# Massachusetts Medicaid EHR Incentive Program 2016 Supporting Documentation Requirements for Eligible Hospitals

All Eligible Hospitals (EHs) or appointed Designees are required to upload the following documents to the EH's application in MAPIR at the time of attestation. Attention: No documentation should be submitted directly to an Analyst for review. If an EH's document(s) exceed the MAPIR size limit, please split the document(s) and upload all parts to MAPIR. All documents that contain PHI or sensitive information must be sent encrypted. Please redact all PHI from the documentation prior to submission.

- Section 1: Program Eligibility Requirements for EHs attesting to AIU and MU
- Section 2: Meaningful Use Requirements for Medicaid-only EHs attesting to MU

As the state-designated Health Information Technology Agency, MeHI has been contracted by the Massachusetts Executive Office of Health and Human Services to administer the following components of the Medicaid EHR Incentive Program: Program Planning and Administration, Enrollment and Eligibility Verification, Attestation and Pre-Payment Verification, Reconsideration and Appeals, and Program Reporting to State and the Federal Government.

An electronic copy of this document and additional guidance is available in the MU Toolkit for Eligible Hospitals on MeHI's website.

| SECTION 1: PROGRAM ELIGIBILITY REQUIREMENTS – AIU AND MU – For all EHs | |
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| 2014 CERTIFIED EHR TECHNOLOGY (CEHRT) | All EHs attesting to AIU, and all EHs who used the CEHRT flexibility rule for Program Year 2014 and did not attest to Program Year 2015, are required to upload the following documentation to demonstrate proof of 2014 CEHRT or 2015 CEHRT:<br><br>Letter on letterhead signed by your CIO or IS Department Head. The letter must state the following:<br>• The location where the federally-certified EHR technology will be used<br>• EHR Vendor, product name, and version<br>• CMS Certification Number and CHPL Product Number<br>• And one of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract – must be signed by practice and vendor.<br>• Copy of the 2014 CMS EHR Certification ID sheet printed from the ONC website while registering your product edition.<br><br>Note: Be sure the license agreements or invoices identify the vendor, product name, and version of the certified EHR. If the EHR product and version are not listed on the invoice/contract, please supply a letter from the vendor attesting to the EHR product and version purchased. |
| PATIENT VOLUME THRESHOLD (PVT) | All EHs are required to upload patient volume supporting documentation *only upon request*.<br>• Patient Volume Threshold documentation must be provided in a searchable format (i.e. Excel).<br>• Patient Volume Tip Sheet can be found here<br>• For the Patient Volume Medicaid Numerator, please see the Medicaid 1115 Waiver Population Grid found here<br>• Chip percentage must be applied to the in-state numerator; CHIP Grid can be found here |

Note: "MU Reporting Period" is synonymous to "EHR Reporting Period", and both refer to the period selected for MU measure reporting.

| SECTION 2: MEANINGFUL USE SUPPORTING DOCUMENTATION REQUIREMENTS – **For Medicaid-Only EHs** | |
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| OBJECTIVE | MAPIR UPLOAD REQUIREMENTS AND SPECIFICATION SHEETS |
| PROTECT PATIENT HEALTH INFORMATION | All EHs are required to upload a Security Risk Analysis (SRA) or Security Risk Review (SRR) to MAPIR for all hospital locations where the certified EHR technology was utilized during the selected MU reporting period.<br><br>• Each SRA or SRR submitted must be dated, and list the name and title of the person who conducted the review or analysis. The SRA or SRR should be signed by an authorized official. If the SRA or SRR pertains to multiple hospital locations, the administrative, physical, and technical safeguards, encryption and mitigation plan must be listed for all locations included within the SRA/SRR. |

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| (PHI) | • The mitigation plan must show what steps are being taken to correct or mitigate previously identified or new discrepancies.<br>• EHs are required to fill in and submit the Security Risk Analysis/Review Cover Sheet, which can be found here.<br><br>Note: EHs must be able to demonstrate it implemented administrative, physical and technical safeguard to protect ePHI. The SRA/SRR must be completed in accordance with the requirements under 45 CFR 164.308(a) (1) including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312, implementing security updates as necessary, and correcting identified security deficiencies as part of the EH's risk management process. The SRA or SRR can be conducted outside the MU reporting period, but the scope must include the full MU reporting period. The SRA/SRR may occur no earlier than October 1, 2014, and no later than the date of attestation.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| CLINICAL DECISION SUPPORT (CDS) | All EHs are required to upload:<br>Measure 1:<br>• Screen prints of 5 CDS interventions [1)] generated from the EHR system dated within the selected MU Reporting Period. The screen prints must display profile information about the EH organization.<br>• Documentation that shows how the 5 CDS interventions tie to four or more Clinical Quality Measures related to the EH's scope of practice for which their EHR product has been certified. Absent the four clinical quality Measures, a letter from the EH's Supervising MD, Clinical Director or Medical Director is required, explaining how the selected interventions relate to the EH's patient population and high-priority health conditions.<br>Notes:<br>1) Alerts are not the only method of providing CDS. CDS includes a wide variety of workflow optimization tools.<br><br>Measure 2:<br>• Documentation from their Certified EHR Technology that shows the EH enabled and implemented drug-drug and drug-allergy interaction checks for the entire MU reporting period. The screen prints must display profile information about the EH organization.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for all CPOE measures.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| ELECTRONIC PRESCRIBING | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the required e-prescribing measure.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| HEALTH INFORMATION EXCHANGE (HIE) | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report that shows the total number of referrals and transitions of care for the selected MU reporting period that were generated electronically using a Summary of Care record [1)].<br>• Copy of one Summary of Care Record [2)] with EH's name (redact patient's name and address) that occurred before, during or after the selected MU reporting period, but no earlier than the start of the same calendar year as the MU reporting period and no later than the date of attestation.<br><br>Notes:<br>1) Please note CMS's guidance: "To count in the numerator, the sending provider must have reasonable certainty of receipt of the summary of care document." The EH must be able to provide supporting documentation to demonstrate the basis of their reasonable certainty *upon request*. |

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| | 2) The Summary of Care record must be in human readable format and cannot be a test record. At a minimum, it must include a current problem list, current medication list, and current medication allergy list. Other patient information must be included if known, but may be left blank if such information wasn't recorded, or there was nothing to record.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| PATIENT SPECIFIC EDUCATION | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the patient specific education measure.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| MEDICATION RECONCILIATION | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the medication reconciliation measure.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| PATIENT ELECTRONIC ACCESS | All EHs are required to upload:<br>Measure 1<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, numerator, denominator and resulting percentage for the patient electronic access measure.<br>Measure 2<br>• An EHR-generated report that shows at least one patient (or patient authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an EH during the selected MU reporting period viewed, downloaded, or transmitted their health information no earlier than the start of the same calendar year as the MU reporting period and no later than the date of attestation in order to count in the numerator.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |
| PUBLIC HEALTH REPORTING | All EHs except for those EHs claiming an exclusion, are required to upload:<br>Measure 1: Immunization Registry<br>• MIIS Immunization Acknowledgement, MIIS Registration of Intent, or MIIS MU Scorecard to demonstrate active engagement with the immunization registry.<br><br>Measure 2: Syndromic Surveillance<br>• Documentation from the Syndromic Surveillance Registry to demonstrate active engagement.<br><br>Measure 3: Specialized Registry<br>• Documentation from a Specialized Registry to demonstrate active engagement.<br><br>Measure 4: Electronic Laboratory Reporting<br>• The umbrella certification from the MDPH.<br><br>EHs who claim exclusions for:<br>• Immunization: submit a letter on letterhead, signed by the CIO, attesting to the accuracy of exclusion;<br>• Syndromic Surveillance: submit a letter on letterhead, signed by the CIO, stating their facility has no Emergency Room or Urgent Care Department;<br>• Specialized Registry: submit a screen shot of the MDPH Meaningful Use webpage;<br>• Electronic Laboratory Reporting: submit a letter on letter head, signed by the CIO, stating the scope of practice and that the EH does not perform reportable laboratory tests.<br><br>For specific information about this objective, please refer to the CMS Specification Sheet here. |

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| CLINICAL QUALITY MEASURES (CQMs) | All EHs are required to upload:<br>• An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EH's name, all 19 CQMs, numerator and denominator, and resulting percentage. EHs must report 19 CQMs across a minimum of 3 domains.<br>Note: CQM data cannot be collected outside of Certified EHR Technology.<br>For specific information about this objective, please refer to the CMS information here. (Scroll down to 2016 EH info) |