



Medical Assistance HIT Initiative
Medical Assistance EHR Provider Incentive Program
Eligible Hospitals Manual V.1.3

**STATE OF RHODE ISLAND MEDICAL ASSISTANCE
EHR INCENTIVE PROGRAM**

ELIGIBLE HOSPITALS MANUAL

June 25, 2012

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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 of Rhode Island 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 for the State of Rhode Island.

Before You Begin

There are several pre-requisites to applying for State of Rhode Island 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 of Rhode Island Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Complete your R&A registration.

You must register at the R&A before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen:

MAPIR	
Name:	Not Available
Applicant NPI:	Not Available
Status:	Not Registered at R&A

Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
 You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click [here](#) to access the R&A registration website.
 If you have successfully completed the R&A registration, please contact the <state> for assistance.

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.

Identify one individual to complete the MAPIR application.

MAPIR is accessed through the secure provider portal by selecting the "EHR Incentive Program" hyperlink on the State of Rhode Island DHS/OHHS website <http://www.dhs.ri.gov/> and selecting the **"MAPIR Login Click Here"** hyperlink present at the bottom of the **"Electronic Health Records**

(EHR) Incentive Program” Page or by using this URL <https://www.dhs.ri.gov/secure/logonMAPIR.do> for accessing directly.

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 the guidelines defined by the State of Rhode Island DHS/OHHS on their website <http://www.dhs.ri.gov/> by selecting the hyperlink for EHR Incentive Program or you can directly access the information through the following URL [“http://www.dhs.ri.gov/DefaultPermissions/ElectronicHealthRecordsIncentiveProgram/tabid/997/Default.aspx”](http://www.dhs.ri.gov/DefaultPermissions/ElectronicHealthRecordsIncentiveProgram/tabid/997/Default.aspx) 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 (<http://onc-chpl.force.com/ehrcert>).

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.

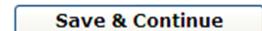
There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.

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.

Fiscal Year	Total Discharges	Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	*10890		* \$109878943	* \$10990988
10/01/2008-09/30/2009	*0070			

For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for all locations listed

Step 1 – Getting Started

Log in to the state Medicaid portal and locate the **MAPIR** link.

Click the link to access the **MAPIR** screen.

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. Only the incentive applications that you are eligible to apply for are enabled.

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**.

Select an application and click **Continue**.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI 9999999999 **TIN** 9999999999

CCN 999999

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Not Started	1	2012	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Future	2	Future	Unknown	None at this time
<input type="radio"/>	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	4	Future	Unknown	None at this time

Note: 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.

This screen will display with the information for the incentive application you selected. A status of *Not Registered at R&A* indicates 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 of Rhode Island Medicaid Program. 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 of Rhode Island Medicaid program office. A status of *Not Started* indicates that the R&A and State of Rhode Island 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.

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

Payment Year	1	Program Year	2011
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MAPIR

Name: MAPIR Memorial Hospital

Applicant NPI: 999999999

Status: **Not Started**

IMPORTANT:

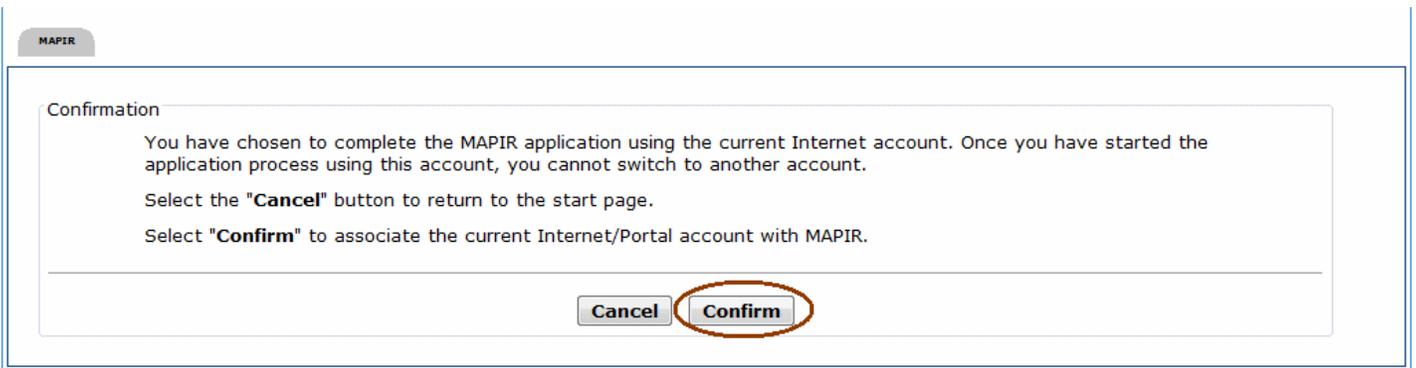
The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All application for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

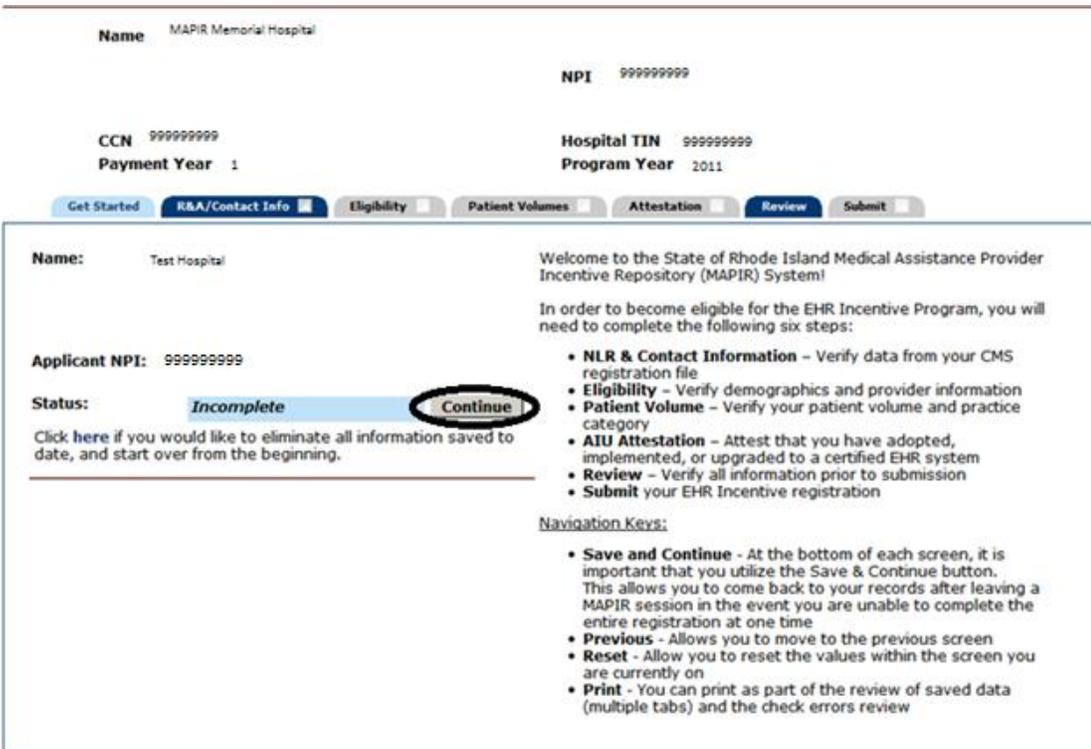
If you selected an incentive application that you are not associated with, you will receive a message indicating that a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access 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 the Rhode Island DHS/OHHS or Customer Service Help Desk at (407)784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls for assistance.

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 **Begin** 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 of Rhode Island Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the State of Rhode Island 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.

Name	MAPIR Memorial Hospital		
	NPI	9999999999	
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2011

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

In this section, you will verify that your hospital is registered with CMS and the information you provided will be displayed for verification. Please note the following:

- You will need to verify the accuracy of information derived from the CMS Registration & Attestation System (referred to in this system as the NLR)
- If there are errors or discrepancies in the information, you will need to return to the NLR to update any required information prior to resuming the application process.
- The following link will take you to the NLR to correct any errors noted: <https://ehrincentives.cms.gov/hitech/login.action>

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 R&A information. If the R&A information is not correct you will need to return to the R&A to correct it.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

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

Legal Business Name	MAPIR Memorial Hospital	Hospital NPI	999999999
CCN	999999	Hospital TIN	999999999
Business Address	123 West Main Hometown, PA 99000-000		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	Deemed Medicare Eligible	State PA
Eligible Hospital Type	Acute_Care_Hospitals		
R&A Registration ID	1780686931		
R&A Registration Email Address	TestHospital@mail.com		
CMS EHR Certification Number	Q000000I0CVMAQ		

(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

Previous | **Reset** | **Save & Continue**

Enter a **Contact Name** and **Contact Phone**.

Enter a **Contact Email Address** twice for verification.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Contact Information

Please enter your contact information. All email correspondence will go to the email address entered below. The email address, if any, entered at the R&A will be used as secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

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

(*) Red asterisk indicates a required field.

***Contact Name**
***Contact Phone** - - Ext

***Contact Email Address** Enter twice to verify :

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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



You have now completed the **R&A/Contact Information** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Eligibility** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Step 3 – Eligibility

The Eligibility section will ask questions to allow the State of Rhode Island 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 **Eligibility Questions (Part 1 of 2)**.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2011

In this section, you will provide basic information to confirm your hospital's eligibility for the EHR Incentive Program. To be eligible, you will need to indicate that:

- Your institution is a Rhode Island Medicaid provider in good standing
- Your institution is choosing the Medicaid Incentive program
- Your institution's CCN is in the appropriate range and identifies you as an eligible hospital (this number is represented as the last 4 digits of your Medicaid/CMS provider number)
- Your institution provides acute care, pediatric, and/or cancer treatment services with an Average Length of Stay (ALOS) of less than 25 days
- Your institution is HIPAA-compliant
- Your institution is appropriately licensed

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Eligibility Questions (Part 1 of 2)

Please answer the following questions so that we can determine your eligibility for the program.

*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.

* Please confirm that you are choosing the Medicaid incentive program Yes No [?](#)

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado? Yes No [?](#)

* Is your facility currently in compliance with all parts of the HIPAA regulations? Yes No [?](#)

* Is your facility licensed to operate in all states in which services are rendered? Yes No [?](#)

Previous **Reset** **Save & Continue**

The **Eligibility Questions (Part 2 of 2)** screen asks for information about your **CMS EHR Certification ID**.

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

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 system will perform an online validation of the CMS EHR Certification ID you entered.

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (<http://onc-chpl.force.com/ehrcert>)

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Eligibility Questions (Part 2 of 2)

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

*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.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

Q0000000I0CVMAQ

(No dashes or spaces should be entered.)

This screen confirms you successfully entered your **CMS EHR Certification ID**.
Click **Save & Continue** to continue, or click **Previous** to go back.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Eligibility Questions (Part 2 of 2)

We have confirmed that you have entered the correct CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

CMS EHR Certification ID: **Q000000I0CVMAQ**

Previous **Save & Continue**

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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



You have now completed the **Eligibility** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Patient Volumes** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

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 **Patient Volume Cost 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 **Patient Volume Cost Data (Part 3 of 3)**, page 26 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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

In this section, you will provide information to attest that will determine whether your hospital meets minimum Medicaid patient encounter volume requirements (defined on the basis of inpatient discharges).

You will need to select any 90-day period from the prior calendar year (days must be consecutive) and provide your Medicaid patient discharges during that period.

To qualify for the EHR Incentive:

- Hospitals will need to demonstrate at least 10% Medicaid patient volume
- Encounters for dual-eligible patients can be counted as part of this 10% threshold
- Please note that CHIP enrollees (children) cannot be used to determine your patient volume. Your volume must be adjusted using the CHIP methodology.

Excluding Children's Health Insurance Plan (CHIP) Activity
 If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport country had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation: $1,245 * (-11.4\%) = 1,103$

Begin

Part 1 of 3 - Patient Volume 90 Day Period

The Patient Volume 90 Day 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.

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Patient Volume 90 Day Period (Part 1 of 3)

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. Select a 90 day range and complete the following table with discharge data to determine eligibility in the chart below.

Note:The date entered must represent the start of any representative 90 day period in the preceding fiscal year.

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.

* **Start Date:**
mm/dd/yyyy

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Patient Volume 90 Day Period (Part 1 of 3)

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. Select a 90 day range and complete the following table with discharge data to determine eligibility in the chart below.

Note: The date entered must represent the start of any representative 90 day period in the preceding fiscal year.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Jan 01, 2011
End Date: Mar 31, 2011

Previous **Save & Continue**

Part 2 of 3 - Patient Volume Enter Volumes

In order 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 of Rhode Island 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**.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2012

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

Patient Volume Enter Volumes (Part 2 of 3)

RI has the following information on the locations for your facility.
If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

*When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.*

Provider ID	Location Name	Address	Available Actions
1007731420004	MAPIR Memorial Hospital	436 West Main Hometown, PA	<input type="button" value="Add Location"/> <input type="button" value="Refresh"/>

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Patient Volume Enter Volumes (Part 2 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*.

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.

* **Location Name:** New Location ?

* **Address Line 1:** 123 Main Street ?

Address Line 2:

Address Line 3:

* **City:** Anytown

* **State:** Alabama

* **Zip (5+4):** 12345 -

Previous **Reset** **Save & Continue**

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.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2011

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Patient Volume Enter Volumes (Part 2 of 3)

RI has the following information on the locations for your facility.
 If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

*When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.*

Provider ID	Location Name	Address	Available Actions
999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA	
N/A	New Location	123 Main Street Anytown, RI 12345	Edit Delete

[Add Location](#) [Refresh](#)

[Previous](#) [Reset](#) [Save & Continue](#)

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

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999

Hospital TIN 999999999

Payment Year 1

Program Year 2011

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

In this section, you will provide information that will determine whether your hospital meets minimum Medicaid patient encounter volume requirements (defined on the basis of inpatient discharges).

In this step, you will need to provide your Medicaid patient discharges during that period.

To qualify for the EHR Incentive:

- Hospitals will need to demonstrate at least 10% Medicaid patient volume
- Encounters for dual-eligible patients can be counted as part of this 10% threshold
- Please note that CHIP enrollees (children) cannot be used to determine your patient volume. Your volume must be adjusted using the CHIP methodology.

Excluding Children's Health Insurance Plan (CHIP) Activity
If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport country had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation: $1,245 * (-11.4\%) = 1,103$

Begin

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.

Name MAPIR Memorial Hospital **NPI** 999999999

CCN 999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2011

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

Patient Volume Enter Volumes (Part 2 of 3)

Please enter **patient volumes** where indicated.

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.

Provider Id	Location Name	Address	Medicaid Discharges <i>(In State Numerator)</i>	Other Medicaid Discharges <i>(Other Numerator)</i>	Total Discharges All Lines of Business <i>(Denominator)</i>
9999999999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA	* 2000	* 500	* 11840
N/A	New Location	123 Main Street Anytown, AL 12345	* 200	* 500	* 10110

- Previous
- Reset
- Save & Continue

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

$$\frac{(\text{Medicaid Discharges} + \text{Other Medicaid Discharges})}{\text{Total Discharges All Lines of Business}}$$

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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Patient Volume Enter Volumes (Part 2 of 3)

The patient volumes selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
999999999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA	<i>In State Medicaid:</i> 2000 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 11840	21%
N/A	New Location	123 Main Street Anytown, AL 12345	<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 10110	7%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
2200	1000	21950	15%

Previous
Save & Continue

Part 3 of 3 - Patient Volume Cost Data

The following screens will request Patient Volume 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 of Rhode Island 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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Patient Volume Cost Data (Part 3 of 3)

It is required that you use data on the hospital discharges from the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year. Please enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year that serves as the first payment year.

*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.

* **Start Date:** 
mm/dd/yyyy

Previous **Reset** **Save & Continue**

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Patient Volume Cost Data (Part 3 of 3)

Please review the hospital fiscal year that ends during the Federal fiscal year that serves as the first payment year below.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Fiscal Year Start Date: Oct 01, 2010
Fiscal Year End Date: Sep 30, 2011

Previous **Save & Continue**

On this screen you will enter the 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.

Name MAPIR Memorial Hospital **NPI** 999999999

CCN 999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2011

Get Started RAA/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume Cost Data (Part 3 of 3)

Please enter your *hospital cost report data* for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years.

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.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2010-09/30/2011	* 11840	* 47369	* 189885	* \$ 1178756696	* \$ 55457000
10/01/2009-09/30/2010	* 9150				
10/01/2008-09/30/2009	* 10110				
10/01/2007-09/30/2008	* 9805				

Previous Reset Save & Continue

Note: The first Payment Year Patient Volume Cost Data may not be changed for subsequent years. When viewing applications after the first Payment Year, the Patient Volume Cost Data will display the information entered and paid for Payment Year 1.

If you are accessing MAPIR for the first time and received one or more incentive payments from another state, the Patient Volume Cost Data screen will display zeroes. You will not be able to enter data. After submitting your application, contact the Rhode Island DHS/OHHS or Customer Service Help Desk at (407)784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls.

Review the numbers you entered.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Patient Volume Cost Data (Part 3 of 3)

Please review your *hospital cost report data* below.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2010-09/30/2011	11840	47369	189885	\$1,178,756,696.00	\$55,457,000.00
10/01/2009-09/30/2010	9150				
10/01/2008-09/30/2009	10110				
10/01/2007-09/30/2008	9805				

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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



You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Step 5 – Attestation

This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption, Implementation, Upgrade, and Meaningful Use**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase.

For the first year of participation in the Medicaid EHR Incentive program, Eligible Hospitals will have the option to attest to **Adoption, Implementation, Upgrade, or Meaningful Use**. After the first year of participation, the Eligible Hospitals are required to attest to **Meaningful Use**.

This initial Attestation screen provides information about this section.

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

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999

Payment Year 1

Hospital TIN 999999999

Program Year 2011

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In this section, you will provide information to attest that your hospital has adopted, implemented, or upgraded to a certified EHR system. Please note: at this time, you are not able to attest to Meaningful Use (MU).

As part of attestation, you will need to provide the following:

- Fifteen-digit CMS Certification Number
- Supporting documentation provided via system upload (e.g. contract, invoice, letters of intent, etc)
- Your CMS number

Begin

If you are a Dually Eligible Hospital, but have not been approved for Meaningful Use Attestation during the current Program Year at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A), you will not be permitted to proceed with the MAPIR application process until you have completed this process at the R&A.

Click **Exit** to exit the MAPIR application or select any of the previously completed tabs.

Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR System Adoption Phase**.

The screen shown below is the Attestation Phase (Part 1 of 3) screen you will see if it is your first year participating (Payment Year 1).

If it is not your first year participating (Payment Year 2 or beyond), turn to page 44 of this guide.

If you have registered at the R&A as a Dually Eligible hospital and are Deemed Eligible, you will bypass the Attestation Phase (Part 1 of 3). Proceed to page 121 of this guide.

After making your selection, the next screen you see will depend on the phase you selected.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Adoption:

You have acquired or are installing certified EHR technology.

Implementation:

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology*
- Data entry of patient demographic and administrative data into the EHR*
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

Upgrade:

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology.

For **Adoption** continue to the next page of this guide.

For **Implementation** turn to page 35 of this guide.

For **Upgrade** turn to page 39 of this guide.

For **Meaningful Use** turn to page 43 of this guide.

Adoption Phase

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

Proceed to page 121 of this guide.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Adoption:

You have acquired or are installing certified EHR technology.

Implementation:

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology*
- Data entry of patient demographic and administrative data into the EHR*
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

Upgrade:

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology.

Implementation Phase (Part 2 of 3)

For **Implementation** select the Implementation button.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Adoption: You have acquired or are installing certified EHR technology.

Implementation: You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

Upgrade: You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Meaningful Use: You are capturing meaningful use measures using a certified EHR technology.

Previous **Reset** **Save & Continue**

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button.

Click **Other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

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.
 After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input checked="" type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

[Other \(Click to Add\)](#)

[Previous](#)
[Reset](#)
[Clear All](#)
[Save & Continue](#)

This screen shows an example of entering activities other than what was in the Implementation Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

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.
 After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete	
Workflow Analysis	<input checked="" type="radio"/>	<input type="radio"/>	
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>	
Software Installation	<input type="radio"/>	<input type="radio"/>	
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>	
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>	
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>	
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>	
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>	
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>	
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>	
Training	<input type="radio"/>	<input type="radio"/>	
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="button" value="Delete"/>

Review the **Implementation Activity** you selected.

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

Proceed to page 121 of this guide to continue.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an implementation.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Implementation Activity	Planned	Complete
Workflow Analysis	✓	
Workflow Redesign		✓
Hardware Installation		✓
Peripherals Installation		✓
Electronic Prescribing		✓
(Other) Reviewed EHR Certification Information		✓

Upgrade Phase (Part 2 of 3)

For **Upgrade** select the Upgrade button.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Adoption:

You have acquired or are installing certified EHR technology.

Implementation:

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

Upgrade:

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology.

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

Click **Other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

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.
 After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input checked="" type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input checked="" type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>

[Other \(Click to Add\)](#)

[Previous](#)
[Reset](#)
[Clear All](#)
[Save & Continue](#)

This screen shows an example of entering activities other than what was in the Upgrade Activity listing. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point. After saving, click **Clear All** to remove standard activity selections.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

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

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

*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. After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete	
Upgrading Software Version	<input checked="" type="radio"/>	<input type="radio"/>	
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>	
Clinical Decision Support	<input type="radio"/>	<input checked="" type="radio"/>	
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>	
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>	
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>	
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input checked="" type="radio"/>	Delete

Other (Click to Add)

Previous **Reset** **Clear All** **Save & Continue**

Review the **Upgrade Activities** you selected.
 Click **Save & Continue** to proceed or **Previous** to return.
 Proceed to page 121 of this guide to continue.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Upgrade Activity	Planned	Complete
Upgrading Software Version	✓	
Clinical Decision Support		✓
(Other) Reviewed EHR Certification Information		✓

Meaningful Use Phase

For **Meaningful Use** select the Meaningful Use button.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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.

Adoption:

You have acquired or are installing certified EHR technology.

Implementation:

You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology*
- Data entry of patient demographic and administrative data into the EHR*
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

Upgrade:

You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology.

Select a 90-day period or a full year period for reporting **Meaningful Use of certified EHR technology**. If you selected Meaningful Use in the Attestation Phase for Payment Year 1, your only option on this screen for Payment Year 2 and beyond will be the Meaningful Use (Full Year). Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	99999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

*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.*

Meaningful Use (90 days)

You are capturing meaningful use measures using a certified EHR technology.

Meaningful Use (Full Year)

You are capturing meaningful use measures using a certified EHR technology.

[Previous](#)
[Reset](#)
[Save & Continue](#)

Depending on the selection made on the previous screen, the Attestation EHR Reporting Period (Part 1 of 3) screen will display with the 90-day period or the full year period. The example below displays the 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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous **90-day period** within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous **90-day period** will be calculated based on the start date entered.

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.

* **Start Date:**
mm/dd/yyyy

This screen shows an example of a **Start Date** of May 1, 2011 and a system-calculated **End Date** of July 29, 2011.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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

Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Start Date: May 01, 2011
End Date: Jul 29, 2011

Previous **Save & Continue**

Attestation Meaningful Use Measures

This screen starts a series of screens related to the Meaningful Use Measure.

Click **Yes** or **No** to the first question.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*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.

* Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? Yes No 

Previous **Reset** **Save & Continue**

The screen below displays the Measures Topic List. The Attestation Meaningful Use Measures are divided into three distinct topics: Core Measures, Menu Set Measures, and 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.

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CCN	999999	Hospital TIN	9999999999
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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.

Available actions for a topic will be determined by current progress level. To start a topic select the "**Begin**" button. To modify a topic where entries have been made select the "**Edit**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	Core Measures		<input type="button" value="Begin"/>
	Menu Set Measures		<input type="button" value="Begin"/>
	Clinical Quality Measures		<input type="button" value="Begin"/>

Note:
When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

Meaningful Use Core Measures

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.

This screen provides information about the Meaningful Use Core Measures.

Click **Begin** to continue to the Meaningful Use Core Measure List Table.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999

Hospital TIN 999999999

Payment Year 1

Program Year 2012

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As part of the meaningful use attestation, Eligible Hospitals are required to complete 14 Core Measures. Some Meaningful Use Objectives may not apply to the EH, e.g., if the hospital does not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure.

To ensure that your application is accurate and submitted successfully, please do the following:

- The Core, Menu and Clinical Quality Measures can be completed in any order.
- For more details on each measure, select the 'click here' link at the top of each screen.
- You may review the completed measures by selecting the 'Edit' button.
- After completing all 14 measures, you will receive a green checkmark indicating the section is complete.
- The green checkmark does not mean you passed or failed the 14 measures.
- Evaluations of MU measures are made after the application is submitted.

Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators: 1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology. 2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using certified EHR technology.

Begin

The screen on the following page displays the Meaningful Use Core Measure 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 return to the Measures Topic List.

Name MAPIR Memorial Hospital **NPI** 9999999999

CCN 99999999 **Hospital TIN** 9999999999

Payment Year 1 **Program Year** 2012

Meaningful Use Core 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.

Objective	Measure	Entered	Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.		<input type="button" value="EDIT"/>
Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.		<input type="button" value="EDIT"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.		<input type="button" value="EDIT"/>
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.		<input type="button" value="EDIT"/>
Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.		<input type="button" value="EDIT"/>
Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.		<input type="button" value="EDIT"/>
Record and chart changes in vital signs: height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.		<input type="button" value="EDIT"/>
Record Smoking Status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.		<input type="button" value="EDIT"/>
Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.		<input type="button" value="EDIT"/>
Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule		<input type="button" value="EDIT"/>
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.		<input type="button" value="EDIT"/>
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.		<input type="button" value="EDIT"/>
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information		<input type="button" value="EDIT"/>
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.		<input type="button" value="EDIT"/>

Core Measure 1 (Measure Code EHCMU01)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 1

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 computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Numerator = The number of patients in the denominator that have at least one medication order entered using CPOE.
Denominator = Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

After you enter information for a measure click the **Save & Continue**, you will be returned to the Meaningful Use Core Measure 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).

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

Click **Edit** for the next measure.

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CCN	9999999	Hospital TIN	999999999
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Submit

Meaningful Use Core 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.

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator= 350 Denominator= 1000	<input type="button" value="edit"/>
Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.		<input type="button" value="edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.		<input type="button" value="edit"/>
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.		<input type="button" value="edit"/>

Core Measure 2 (Measure Code EHCMU02)

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Core Measure 2

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: Implement drug-drug and drug-allergy interaction checks.

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:
*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

Previous **Reset** **Save & Continue**

Core Measure 3 (Measure Code EHCMU03)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 3

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: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:
Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.
Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : *Denominator :

Core Measure 4 (Measure Code EHCMU04)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Core Measure 4

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: Maintain active medication list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator** : 850 ***Denominator** : 1000

Previous **Reset** **Save & Continue**

Core Measure 5 (Measure Code EHCMU05)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 5

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: Maintain active medication allergy list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:
Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.
Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : *Denominator :

Core Measure 6 (Measure Code EHCMU06)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 6

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: Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

Measure: More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Complete the following information:
Numerator = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.
Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : 550
*Denominator : 1000

Core Measure 7 (Measure Code EHCMU07)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 7

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: Record and chart changes in vital signs: height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI.

Measure: For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Numerator = Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.
Denominator = Number of unique patients age 2 and over is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Core Measure 8 (Measure Code EHCMU08)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the next page.

If the exclusion does not apply to you, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 8

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: Record Smoking Status for patients 13 years old or older

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

EXCLUSION -Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply please complete the following information:

Numerator = Number of patients in the denominator with smoking status recorded as structured data.
Denominator = Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : 550 *Denominator : 1000

If the exclusion applies to you, select **Yes** to the exclusion and do not enter a numerator and denominator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 8

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: Record Smoking Status for patients 13 years old or older

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

EXCLUSION -Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply please complete the following information:

Numerator = Number of patients in the denominator with smoking status recorded as structured data.
Denominator = Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : *Denominator :

Core Measure 9 (Measure Code EHCMU09)

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 9

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: Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.

*** PATIENT RECORDS** : Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
***I will submit Clinical Quality Measures**
 Yes No

Core Measure 10 (Measure Code EHCMU10)

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Core Measure 10

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: Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule

Measure: Implement one clinical decision support rule

Complete the following information:

*Did you implement one clinical decision support rule?

Yes
 No

Core Measure 11 (Measure Code EHCMU11)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Core Measure 11

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: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

If the exclusion does not apply please complete the following information:

Numerator = Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.
Denominator = Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

***Numerator :** ***Denominator :**

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not enter a numerator and denominator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Core Measure 11

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: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION -Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

If the exclusion does not apply please complete the following information:

Numerator = Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.
Denominator = Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

***Numerator :** ***Denominator :**

Core Measure 12 (Measure Code EHCMU12)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. In the example below, the exclusion does not apply.

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

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CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 12

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: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION -Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period they would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

If the exclusion does not apply please complete the following information:

Numerator = The number of patients in the denominator who are provided an electronic copy of discharge instructions.

Denominator = Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not enter a numerator and denominator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Core Measure 12

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: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

*** PATIENT RECORDS :** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION -Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period they would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

If the exclusion does not apply please complete the following information:

Numerator = The number of patients in the denominator who are provided an electronic copy of discharge instructions.
Denominator = Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

***Numerator :** ***Denominator :**

Core Measure 13 (Measure Code EHCMU13)

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.

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CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Core Measure 13

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: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information

*Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

Yes No

Previous **Reset** **Save & Continue**

Core Measure 14 (Measure Code EHCMU14)

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Core Measure 14

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: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

*Did you conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process?

Yes
 No

Once you attested to all the measures for this topic, click **Return** to return to the Measures Topic List.

Name MAPIR Memorial Hospital **NPI** 9999999999

CCN 9999999 **Hospital TIN** 999999999

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Meaningful Use Core 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.

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator= 350 Denominator= 1000	EDIT
Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator= 810 Denominator= 1000	EDIT
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator= 850 Denominator= 1000	EDIT
Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator= 850 Denominator= 1000	EDIT
Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator= 550 Denominator= 1000	EDIT
Record and chart changes in vital signs: height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	Numerator= 550 Denominator= 1000	EDIT
Record Smoking Status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	Numerator= 550 Denominator= 1000	EDIT
Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	Yes	EDIT
Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule	Yes	EDIT
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.	Numerator= 550 Denominator= 1000	EDIT
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	Numerator= 550 Denominator= 1000	EDIT
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Yes	EDIT
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	EDIT

[Return](#)

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.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.

Available actions for a topic will be determined by current progress level. To start a topic select the **"Begin"** button. To modify a topic where entries have been made select the **"Edit"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	Core Measures	14/14	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>
<input type="checkbox"/>	Menu Set Measures		<input type="button" value="Begin"/>
<input type="checkbox"/>	Clinical Quality Measures		<input type="button" value="Begin"/>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Meaningful Use Menu Set Measures

This initial screen provides information about the Menu Set Measures.

Click **Begin** to continue to the Menu Set Measures section.

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As part of the meaningful use attestation process, Eligible Hospitals are required to complete 5 out of 10 Menu Set Measures. Some Meaningful Use Objectives may not apply to the EH thus you would not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure. The EH must be able to meet at least one public health measure. If the EH can attest to an exclusion from all public health menu measures, the EH must choose one of the three public health menu measures and attest to the exclusion. For example if you submit to the Rhode Island Immunization Information System you may meet the public health requirement. You must choose between two to four objectives from the menu measures depending on how many public health measures were completed. The total between the public health measures and the menu set measures must equal five.

To ensure that your application is accurate and submitted successfully, please do the following:

- The Core, Menu and Clinical Quality Measures can be completed in any order.
- For more details on each measure, select the 'click here' link at the top of each screen.
- You may review the completed measures by selecting the 'Edit' button.
- After completing the 5 measures, you will receive a green checkmark indicating the section is complete.
- The green checkmark does not mean you passed or failed the 5 measures.
- Evaluations of MU measures are made after the application is submitted.

Begin

From the screen on the following page, choose five Meaningful Use Menu Measures to attest to. One measure must be from the public health list (first three measures listed on the top half of the screen). The remainder of the measures can be any combination from the remaining public health list measures or from the additional Meaningful Use Menu Measures listed. In the example shown on the following page, one public health measure and four measures from the additional Meaningful Use Measures listed are selected.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.

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Attestation Meaningful Use Measures

Instructions:

Eligible Hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. Eligible Hospitals are encouraged to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

When ready click the **Save & Continue** button to review your selection, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measures Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input checked="" type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources	<input type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

The five measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the five measures selected on the previous screen example.

You must complete all measures.

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 **Previous** to return to the Measures Topic List.

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Meaningful Use Menu Measure Worksheet

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 **"Previous"** button to access the main measure topic list.

Objective	Measure	Entered	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.		<input type="button" value="EDIT"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.		<input type="button" value="EDIT"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.		<input type="button" value="EDIT"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.		<input type="button" value="EDIT"/>
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).		<input type="button" value="EDIT"/>

The 10 available Meaningful Use Menu Measures are described in this user guide. Only those that you selected will apply to you.

Menu Measure 1 (Measure Code EHMMU01)

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	9999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Menu Measure 1

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: Implemented drug-formulary checks.
 Measure: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

***Did you enable the drug-formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?**

Yes No

After you enter information for a measure and click the **Save & Continue**, you will return to the Meaningful Use Core Menu Measure Worksheet. 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).

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

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

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Meaningful Use Menu Measure Worksheet

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 **"Previous"** button to access the main measure topic list.

Objective	Measure	Entered	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.		<input type="button" value="EDIT"/>

Menu Measure 2 (Measure Code EHMMU02)

Enter information in all required fields.

If the exclusion applies to you, see the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 2

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: Record advance directives for patients 65 years old or older.
 Measure: More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:
Numerator = Number of patients in the denominator with an indication of an advanced directive entered using structured data.
Denominator = Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion and do not enter a numerator and denominator.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 2

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: Record advance directives for patients 65 years old or older.
 Measure: More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:
Numerator = Number of patients in the denominator with an indication of an advanced directive entered using structured data.
Denominator = Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

*Numerator : *Denominator :

Menu Measure 3 (Measure Code EHMMU03)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 3

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: Incorporate clinical lab-test results into certified EHR as structured data.
 Measure: More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the Following Information:
Numerator = Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.
Denominator = Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.

* Numerator : * Denominator :

Menu Measure 4 (Measure Code EHMMU04)

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 4

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: Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.

Measure: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

***Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?**

Yes No

Menu Measure 5 (Measure Code EHMMU05)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Menu Measure 5

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 identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources

Complete the Following Information:
Numerator = Number of patients in the denominator who are provided patient education specific resources.
Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator : 156 *Denominator : 1000

Previous **Reset** **Save & Continue**

Menu Measure 6 (Measure Code EHMMU06)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 6

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: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Numerator = Number of transitions of care in the denominator where medication reconciliation was performed.
Denominator = Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the receiving party of the transition.

***Numerator :**
***Denominator :**

Menu Measure 7 (Measure Code EHMMU07)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 7

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: The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the Following Information:
Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.
Denominator = Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the transferring or referring provider.

Menu Measure 8 (Measure Code EHMMU08)

Enter information in all required fields.

If Exclusion 1 and/or Exclusion 2 apply to you, refer to the screen on the following page.

If Exclusion 1 and 2 do not apply to you, select **No** to the exclusions and do not answer the reason for exclusion question. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 8

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: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?

Yes No

Enter the name of the immunization registry used:

IF you answered YES to EXCLUSION 1 Above:

Please select one of the statements listed below that best describes the reason for the exclusion:

Immunizations were not provided during the EHR reporting period

There was no entity capable of testing during the EHR reporting period

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

IF you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up Submission done? Yes No

If Exclusion 1 and/or Exclusion 2 apply to you select **Yes**. If you selected yes to Exclusion 1, select one of the statements listed that best describes the reason for the exclusion.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 8

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: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?

Yes No

Enter the name of the immunization registry used

IF you answered YES to EXCLUSION 1 Above:

Please select one of the statements listed below that best describes the reason for the exclusion:

Immunizations were not provided during the EHR reporting period

There was no entity capable of testing during the EHR reporting period

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

IF you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up Submission done? Yes No

Menu Measure 9 (Measure Code EHMMU09)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 9

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: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

Yes No

* Enter the name of the public health agency you used for reportable lab data

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up submission done Yes No

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

If the exclusion applies to you, select **Yes** to the exclusion.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Menu Measure 9

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: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

Yes No

* Enter the name of the public health agency you used for reportable lab data

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up submission done? Yes No

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

Previous **Reset** **Save & Continue**

Menu Measure 10 (Measure Code EHMMU10)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page. If the exclusion does not apply to you, select **No** to the exclusion and do not answer the exclusion question. In the example below, the exclusion does not apply.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 10

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: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)

Yes No

* Enter the name of the syndromic surveillance agency

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up submission done? Yes No

IF you answered YES to the EXCLUSION:

Was there a public health agency to test with for syndromic surveillance? Yes No

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

If the exclusion applies to you, select **Yes** to the exclusion and answer the exclusion question.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Menu Measure 10

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: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you please complete the following information:

Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)

Yes No

* Enter the name of the syndromic surveillance agency

Was the test successful? Yes No

If the test was successful please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to was your test successful, you must answer the following:

Was a follow up submission done? Yes No

IF you answered YES to the EXCLUSION:

Was there a public health agency to test with for syndromic surveillance? Yes No

Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab

Once you attested to all the measures for this topic, click **Previous** to return to the Attestation Meaningful Use Measures screen.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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 **"Previous"** button to access the main measure topic list.

Objective	Measure	Entered	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	Excluded	<input type="button" value="EDIT"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Numerator=565 Denominator=1000	<input type="button" value="EDIT"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	<input type="button" value="EDIT"/>
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Yes, Yes	<input type="button" value="EDIT"/>

Click **Return** to return to the Measure Topic List.

Name	MAPIR Memorial Hospital	NPI	9999999999
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Attestation Meaningful Use Measures

Instructions:

Eligible Hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. Eligible Hospitals are encouraged to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

*When ready click the **Save & Continue** button to review your selection, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.*

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measures Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input checked="" type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources	<input type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

If all measures were entered and saved, 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 **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.

Name	Test Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.

Available actions for a topic will be determined by current progress level. To start a topic select the "**Begin**" button. To modify a topic where entries have been made select the "**Edit**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
✓	Core Measures	14/14	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>
✓	Menu Set Measures	5/5	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>
	Clinical Quality Measures		<input type="button" value="Begin"/>

Note:
When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

Meaningful Use Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Measure Worklist Table.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2012

As part of the Meaningful Use attestation, Eligible Hospitals are required to complete all 15 Clinical Quality Measures. The data for these measures must be obtained directly from the certified EHR system. Some Clinical Quality Measures may not apply to the EH thus you would not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure. If there is no exclusion, you may enter a zero in the denominator and numerator. To ensure that your application is accurate and submitted successfully, please do the following:

- The Core, Menu and Clinical Quality Measures can be completed in any order.
- You may review the completed measures by selecting the "Edit" button.
- When all 15 measures are complete, you will receive a green checkmark indicating the section is complete.

NOTE: When completing the Clinical Quality Measure attestation, the denominator is listed **BEFORE** the numerator. Please submit your data accordingly.

Begin

The screen on the following page displays the Meaningful Use Clinical Quality Measure Worklist Table. You must complete all measures.

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 the measure or click **Return** to return to the Measures Topic List.

Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN 999999999
Payment Year 1
Program Year 2012

- [Get Started](#)
- [R&A/Contact Info](#)
- [Eligibility](#)
- [Patient Volumes](#)
- [Attestation](#)
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- [Submit](#)

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. Upon successfully editing a measure, the next measure on the list will be made available for editing. 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.

Clinical Quality Measure List Table

Title	Description	Entered	Select
NQF 0495, Emergency Department (ED)-1 - Emergency Department Throughput ED-1.1 - All ED patients admitted to the facility from the ED ED-1.2 - Observation ED patient stratification ED-1.3 - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department		<input type="button" value="EDIT"/>
NQF 0497, Emergency Department (ED)-2 - Emergency Department Throughput ED-2.1 - All ED patients admitted to inpatient status ED-2.2 - Observation ED patient stratification ED-2.3 - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status		<input type="button" value="EDIT"/>
NQF 0435, Stroke-2 - Ischemic stroke - Discharge on anti-thrombotics			<input type="button" value="EDIT"/>
NQF 0436, Stroke-3 - Ischemic stroke - Anticoagulation for A-fib/flutter			<input type="button" value="EDIT"/>
NQF 0437, Stroke-4 - Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset			<input type="button" value="EDIT"/>
NQF 0438, Stroke-5 - Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2			<input type="button" value="EDIT"/>
NQF 0439, Stroke-6 - Ischemic stroke - Discharge on statins			<input type="button" value="EDIT"/>
NQF 0440, Stroke-8 - Ischemic or hemorrhagic stroke -Stroke Education			<input type="button" value="EDIT"/>
NQF 0441, Stroke-10 - Ischemic or hemorrhagic stroke - Rehabilitation assessment			<input type="button" value="EDIT"/>
NQF 0371, VTE-1 - VTE prophylaxis within 24 hours of arrival			<input type="button" value="EDIT"/>
NQF 0372, VTE-2 - Intensive Care Unit VTE prophylaxis			<input type="button" value="EDIT"/>
NQF 0373, VTE-3 - Anticoagulation overlap therapy			<input type="button" value="EDIT"/>
NQF 0374, VTE-4 - Platelet monitoring on unfractionated heparin			<input type="button" value="EDIT"/>
NQF 0375, VTE-5 - VTE discharge instructions			<input type="button" value="EDIT"/>
NQF 0376, VTE-6 - Incidence of potentially preventable VTE			<input type="button" value="EDIT"/>

Clinical Quality Measure 1 (Measure Code NQF 0495)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 1

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0495, Emergency Department (ED)-1
Title: Emergency Department Throughput - admitted patients Median time from ED arrival to ED departure for admitted patients
Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department

ED-1.1 - All ED patients admitted to the facility from the ED

Denominator = All ED patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

Exclusion = Observation & Mental Health Patients. A positive whole number.

* Denominator : 270 * Numerator : 120 * Exclusion : 55

ED-1.2 - Observation ED patient stratification

Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

* Denominator : 55 * Numerator : 120

ED-1.3 - Dx stratification ED patients

Denominator = ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

* Denominator : 40 * Numerator : 120

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 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).

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

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

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.

Clinical Quality Measure List Table

Title	Description	Entered	Select
NQF 0495, Emergency Department (ED)-1 - Emergency Department Throughput ED-1.1 - All ED patients admitted to the facility from the ED ED-1.2 - Observation ED patient stratification ED-1.3 - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Denominator = 270 Numerator = 120 Exclusion = 55 Denominator = 55 Numerator = 120 Denominator = 40 Numerator = 120	<input type="button" value="EDIT"/>
NQF 0497, Emergency Department (ED)-2 - Emergency Department Throughput ED-2.1 - All ED patients admitted to inpatient status ED-2.2 - Observation ED patient stratification ED-2.3 - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status		<input type="button" value="EDIT"/>
NQF 0435, Stroke-2 - Ischemic stroke - Discharge on anti-thrombotics			<input type="button" value="EDIT"/>
NQF 0436, Stroke-3 - Ischemic stroke -			

Clinical Quality Measure 2 (Measure Code NQF 0497)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 2

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: **NQF 0497**, Emergency Department (ED)-2
Title: Emergency Department Throughput - admitted patients Admission decision time to ED departure time for admitted patients
Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status

ED-2.1 - All ED patients admitted to inpatient status

Denominator = All ED patients admitted to the facility from the ED. A positive whole number

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

Exclusion = Observation & Mental Health Patients. A positive whole number.

* Denominator : 300 * Numerator : 90 * Exclusion : 75

ED-2.2 - Observation ED patient stratification

Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

* Denominator : 90 * Numerator : 60

ED-2.3 - Dx stratification ED patients

Denominator = ED patients with a Principal DX of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where Numerator is less than or equal to the Denominator or where Numerator is greater than or equal to the Denominator.

* Denominator : 100 * Numerator : 90

Clinical Quality Measure 3 (Measure Code NQF 0435)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 3

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0435, Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

*** Denominator :** 60 *** Numerator :** 39 *** Exclusion :** 10

Previous **Reset** **Save & Continue**

Clinical Quality Measure 4 (Measure Code NQF 0436)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 4

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0436, Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : * Numerator : * Exclusion :

Clinical Quality Measure 5 (Measure Code NQF 0437)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 5

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0437, Stroke-4 Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 65 * Numerator : 45 * Exclusion : 8

Previous **Reset** **Save & Continue**

Clinical Quality Measure 6 (Measure Code NQF 0438)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 6

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0438, Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : * Numerator : * Exclusion :

Clinical Quality Measure 7 (Measure Code NQF 0439)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 7

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0439, Stroke-6 Title: Ischemic stroke -Discharge on statins

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

*** Denominator :** 56 *** Numerator :** 25 *** Exclusion :** 5

Previous **Reset** **Save & Continue**

Clinical Quality Measure 8 (Measure Code NQF 0440)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 8

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0440, Stroke-8 Title: Ischemic or hemorrhagic stroke -Stroke Education

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 98
* Numerator : 67
* Exclusion : 23

Clinical Quality Measure 9 (Measure Code NQF 0441)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 9

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0441, Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 34 * Numerator : 12 * Exclusion : 5

Previous **Reset** **Save & Continue**

Clinical Quality Measure 10 (Measure Code NQF 0371)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 10

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0371, VTE-1 Title: VTE prophylaxis within 24 hours of arrival

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : * Numerator : * Exclusion :

Clinical Quality Measure 11 (Measure Code NQF 0372)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 11

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0372, VTE-2 Title: Intensive Care Unit VTE prophylaxis

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 41 * Numerator : 23 * Exclusion : 12

Previous **Reset** **Save & Continue**

Clinical Quality Measure 12 (Measure Code NQF 0373)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 12

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0373, VTE-3 Title: Anticoagulation overlap therapy

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 33
* Numerator : 10
* Exclusion : 2

Clinical Quality Measure 13 (Measure Code NQF 0374)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 13

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0374, VTE-4 Title: Platelet monitoring on unfractionated heparin

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 27 * Numerator : 13 * Exclusion : 7

Previous **Reset** **Save & Continue**

Clinical Quality Measure 14 (Measure Code NQF 0375)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

Clinical Quality Measure 14

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0375, VTE-5 Title: VTE discharge instructions

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : * Numerator : * Exclusion :

Clinical Quality Measure 15 (Measure Code NQF 0376)

Enter information in all required fields.

The denominator, numerator, and exclusion entries must be positive whole numbers.

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

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Attestation Meaningful Use Measures

Clinical Quality Measure 15

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.

Responses are required for the clinical quality measure displayed on this page.

Measure: NQF 0376, VTE-6 Title: Incidence of potentially preventable VTE

Denominator = a positive whole number

Numerator = a positive whole number where Numerator is less than or equal to the Denominator

Exclusion = a positive whole number

* Denominator : 15 * Numerator : 9 * Exclusion : 2

Previous **Reset** **Save & Continue**

The screen on the following page displays Meaningful Use Quality Measures Worklist Table with data entered for every measure.

Click **Return** to return to the Measures Topic List.

Name MAPIR Memorial Hospital
NPI 999999999
CCN 999999
Hospital TIN 999999999
Payment Year 1
Program Year 2012

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

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

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.

Clinical Quality Measure List Table

Title	Description	Entered	Select
NQF 0495, Emergency Department (ED)-1 - Emergency Department Throughput ED-1.1 - All ED patients admitted to the facility from the ED	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Denominator = 270 Numerator = 120 Exclusion = 55	<input type="button" value="EDIT"/>
ED-1.2 - Observation ED patient stratification		Denominator = 55 Numerator = 120	
ED-1.3 - Dx stratification ED patients		Denominator = 40 Numerator = 120	
NQF 0497, Emergency Department (ED)-2 - Emergency Department Throughput ED-2.1 - All ED patients admitted to inpatient status	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status	Denominator = 300 Numerator = 90 Exclusion = 75	<input type="button" value="EDIT"/>
ED-2.2 - Observation ED patient stratification		Denominator = 90 Numerator = 60	
ED-2.3 - Dx stratification ED patients		Denominator = 100 Numerator = 90	
NQF 0435, Stroke-2 - Ischemic stroke - Discharge on anti-thrombotics		Denominator = 60 Numerator = 39 Exclusion = 10	<input type="button" value="EDIT"/>
NQF 0436, Stroke-3 - Ischemic stroke - Anticoagulation for A-fib/flutter		Denominator = 50 Numerator = 19 Exclusion = 6	<input type="button" value="EDIT"/>
NQF 0437, Stroke-4 - Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset		Denominator = 65 Numerator = 45 Exclusion = 8	<input type="button" value="EDIT"/>
NQF 0438, Stroke-5 - Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2		Denominator = 76 Numerator = 34 Exclusion = 7	<input type="button" value="EDIT"/>
NQF 0439, Stroke-6 - Ischemic stroke - Discharge on statins		Denominator = 56 Numerator = 25 Exclusion = 5	<input type="button" value="EDIT"/>
NQF 0440, Stroke-8 - Ischemic or hemorrhagic stroke -Stroke Education		Denominator = 98 Numerator = 67 Exclusion = 23	<input type="button" value="EDIT"/>
NQF 0441, Stroke-10 - Ischemic or hemorrhagic stroke - Rehabilitation assessment		Denominator = 34 Numerator = 12 Exclusion = 5	<input type="button" value="EDIT"/>
NQF 0371, VTE-1 - VTE prophylaxis within 24 hours of arrival		Denominator = 25 Numerator = 12 Exclusion = 2	<input type="button" value="EDIT"/>
NQF 0372, VTE-2 - Intensive Care Unit VTE prophylaxis		Denominator = 41 Numerator = 23 Exclusion = 12	<input type="button" value="EDIT"/>
NQF 0373, VTE-3 - Anticoagulation overlap therapy		Denominator = 33 Numerator = 10 Exclusion = 2	<input type="button" value="EDIT"/>
NQF 0374, VTE-4 - Platelet monitoring on unfractionated heparin		Denominator = 27 Numerator = 13 Exclusion = 7	<input type="button" value="EDIT"/>
NQF 0375, VTE-5 - VTE discharge instructions		Denominator = 120 Numerator = 78 Exclusion = 12	<input type="button" value="EDIT"/>
NQF 0376, VTE-6 - Incidence of potentially preventable VTE		Denominator = 15 Numerator = 9 Exclusion = 2	<input type="button" value="EDIT"/>

This screen displays the Measures Topic List with all three meaningful use measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.

Available actions for a topic will be determined by current progress level. To start a topic select the **"Begin"** button. To modify a topic where entries have been made select the **"Edit"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
✓	Core Measures	14/14	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>
✓	Menu Set Measures	5/5	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>
✓	Clinical Quality Measures	15/15	<input type="button" value="Edit"/> <input type="button" value="Clear All"/>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

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	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

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 Core Measure Review				
Measure Code	Objectives	Measure	Entered	Additional Information
EHCMU01	Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 350 Denominator = 1000 Percentage = 35	Patient Records = Only EHR
EHCMU02	Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	N/A
EHCMU03	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 810 Denominator = 1000 Percentage = 81	N/A

This is screen 2 of 6 of the Meaningful Use Measures Summary.

EHCMU04	Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 850 Denominator = 1000 Percentage = 85	N/A
EHCMU05	Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 850 Denominator = 1000 Percentage = 85	N/A
EHCMU06	Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator = 550 Denominator = 1000 Percentage = 55	N/A
EHCMU07	Record and chart changes in vital signs: height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	Numerator = 550 Denominator = 1000 Percentage = 55	Patient Records = Only EHR
EHCMU08	Record Smoking Status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	Numerator = 550 Denominator = 1000 Percentage = 55	N/A
EHCMU09	Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	Yes	Patient Records = Only EHR

This is screen 3 of 6 of the Meaningful Use Measures Summary.

EHCMU10	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule	Yes	N/A
EHCMU11	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.	Numerator = 550 Denominator = 1000 Percentage = 55	Patient Records = Only EHR
EHCMU12	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	Numerator = 550 Denominator = 1000 Percentage = 55	Patient Records = Only EHR
EHCMU13	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Yes	N/A
EHCMU14	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	N/A

Meaningful Use Menu Measure Review

Measure Code	Objectives	Measure	Entered	Additional Information
EHMMU01	Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Patient Records = Only EHR
EHMMU02	Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	Numerator = 550 Denominator = 1000 Percentage = 55	Patient Records = Only EHR

This is screen 4 of 6 of the Meaningful Use Measures Summary.

EHMMU03	Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Numerator = 565 Denominator = 1000 Percentage = 56	Patient Records = Only EHR
EHMMU04	Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	Patient Records = Only EHR
EHMMU08	Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Yes	N/A
<p>Additional Information</p> <p>EHMMU08 Immunization Registry : Immunize Reg Inc Exclusion Reason : No Test Successful : Yes Test Date & Time : 06/23/11 10:30 pm Follow Up Submission : Yes</p>				

Meaningful Use Clinical Quality Measure Review			
Measure Code	Title	Description	Entered
NQF 0495	Emergency Department (ED)-1 - Emergency Department Throughput ED-1.1 - All ED patients admitted to the facility from the ED ED-1.2 - Observation ED patient stratification ED-1.3 - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Denominator = 270 Numerator = 120 Exclusion = 55 Denominator = 55 Numerator = 120 Denominator = 40 Numerator = 120
NQF 0497	Emergency Department (ED)-2 - Emergency Department Throughput ED-2.1 - All ED patients admitted to inpatient status ED-2.2 - Observation ED patient stratification ED-2.3 - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status	Denominator = 300 Numerator = 90 Exclusion = 75 Denominator = 90 Numerator = 60 Denominator = 100 Numerator = 90

This is screen 5 of 6 of the Meaningful Use Measures Summary.

NQF 0435	Stroke-2 - Ischemic stroke - Discharge on anti-thrombotics	Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics	Denominator = 60 Numerator = 39 Exclusion = 10
NQF 0436	Stroke-3 - Ischemic stroke - Anticoagulation for A-fib/flutter	Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter	Denominator = 50 Numerator = 19 Exclusion = 6
NQF 0437	Stroke-4 - Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset	Stroke-4 Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset	Denominator = 65 Numerator = 45 Exclusion = 8
NQF 0438	Stroke-5 - Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2	Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2	Denominator = 76 Numerator = 34 Exclusion = 7
NQF 0439	Stroke-6 - Ischemic stroke -Discharge on statins	Stroke-6 Title: Ischemic stroke - Discharge on statins	Denominator = 56 Numerator = 25 Exclusion = 5
NQF 0440	Stroke-8 - Ischemic or hemorrhagic stroke -Stroke Education	Stroke-8 Title: Ischemic or hemorrhagic stroke -Stroke Education	Denominator = 98 Numerator = 67 Exclusion = 23
NQF 0441	Stroke-10 - Ischemic or hemorrhagic stroke - Rehabilitation assessment	Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment	Denominator = 34 Numerator = 12 Exclusion = 5
NQF 0371	VTE-1 - VTE prophylaxis within 24 hours of arrival	VTE-1 Title: VTE prophylaxis within 24 hours of arrival	Denominator = 25 Numerator = 12 Exclusion = 2
NQF 0372	VTE-2 - Intensive Care Unit VTE prophylaxis	VTE-2 Title: Intensive Care Unit VTE prophylaxis	Denominator = 41 Numerator = 23 Exclusion = 12

This is screen 6 of 6 of the Meaningful Use Measures Summary.

<p>NQF 0373</p>	<p>VTE-3 - Anticoagulation overlap therapy</p>	<p>VTE-3 Title: Anticoagulation overlap therapy</p>	<p>Denominator = 33 Numerator = 10 Exclusion = 2</p>
<p>NQF 0374</p>	<p>VTE-4 - Platelet monitoring on unfractionated heparin</p>	<p>VTE-4 Title: Platelet monitoring on unfractionated heparin</p>	<p>Denominator = 27 Numerator = 13 Exclusion = 7</p>
<p>NQF 0375</p>	<p>VTE-5 - VTE discharge instructions</p>	<p>VTE-5 Title: VTE discharge instructions</p>	<p>Denominator = 120 Numerator = 78 Exclusion = 12</p>
<p>NQF 0376</p>	<p>VTE-6 - Incidence of potentially preventable VTE</p>	<p>VTE-6 Title: Incidence of potentially preventable VTE</p>	<p>Denominator = 15 Numerator = 9 Exclusion = 2</p>

Previous
Save & Continue

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Attestation Phase (Part 3 of 3)

Please answer the following question.

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.

* 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

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital 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).

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact State Medicaid Program.

*Payment Address <i>(Must Select One)</i>	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	99999999999999	MAPIR Memorial Hospital	123 West Main Hometown, PA 99000-0000	--Service Location Address: 123 West Main Hometown, PA 99000-1234

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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



You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please review the information you have provided in this section, and all previous sections.

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 information click the **Submit** tab to proceed.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Status	
Incomplete	

R&A Verification			
Legal Business Name	MAPIR Memorial Hospital	Hospital NPI	999999999
CCN	999999	Hospital TIN	999999999
Business Address	123 West Main Hometown, PA 99000-0000		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	Deemed Medicare Eligible Status?	State PA
Eligible Hospital Type	Acute_Care_Hospitals		
R&A Registration ID	999999999		
R&A Registration Email	TestHospital@mail.com		
CMS EHR Certification Number	Q0000000I0CVMAQ		
Is this information accurate?	Yes		

This is screen 2 of 3 of the Review tab display.

Contact Information

Contact Name

Contact Phone - - Ext

Contact Email Address

Eligibility Questions (Part 1 of 2)

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 currently in compliance with all parts of the HIPAA regulations? **Yes**

Is your facility licensed to operate in all states in which services are rendered? **Yes**

Eligibility Questions (Part 2 of 2)

CMS EHR Certification ID: **Q0000000I0CVMAQ**

Patient Volume 90 Day Period (Part 1 of 3)

Start Date: Jan 01, 2011
End Date: Mar 31, 2011

Enter Patient Volumes (Part 2 of 3)

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
999999999999999	MAPIR Memorial Hospital	436 West Main Hometown, PA 99000-0000	<i>In State Medicaid:</i> 2000 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 11840	21%
N/A	New Location	123 Main Street Anytown, AL 12345	<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 10110	7%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
2200	1000	21950	15%

This is screen 3 of 3 of the Review tab display.

Patient Volume Cost Data (Part 3 of 3)

Fiscal Year Start Date: Oct 01, 2010
Fiscal Year End Date: Sep 30, 2011

Patient Volume Cost 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
10/01/2010-09/30/2011	11840	47369	189885	\$1,178,756,696.00	\$55,457,000.00
10/01/2009-09/30/2010	9150				
10/01/2008-09/30/2009	10110				
10/01/2007-09/30/2008	9805				

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Meaningful Use

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: May 01, 2011
End Date: Jul 29, 2011

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).

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
1007731420004	MAPIR Memorial Hospital	436 West Main Hometown, PA	--Service Location Address: 436 West Main

[Top](#)
Continue

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

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.

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.

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

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

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999 **Hospital TIN** 999999999

Payment Year 1 **Program Year** 2012

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

You will now be submitting your Hospital EHR Incentive Program application.
 To ensure that your application is accurate and submitted successfully, please do the following:

- Ensure that all information is accurate and complete. You will be able to submit the application with errors; this may, however, impact determination of your institution's approval
- The person who submits the application and any supporting documentation will have responsibility for and must have legal authority to provide this information.

Please Note: You will be required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the hospital's confirmation that the information is correct and the hospital is responsible for all information and overpayments.

Begin

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Status

Incomplete

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

You must participate in the Medicaid incentive program in order to qualify.

Review

Save & Continue

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

Note: Only files that are in portable data format (PDF) and a maximum of 2 megabytes (MB) in size are acceptable documentation to upload.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

*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.*

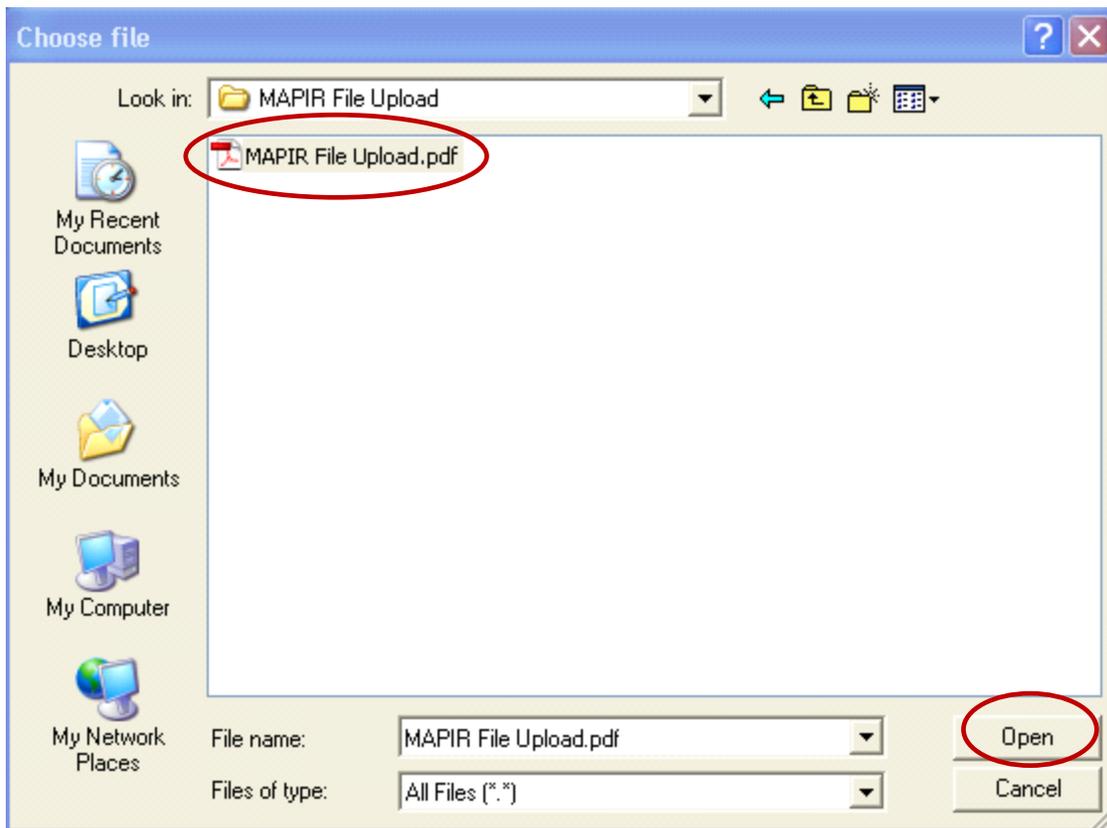
To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

File Location:

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

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



Check the file name in the file name box.
 Click **Upload File** to begin the file upload process.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

*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.*

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

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

File Location:

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 of the files you uploaded will be listed in the **Uploaded Files** section of the screen.

To delete an uploaded file click the **Delete** button in the Available Actions column.

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

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

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

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

*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.*

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

All files must be in **PDF** format, and must be no larger than **2 MB** in size.

File Location:

Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	82844	11/30/2011	<input type="button" value="View"/> <input type="button" value="Delete"/>

• **File has been successfully uploaded.**

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	999999	Hospital TIN	99999999
Payment Year	1	Program Year	2011

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the facility, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.
 The individual signing this attestation on behalf of the hospital is knowledgeable concerning the representations being made and is authorized to make this attestation on behalf of the hospital.

By signing this attestation, the signatory hereby certifies that the foregoing information is true, accurate, and complete. The Hospital understands that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws. The Hospital further understands and agrees that the State may ask for additional information necessary which, in the State's estimation, may be necessary to determine EHR Program eligibility and payment amounts.

(*) Red asterisk indicates a required field.

*By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

Electronic Signature of Preparer for Facility:

* **Preparer Name:** Hospital Preparer * **Preparer Relationship:** EHR Incentive Coordinator

To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). 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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a four year payment. The columns represent the year of participation, and the rows represent the four years of potential participation.

*To submit your application, click the **Submit Application** button (you will **not** be able to make any changes to your application after submission).*

Example Payment Disbursement over 4 Years
Year 1 50%, Year 2 30%, Year 3 10%, Year 4 10%

Year	Example Calculation	Example Amount
Year 1	\$15,925,500 * 50%	\$7,962,750
Year 2	\$15,925,500 * 30%	\$4,777,650
Year 3	\$15,925,500 * 10%	\$1,592,550
Year 4	\$15,925,500 * 10%	\$1,592,550

The check indicates your application has been successfully submitted.
Click **OK**.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2012

[Current Status](#) [Review Application](#)



Your application has been successfully submitted and will be processed within 15-20 business days.
You will receive an email message when processing has been completed.

When your application has been successfully submitted, you will see the application status of Submitted. Click **Exit** to exit MAPIR.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999

Payment Year 1

Hospital TIN 999999999

Program Year 2012

[Current Status](#) [Review Application](#)

Name: MAPIR Memorial Hospital

Applicant NPI: 999999999

Status: **Submitted**

Select **Review Application** to view the information that was entered on the application that was submitted.

Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!

In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:

- **NLR & Contact Information** – Verify data from your CMS registration file
- **Eligibility** – Verify demographics and provider information
- **Patient Volume** – Verify your patient volume and practice category
- **AIU Attestation** – Attest that you have adopted, implemented, or upgraded to a certified EHR system
- **Review** – Verify all information prior to submission
- **Submit** your EHR Incentive registration

Navigation Keys:

- **Save and Continue** - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time
- **Previous** - Allows you to move to the previous screen
- **Reset** - Allow you to reset the values within the screen you are currently on
- **Print** - You can print as part of the review of saved data (multiple tabs) and the check errors review

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

MAPIR

Exit MAPIR

Your session has ended. To complete the log out process, you must close your browser. ←

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 of Rhode Island 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. 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.

<p>Name MAPIR Memorial Hospital</p> <p>CCN 999999999</p> <p>Payment Year 1</p>	<p>NPI 999999999</p> <p>Hospital TIN 999999999</p> <p>Program Year 2012</p>
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Current Status
Review Application
Submission Outcome

<p>Name: MAPIR Memorial Hospital</p> <p>Applicant NPI: 999999999</p> <p>Status: Completed</p>	<p>Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!</p> <p>In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:</p> <ul style="list-style-type: none"> NLR & Contact Information – Verify data from your CMS registration file Eligibility – Verify demographics and provider information Patient Volume – Verify your patient volume and practice category AIU Attestation – Attest that you have adopted, implemented, or upgraded to a certified EHR system Review – Verify all information prior to submission Submit your EHR Incentive registration <p><u>Navigation Keys:</u></p> <ul style="list-style-type: none"> Save and Continue - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time Previous - Allows you to move to the previous screen Reset - Allow you to reset the values within the screen you are currently on Print - You can print as part of the review of saved data (multiple tabs) and the check errors review
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Once your application has been processed by the State of Rhode Island Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	990001	Hospital TIN	999999999
Payment Year	1	Program Year	2012

[Current Status](#) [Review Application](#) [Submission Outcome](#)

 The MAPIR "Review" panel displays the information that you have entered to date for your application. Select "Print" to generate a printer friendly version of this information. [Print](#)

Status
Completed

Payment Amount
You have been approved to receive a payment in the amount of \$1,500,000.00.

Provider Information
Name: MAPIR Memorial Hospital
Applicant NPI: 9999999999

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.
Appeal Initiated	An appeal has been lodged with the proper state authority by the provider.
Appeal Approved	The appeal has been approved.
Appeal Denied	The appeal has been denied.
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.

Name MAPIR Memorial Hospital

NPI 999999999

CCN 999999999

Hospital TIN 999999999

Payment Year 1

Program Year 2012

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

Name: Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!

In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:

- **NLR & Contact Information** - Verify data from your CMS registration file
- **Eligibility** - Verify demographics and provider information
- **Patient Volume** - Verify your patient volume and practice category
- **AIU Attestation** - Attest that you have adopted, implemented, or upgraded to a certified EHR system
- **Review** - Verify all information prior to submission
- **Submit** your EHR Incentive registration

Applicant NPI:

Status: Incomplete [Continue](#)

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Navigation Keys:

- **Save and Continue** - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time
- **Previous** - Allows you to move to the previous screen
- **Reset** - Allow you to reset the values within the screen you are currently on
- **Print** - You can print as part of the review of saved data (multiple tabs) and the check errors review

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.

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	990001	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Start Over and Delete All Progress

To submit your request to delete all information saved to date, select **Confirm**. Select **Cancel** to return to the previous screen.



Important: By electing to start over, you are opting to **permanently** erase all data previously saved for your application.

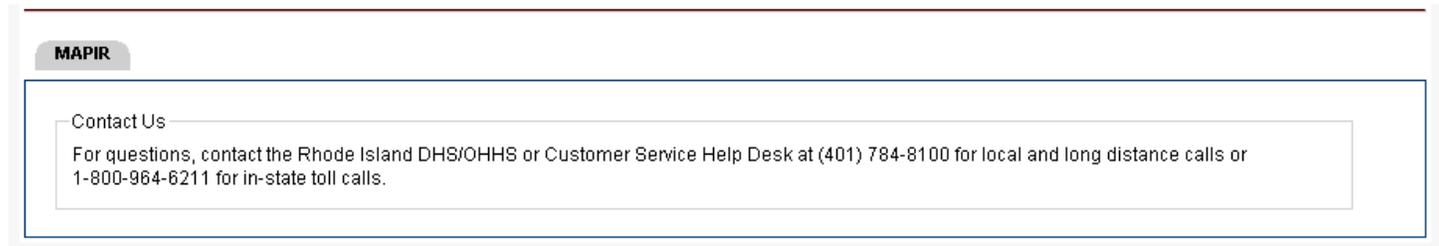
If you clicked **Confirm** you will receive the following confirmation message: "To **continue** click **OK**."

Name	MAPIR Memorial Hospital	NPI	9999999999
CCN	990001	Hospital TIN	9999999999
Payment Year	1	Program Year	2012

Start Over and Delete All Progress

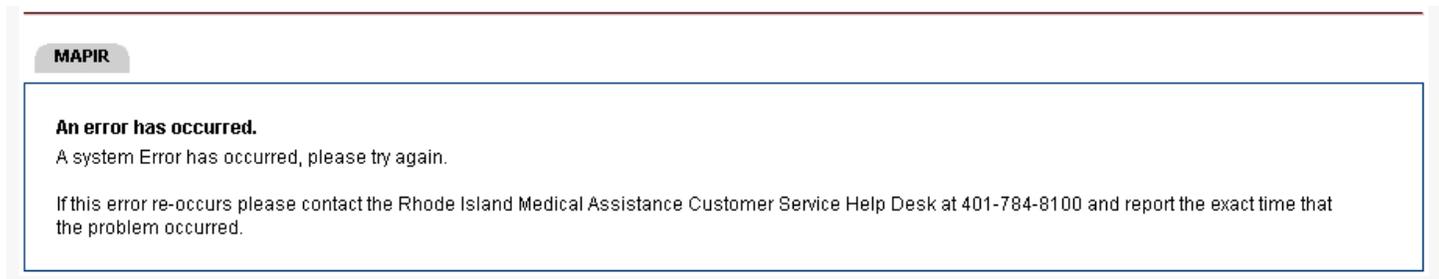
Your application has been reset and all saved data has been eliminated.
 Please select "OK" to start from the beginning. You will be redirected to the Get Started tab.

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.



The screenshot shows a web interface with a header bar containing the text "MAPIR" in a grey rounded rectangle. Below the header is a large white rectangular area with a thin blue border. Inside this area, the text "Contact Us" is displayed in a smaller font. Below that, a larger white box with a thin grey border contains the following text: "For questions, contact the Rhode Island DHS/OHHS or Customer Service Help Desk at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls."

MAPIR Error Message – This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.



The screenshot shows a web interface with a header bar containing the text "MAPIR" in a grey rounded rectangle. Below the header is a large white rectangular area with a thin blue border. Inside this area, the text "An error has occurred." is displayed in a bold font. Below that, the text "A system Error has occurred, please try again." is displayed. At the bottom of the white area, the text "If this error re-occurs please contact the Rhode Island Medical Assistance Customer Service Help Desk at 401-784-8100 and report the exact time that the problem occurred." is displayed.

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.

Name	MAPIR Memorial Hospital	NPI	999999999
CCN	999999	Hospital TIN	999999999
Payment Year	1	Program Year	2011

Eligibility Questions (Part 2 of 2)

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

*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.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

(No dashes or spaces should be entered.)

• You have entered an invalid CMS EHR Certification ID. ←

Validation Message Table
Please enter all required information.
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 location in order to proceed.
The ZIP Code that you entered is invalid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must verify that you have reviewed all information entered into MAPIR.
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 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 be licensed in the state(s) in which you practice.
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 select a Payment Address in order to proceed.
You must enter the email address a second time.
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.
All amounts must be between 0 and 999,999,999,999,999.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
The denominator must be greater than or equal to the numerator.

Validation Message Table
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.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.
The date you have entered is in an invalid format.
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.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The selection you have made is not a valid option at this time.
You have made an invalid selection.
The time you have entered is in an invalid format.
You must select at least 5 menu measures.

Hover Bubble Definitions

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Eligibility Questions Part 1 of 2	Please confirm you are choosing the Medicaid incentive program.	Yes/No	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.
Eligibility Questions Part 1 of 2	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No	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.
Eligibility Questions Part 1 of 2	Is your facility currently in compliance with all parts of the HIPAA regulations?	Yes/No	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/
Eligibility Questions Part 1 of 2	Is your facility licensed to operate in all states in which services are rendered?	Yes/No	Eligible hospitals must meet the state law licensure requirements of the state issuing the EHR incentive payment.
Patient Volume Enter Volumes (Part 2 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume Enter Volumes (Part 2 of 3)	Provider ID	Enterable	Configurable by State
Patient Volume Enter Volumes (Part 2 of 3)	Location Name	Enterable	Enter the legal entity name for the location being added.
Patient Volume Enter Volumes (Part 2 of 3)	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 Enter Volumes (Part 2 of 3)	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 Enter Volumes (Part 2 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume Enter Volumes (Part 2 of 3)	Medicaid Discharges (In State Numerator)	Enterable	Inpatient plus ER discharges where Medicaid (Title XIX) including Medicaid Managed Care paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period. In-State= the State to which you are applying for an incentive payment.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patient Volume Enter Volumes (Part 2 of 3)	Other Medicaid Discharges (Other Numerator)	Enterable	The number of inpatient plus ER discharges where Medicaid (Title XIX) including Medicaid Managed Care paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing, not included in the In-State Numerator
Patient Volume Enter Volumes (Part 2 of 3)	Total Discharges All Lines of Business (Denominator)	Enterable	Total number of inpatient plus ER discharges for all In-state and out of state resident patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patient Volume Cost 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 all locations listed.
Patient Volume Cost Data (Part 3 of 3)	Total Inpatient Medicaid Bed Days	Enterable	Total inpatient bed days where Medicaid, including Medicaid Managed Care, paid for part or all of the service, part or all of the premiums, copays and/or cost sharing for the most current fiscal year listed.
Patient Volume Cost Data (Part 3 of 3)	Total Inpatient Bed Days	Enterable	Total acute care bed days for all inpatient services regardless of health insurance coverage.
Patient Volume Cost Data (Part 3 of 3)	Total Charges - All Discharges	Enterable	Total charges for all services regardless of health insurance coverage.
Patient Volume Cost Data (Part 3 of 3)	Total Charges - Charity Care	Enterable	Total charity care for all services regardless of health insurance coverage.
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Hospital must have purchased a certified EHR technology. Accepted documentation includes executed vendor contracts and receipts indicating a certified EHR product(s) that correlate with the CMS certification number.
Attestation Phase (Part 1 of 3)	Implementation:	Radio Button	Eligible Hospital must have installed and be using certified EHR technology in their clinical practice. In addition to the accepted documentation for adoption, proof could also include staff training contracts/logs, data sharing agreements, and user license agreements.
Attestation Phase (Part 1 of 3)	Upgrade:	Radio Button	Eligible Hospital must have expanded the functionality of their certified EHR with enhancements to facilitate meaningful use. Accepted documentation includes executed contracts and receipts indicating the upgrade.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Attestation Phase (Part 1 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	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.
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Hospital.
Attestation Phase (Part 3 of 3)	Additional Information	Display	Configurable by State
Attestation Phase (Part 3 of 3)	Provider ID	Display	Configurable by State
MAPIR Dashboard	Status	Display	Status of the incentive application.
MAPIR Dashboard	Payment Year	Display	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program.
MAPIR Dashboard	Program Year	Display	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
MAPIR Dashboard	Payment Amount	Display	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Attestation Meaningful Use Measures	MU Measures Design Tip	Radio Button	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 1 of 3)	Meaningful Use - 90 Days	Radio Button	You may apply using the Meaningful Use 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 Meaningful Use in a previous program year.
Attestation Phase (Part 1 of 3)	Meaningful Use	Radio Button	Eligible hospitals attesting to Meaningful Use may attest to 90 consecutive days, then 365 consecutive days in subsequent years. Data required for MU Attestation must be obtained from a certified EHR System.

Acronyms and Terms

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

R&A – CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System

TIN – Taxpayer Identification Number