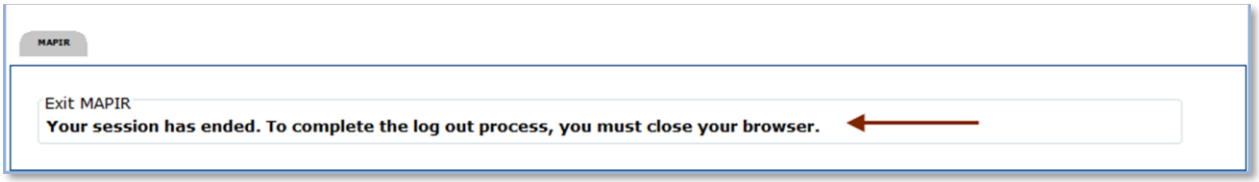


When your application has been successfully submitted, you will see the application status of Submitted.

Click **Exit** to exit MAPIR.



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



Post Submission Activities

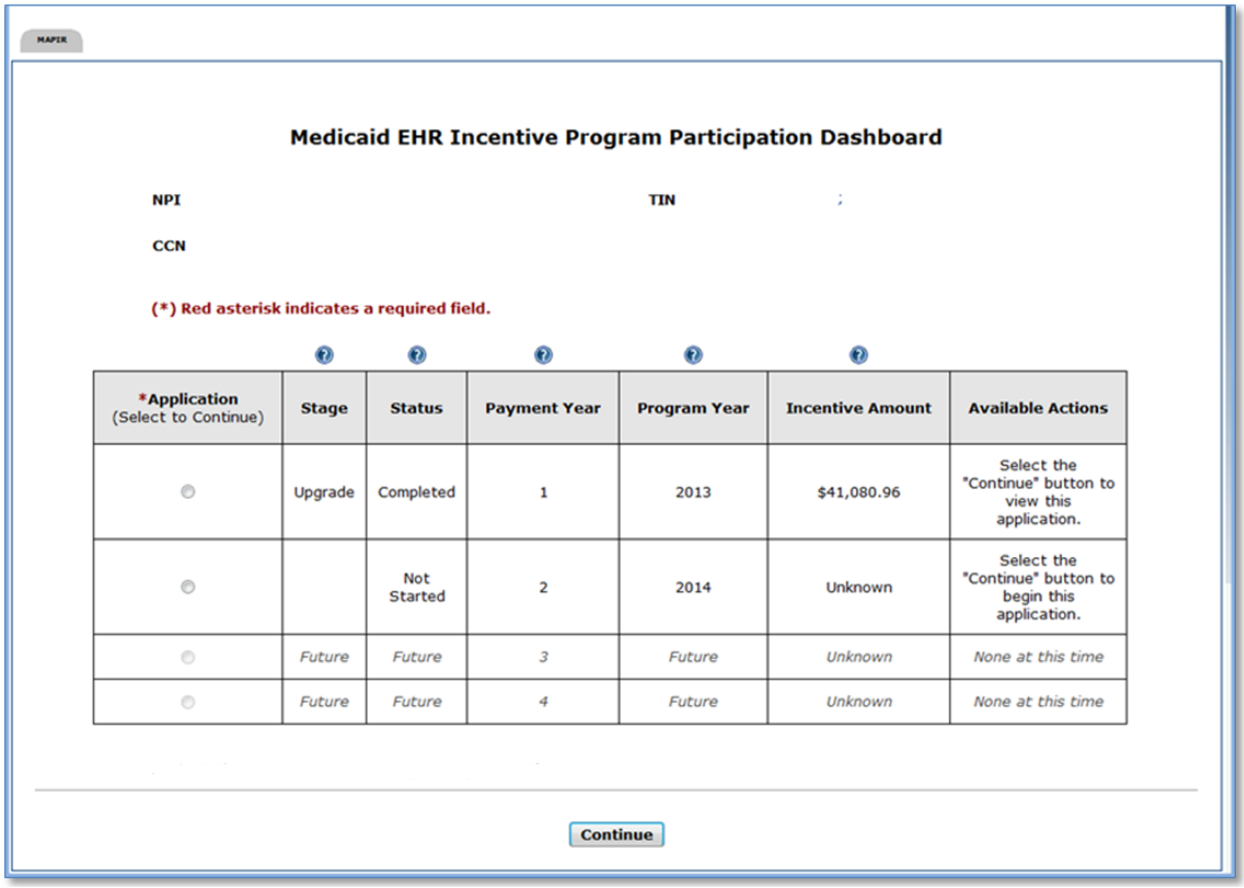
This section contains information about post application submission activities. At any time, you can check the status of your application by logging into the state Medicaid portal. When you have successfully completed the application submission process you will receive an email confirming your submission 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.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

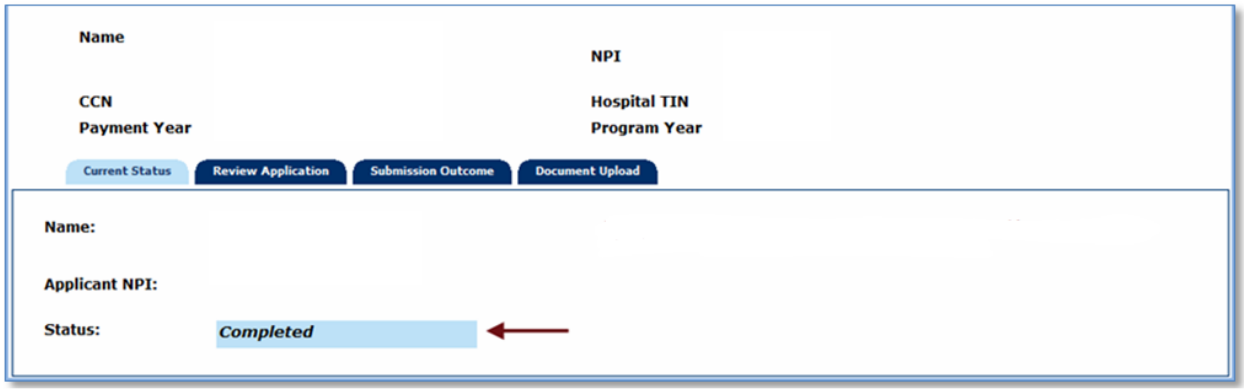
Notice that the Status of your application is *Submitted*. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.



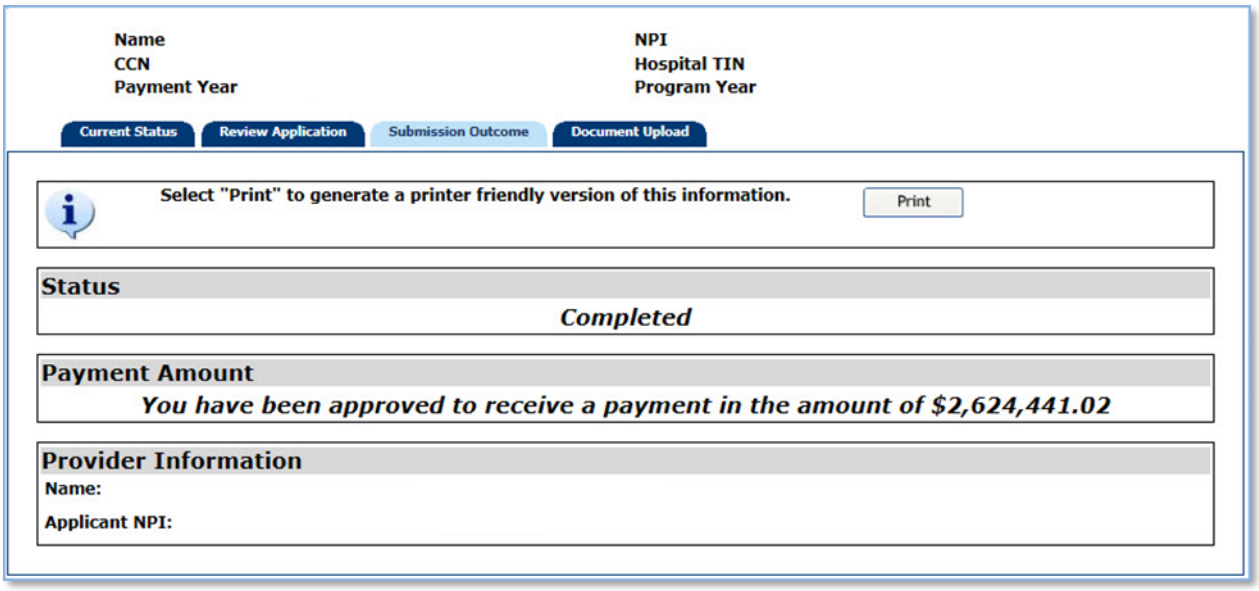
*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
	Upgrade	Completed	1	2013	$41,080.96	Select the "Continue" button to view this application.
		Not Started	2	2014	Unknown	Select the "Continue" button to begin this application.
	Future	*Future*	*3*	*Future*	*Unknown*	*None at this time*
	Future	*Future*	*4*	*Future*	*Unknown*	*None at this time*

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 state Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.



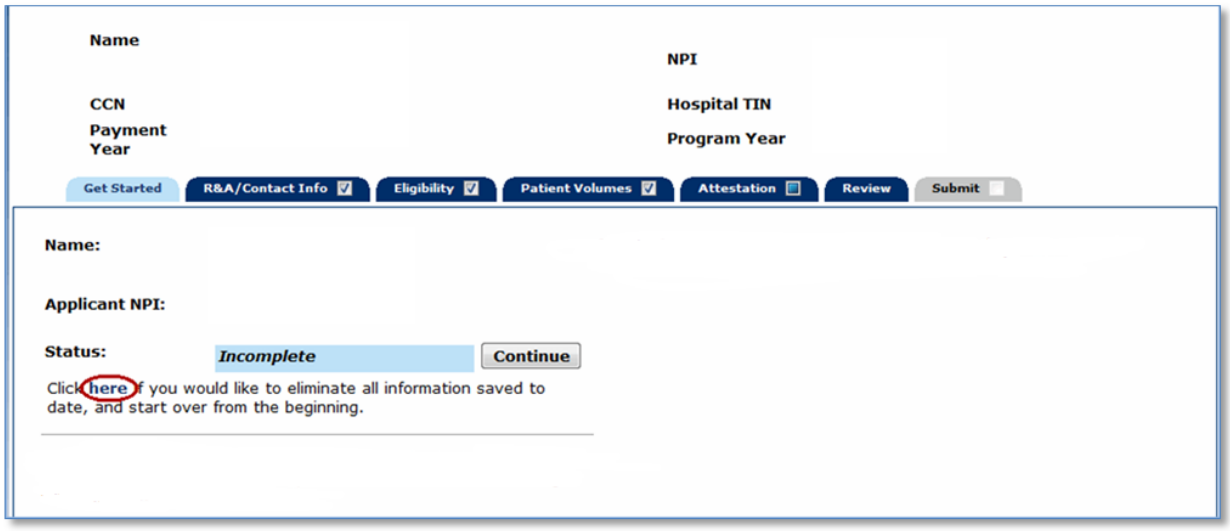
The following table lists some of the statuses your application may go through.

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

Additional User Information

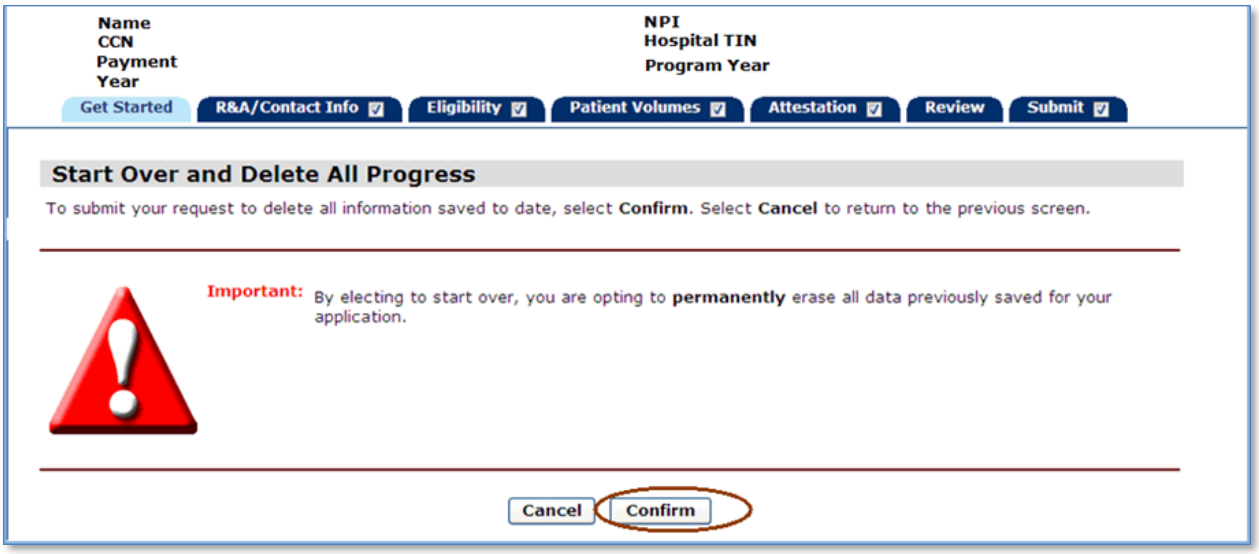
This section contains an explanation of additional user information, system messages, and validation messages you may receive.

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.

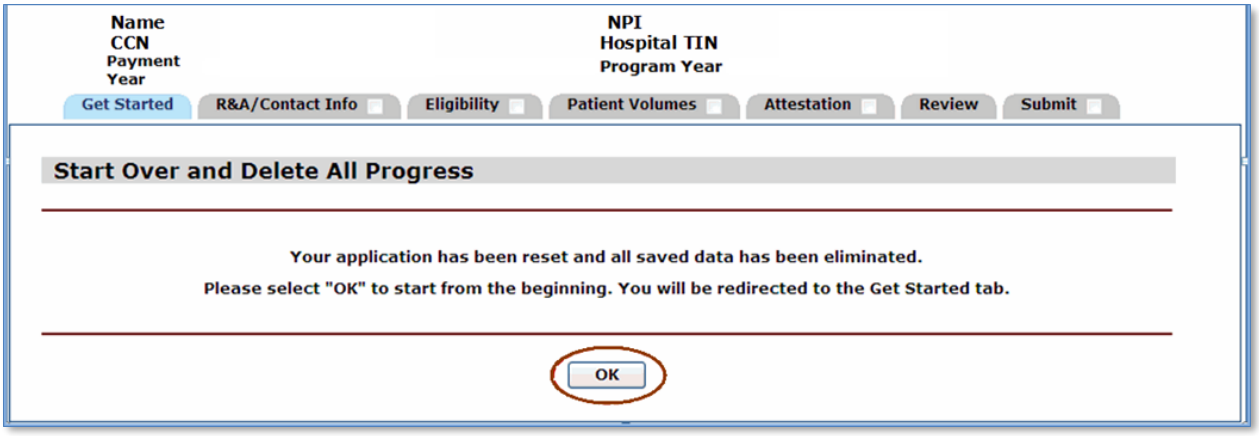


This screen asks you to confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

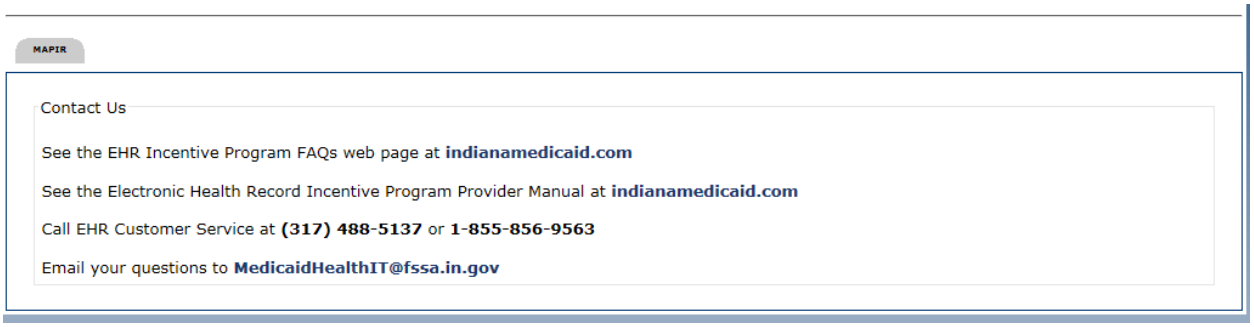
Click **Confirm** to Start Over and Delete All Progress.



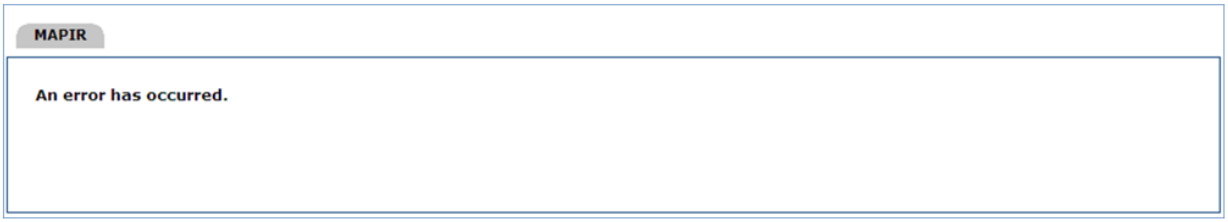
If you clicked **Confirm** you will receive the following confirmation message: “To **continue** click **OK**”.



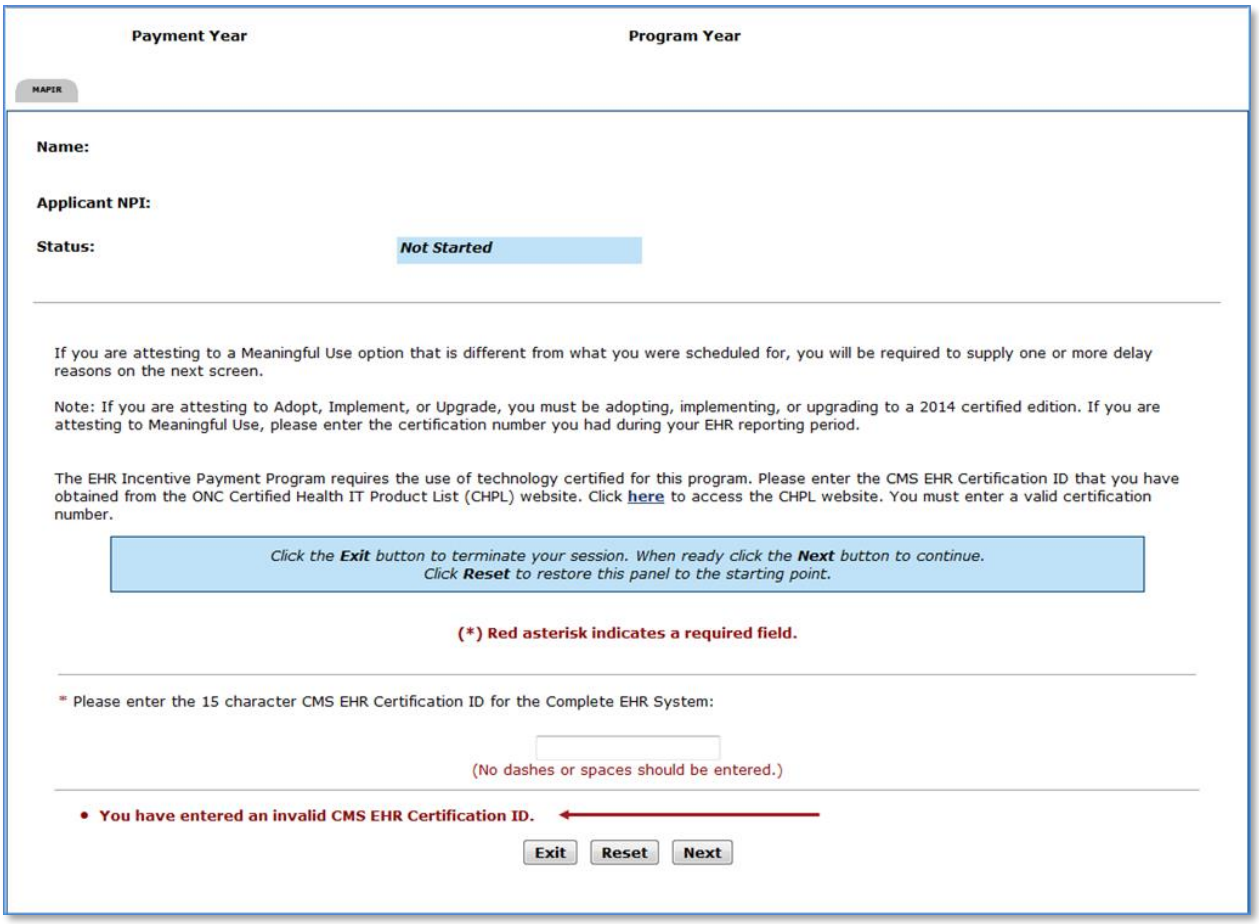
Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following state Medicaid program contact information.



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.



Validation Messages
Please enter all required information.
The User ID is already defined in MAPIR.
You must provide NPI number in order to proceed.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
The NPI that you entered is not valid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must answer "Yes" to the second question.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
The NPI Number must be numeric and ten (10) digits in length.
The Personal TIN must be numeric and nine (9) digits in length.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter at least one search criteria value.
NPI must be numeric and consist of ten (10) digits.
Provider TIN must be numeric and nine (9) digits long.
CCN must be numeric and must be six (6) digits.
Adjustment Amount must be numeric.

Debit Amount must not exceed the Payment Amount.
Amount must not exceed program year limit.
The status that you have selected is invalid for this application.
The user may not be deleted when activity has been performed in MAPIR.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must answer Yes to utilizing certified EHR technology in at least one location where reporting Medicaid Patient Volume in order to proceed.
You must be licensed in the state(s) in which you practice.
You cannot practice in an FHQC/RHC and be an Individual Practitioner's Panel.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must enter Yes to voluntarily assigning payment.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
An incentive payment has not been issued at this time.
An Adjustment Reason is required.
There are no Payment Addresses on file for your NPI/TIN, please correct this at your state Medicaid Management Information System (MMIS) before continuing with your application.
All amounts must be between 0 and 999,999,999,999,999.
Please select a valid State from the list.
Name must not exceed 150 characters.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
Amounts entered for Total Charges and Total Charges Charity Care must be between $0 and $9,999,999,999,999.99.
You have made an invalid selection.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.
The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.

You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.
Data entered is invalid and must be a positive whole number.
The number you have entered is invalid, it must be a positive whole number.
You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.
You must attest to at least one Public Health measure. The measure selected may be an exclusion.
The date you have entered is in an invalid format.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The time you have entered is in an invalid format.
The selection you have made is not a valid option at this time.
You must select at least 5 menu measures.
You have entered zero as a denominator on one or more of your Core Clinical Quality Measures. Please refer to the instructions on this page for additional information.
You have entered zero as a denominator for the Alternate Clinical Quality Measure selected. Please choose another Alternate Clinical Quality Measure to attest to where it is possible to enter a value other than zero for the denominator. Please refer to the instructions on this page for additional information.
You must select 4 menu measures from outside the Public Health Menu set.
Total Inpatient Medicaid Bed Days must be less than Total Inpatient Bed Days
Total Charges – Charity Care must be less than Total Charges – All Discharges
Values entered match the existing cost data on file
The Start Date you have entered was attested to in a previous Payment Year
You may only select yes to one exclusion.
Payee TIN must be numeric and nine (9) digits long.
Note Text must be 1000 characters or less.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
File must be in _____.
File must be no larger than _____.
You must select at least 3 menu measures to proceed.
You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.
Your EHR Attestation Selection does not match the stage selection made when you started your application.
You must select one file from the drop-down list in order to proceed.

You may not exclude both Menu Measures 9 & 10.
You may not attest to Menu Measure 9 and exclude Menu Measure 10.
You may not exclude Menu Measure 9 and attest to Menu Measure 10.
You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.
You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.
You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.
You must select all menu measures when an exclusion has been claimed on one or more menu measures.
You must answer all Exclusion questions with a Yes or No answer to proceed.
You must enter a CMS Audit Number in order to proceed.
You have selected an Adjustment Reason that does not allow for entering a CMS Audit Number.
The CMS Audit Number must be alphanumeric and ten (10) characters in length and must not contain spaces.
Full amount needs to be recouped for an Adjustment due to Audit.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, “10.0”). The acceptable range for Performance Rate value is 0.0 to 100.0.
The Observation percent value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Observation percent value is 0.0 to 100.0.
Full Year is not a valid option for Program Year 2014. Please select the 90 day option.
You have excluded both Public Health measures. Please select 5 Menu measures from outside the Public Health Menu set.
You have selected to exclude a Public Health measure. Please attest to the remaining Public Health measure.
This transaction can no longer be cancelled.
The Patient Volume 90 day date range is no longer valid.
Please confirm that the file you are uploading is intended to be displayed on the provider’s application.
Please confirm that the file is intended to be displayed on the provider’s application.
Delay reason must be 500 characters or less.
ONC Service is unavailable
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"

You may not change the status due to a pending adjustment. You must delete the pending adjustment in order to proceed.
You must select one or more incentive applications to be adjusted.
You have selected an invalid option for the provider type and/or payment year.
You have selected an invalid adjustment option.
You have selected an invalid HPSA option.
The Program Year selected is not available for this NPI.
Invalid import record format.
The maximum number of audit rows allowed to be imported in a single submission has been exceeded.
Payment Year is invalid.
Program year is invalid.
A Completed Incentive Application was not found for this Provider/Payment Year/Program Year combination.
Audit Reason is invalid.
Audit Organization is invalid.
Audit Type is invalid.
Audit Intent Date is invalid.
External Audit Control System Number (State Assigned) must not be greater than 10 characters.
Audit Status may only be changed to Audit Started or Audit Canceled when current Audit Status is Intent to Audit.
Audit Status may only be changed to Audit Canceled or Audit Completed when current Audit Status is Audit Started.
Audit Start Date is required with the Audit Status of Audit Started.
Audit Finding and Audit End Date are required with the Audit Status of Audit Completed.
Audit Finding and Audit End Date are invalid for the Audit Status specified.
Audit Cancelation Reason and Audit Cancelation Date are required with the Audit Status of Audit Canceled.
Audit Cancelation Reason and Audit Cancelation Date are invalid for the Audit Status specified.
Audit Cancelation Reason must be 250 characters or less.
Audit Intent Date cannot be a future date.
Audit Start Date cannot be a future date.
Audit Start Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be a future date.
Audit Cancelation Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be prior to the Audit Start Date.

Audit End Date cannot be a future date.
Audit End Date cannot be prior to the Audit Intent Date.
Audit End Date cannot be prior to the Audit Start Date.
Audit Status may only be changed to Intent to Audit.
An active audit with this Provider/Payment Year/Program Year combination already exists.
All audit case records have been successfully imported.
The request can no longer be completed for the selected adjustment(s).
The CCN value entered is invalid for this NPI.
A multi-year adjustment cannot be initiated while there are incentive applications in process.
The audit transaction conditions have changed resulting in the cancellation of your request. Please select Audit Display link to redisplay Audit Summary Worksheet.
Audit Status may only be changed to Audit Canceled.
You have selected an Adjustment Action that does not allow for entering a CMS Audit Number.
You must select one or more adjustments to be deleted.
You cannot import duplicate records for a Provider Payment Year/Program Year combination.
This adjustment is no longer available.
An updated B-6 has been received and may impact one or more of your incentive applications.
Only one incentive application in Denied status may be selected.
You have selected an incentive application that is not eligible for multi-year adjustment.
You cannot begin an incentive application while a multi-year adjustment is pending.
The multi-year adjustment process does not permit selection of all eligible incentive applications.
The multi-year adjustment process cannot be used to simultaneously pay a denied incentive application and retract a paid incentive application.
You must specify a current or future date.
Audit Status may only be changed to Audit Started.
Audit Status may only be changed to Audit Completed.
The Audit Finding is invalid for the Audit Type specified.
A multi-year adjustment is currently in progress; therefore, this request cannot be completed.
You must select at least two Required Public Health Options to proceed.
You must select at least one Required Public Health Option to proceed.
You have indicated that the Measure does not apply to you. As a result, you may not select an Active Engagement Option.
You may only select Yes to one of the Exclusions.
You may only select one Active Engagement Option.

You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options.
You must select Option 3A to select Option 3B.
You may only select two Alternate Exclusions for the Public Health Objective.
You must attest to Option 3A before attesting to Option 3B.
You cannot select Option 3B as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 10 Option 3B.
You must select at least three Required Public Health Options to proceed.
You must select Option 3A to select Option 3C.
You must attest to Option 3A before attesting to Option 3B or Option 3C.
You cannot select Option 3C as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 9 Option 3B or Option 3C.
You may only select three Alternate Exclusions for the Public Health Objective.
You may not attest to the Clinical Quality Measures topic.
You must attest to Option 3A before attesting to Option 3B.
You cannot attest to Public Health Option 3B as you have not answered Yes to Public Health Option 3A. Please return to the Public Health selection screen and uncheck Public Health Option 3B.
You must select Option 3A to select Option 3B, 3C or 3D.
You must attest to Option 3A before attesting to Options 3B, 3C or 3D.
You cannot select Option 3B, 3C or 3D as you have not answered Yes to Option 3A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B, 3C or 3D.
You must select Option 4A to select Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B.
You must attest to Option 4A before attesting to Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B, 4C or 4D.
You must select at least four Required Public Health Options to proceed.
You cannot attest to Public Health Option 4B as you have not answered Yes to Public Health Option 4A. Please return to the Public Health selection screen and uncheck Public Health Option 4B.
You must select Option 4A to select Option 4B, 4C or 4D.

You must attest to Option 4A before attesting to Options 4B, 4C or 4D.
You cannot select Option 4B, 4C or 4D as you have not answered Yes to Option 4A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 4B.
You must attest to Public Health Option 3B.
You must attest to Public Health Option 4B.
You must attest to Public Health Option 5B.
Please select a Program Year.
You must select Option 5A to select Option 5B, 5C or 5D.
You must attest to Option 5A before attesting to Options 5B, 5C or 5D.
You cannot select Option 5B, 5C or 5D as you have not answered Yes to Option 5A.
You must select Option 5A to select Option 5B.
You must attest to Option 5A before attesting to Option 5B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 5B.
You must select all 16 Clinical Quality Measures to proceed.
You must select a minimum of 6 Clinical Quality Measures to proceed.
You cannot attest to Public Health Option 5B as you have not answered Yes to Public Health Option 5A. Please return to the Public Health selection screen and uncheck Public Health Option 5B.
You have not successfully attested to two Public Health options therefore you may not claim an exclusion for Option B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B, 5C or 5D.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options. Option 3 is not required.
You cannot enter a registry name, as one has been selected from the list.
You cannot select the same Registry name for options A and B.
The file name is invalid.
You cannot select No to the measure and select or enter a registry name.
You must select at least one Outcome CQM or the acknowledgement checkbox.
You must select at least one High Priority CQM or the acknowledgement checkbox.
The Clinical Quality Measures reporting date range must be within the application's Program Year.
The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period.
You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields.

You must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected.
The Clinical Quality Measures reporting date range must consist of at least 90 days.
Enter a valid file location.
File must be no larger than 2MB in size.
File must be in PDF format.
File cannot be successfully uploaded.
Internal Error: File cannot be viewed.
Virus Detected!! The file has been deleted.
File has been successfully uploaded.
File was not successfully removed.
File has been successfully deleted.
The file that you have requested to upload is empty and cannot be processed.
File name must be less than or equals to 100 characters.
Provider ID must contain only alphabetic characters or numbers.
No results found
Note Text is required.
Note Text must be 1000 characters or less.
User ID is required.
First Name is required.
Last Name is required.
Invalid status change - D16 request has been sent.
Invalid status change - B6 has been inactivated.
You do not have permission to make this Status Change.
User ID cannot be larger than 20 characters.
First name cannot be larger than 150 characters.
Last name cannot be larger than 50 characters.
This user cannot be inactivated. Either the user information has been changed without saving or there is incentive application activity associated with the user id.
You must retrieve the details of the user before attempting to delete. Please press the "Find Details" button and then try again.
The User ID that you entered already exists.
At least one rejection reason is required.
Begin Run Date is required.
End Run Date is required.

Begin Run Date must be less than End Run Date.
Report Name is required.
You entered a date range that exceeds the 90 day limit.
Amount is required.
Amount must be greater than zero.
Provider Grace Period has been removed.
Provider Grace Period has been applied for the selected Program Year.
Note\: The Overall EHR Incentive Amount is greater than %s. Please review this incentive payment. The Medicaid Share may be higher than 100%%.
New User ID is required.
Amount is required.
Amount must be numeric value.
Amount must be between 0 and 999,999,999,999,999.

Hover Bubble Definitions

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
MAPIR Dashboard	Stage	Display Field	The Stage refers to the adoption phase or meaningful use stage/EHR reporting period (except for dually eligible hospitals) that applies to a given application.
	Status	Display Field	Status of the incentive application
	Payment Year	Display Field	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program
	Program Year	Display Field	The 4 digit year within which a provider attests to data for eligibility for a payment. For an EP this is the Calendar year (January thru December). For an EH it is the Federal Fiscal Year (October thru September). Valid Program Years are 2011-2021.
	Incentive Amount	Display Field	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Eligibility Questions Part 1 of 2	Please confirm you are choosing the Medicaid incentive program.	Yes/No Radio Buttons	When you registered at the CMS registration and attestation site, you indicated that you are applying for the Medicaid EHR Incentive payment in this state, please confirm
	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in Indiana?	Yes/No Radio Buttons	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition
	Is your facility currently in compliance with all parts of the HIPAA regulations?	Yes/No Radio Buttons	All providers must be in compliance with the current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at http://www.hhs.gov/ocr/privacy/
Patient Volume (Part 2 of 3) - Location	Is your facility licensed to operate in all states in which services are rendered?	Yes/No Radio Buttons	Eligible hospitals must meet the state law licensure requirements of the state issuing the EHR incentive payment
Patient Volume	Provider ID	Display Field	Configurable by state

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
(Part 2 of 3) – Location	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume (Part 2 of 3) - Location Add Location screen	Location Name	Enterable	Enter the legal entity name for the location being added
	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street. This cannot be a Post Office Box number
Patient Volume (Part 2 of 3) - Enter Volume	Provider ID	Display Field	Configurable by state
	Medicaid Discharges (In State Numerator)	Enterable	For the continuous 90-day period, the number of inpatient plus ER/ED discharges where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment
	Other Medicaid Discharges (Other Numerator)	Enterable	For the continuous 90-day period, the number of inpatient plus ER/ED discharges where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program, not included in the In-State Numerator
	Total Discharges All Lines of Business (Denominator)	Enterable	Total number of inpatient plus ER discharges for all In-State and Out-Of-State patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Hospital Cost Report Data (Part 3 of 3)	Total Discharges	Enterable	For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for each location listed
Hospital Cost Report Data (Part 3 of 3)	Total Inpatient Medicaid Bed Days	Enterable	For the most current fiscal year listed, the number of total inpatient bed days where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program
	Total Inpatient Bed Days	Enterable	Total acute care bed days for all services regardless of health insurance coverage
	Total Charges - All Discharges	Enterable	Total charges for all services regardless of health insurance coverage

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Total Charges - Charity Care	Enterable	Total charity care for all inpatient services regardless of health insurance coverage
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Hospital has financial and/ or legal commitment to certified EHR technology capable of meeting Meaningful Use.
	Implementation:	Radio Button	Eligible Hospital is in the process of installing certified EHR technology capable of meeting Meaningful Use.
	Upgrade:	Radio Button	Eligible Hospital is expanding the functionality of certified EHR technology capable of meeting Meaningful Use
	Meaningful Use:	Radio Button	Eligible Hospitals that have attested to AIU in the past will need to select MU. Eligible Hospitals may select MU in their first incentive payment year
Attestation Phase (Part 1 of 3)	Meaningful Use – 90 Days	Radio Buttons	You may apply using the Meaningful Use (MU) 90 day if you have been utilizing EHR technology for a continuous 90 day period within the current Federal Fiscal Year, and if you have not attested to 90 days of MU in a previous program year. In Program Year 2014, all MU periods are 90 days.
	Meaningful Use – Full Year ***(Stage 1)***	Radio Buttons	You must apply using the Meaningful Use Full Year if you have attested to 90 days of Meaningful Use in the previous program year, and you must be utilizing EHR technology for the entire current Calendar year
	Meaningful Use – Full Year ***(Stage 2)***	Radio Buttons	You must apply using the Meaningful Use Full Year if you have attested to 90 days of Meaningful Use in the previous program year, and you must be utilizing EHR technology for the entire current Federal Fiscal year.
Attestation Meaningful Use Measures	Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period?	Radio Buttons	A unique patient is defined as a patient who has been seen multiple times in an EHR reporting period, but is only allowed to be counted once
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/No Radio Buttons	A Children's hospital is a separately certified children's hospital either freestanding or hospital-within-hospital and has a CMS certification number (previously Medicare Provider number) with the last 4 digits in the series 3300-3399 and predominantly treats patients under 21 years of age
	Provider ID	Display Field	Configurable by state

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Additional Information	Display Field	Configurable by state
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Hospital
Hospital Attestation MU Selection Phase (Part 1 of 3)	Meaningful Use (90 days)	Radio Buttons	This option allows you to attest to a continuous 90 day period of meeting Meaningful Use measures.
	Meaningful Use (Full Year)	Radio Buttons	This option is for attesting to Meaningful Use for a full year.

Acronyms and Terms

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