
Medical Assistance Provider Incentive Repository



User Guide

For

Eligible Professionals

The Vermont Medicaid

Promoting Interoperability/

Electronic Health Record Incentive Program

Program Year 2020: Part 2C

Attestation Phase

to

CQMs

REVISION LOG:

MAPIR User Guide for Eligible Professionals- Part 2C

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">• Initial version.• Updated "Introduction" with a summary of the new Clinical Quality Measures Reporting Period screen.• Updated Attestation EHR Reporting Period (Part 1 of 3) screenshots.• Updated Splash Page screenshots for Meaningful Use Objectives, Required Public Health, and Clinical Quality Measures.• Added new "Clinical Quality Measures Reporting Period" subsection in the section "Clinical Quality Measures (CQMs) – Stage 3".• Changed number of available Clinical Quality Measures from "50" to "47".• Updated Figures 0-4 through 0-6 for "Meaningful Use Clinical Quality Measure Worklist".• Updated Figure 0-10 "Meaningful Use Measures Summary continued (Part 4 of 4)".
V1.1A	07/14/2020	<ul style="list-style-type: none">• Vermont Edits

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Introduction and EP User Guide Files

MAPIR Release Version 6.3 is configured by default to require 90 days of Meaningful Use attestation for Program Years 2019 and higher.

Any incentive applications that were started prior to the installation of MAPIR Release Version 6.3 for a specific state will follow the processing logic that was in effect for the version of MAPIR that you are currently running.

With the implementation of Version 6.0, MAPIR benefited from a revised navigational approach for attestation. MAPIR Release Version 6.1 expanded this approach to Stage 3 Objectives for Program Year 2018 incentive applications, and Modified Stage 2 and Stage 3 CQMs for 2018. Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use (MU). MAPIR's navigational panel is further described in the [Attestation Meaningful Use Objectives Navigation Panel](#), [Required Public Health Objectives Navigation Panel](#), and [Attestation MU Clinical Quality Measure Navigation Panel](#) sections of this manual.

Incentive applications for Program Years 2020 and higher will require attestation to a CQM reporting period before a minimum of at least six (6) CQMs can be selected from the list of available CQMs and attested to. The duration of the CQM reporting period must be at least 90 days or higher and must be in the same Program Year that is being attested to. The steps for entering a CQM reporting period are further described in the [Clinical Quality Measures Reporting Period](#) section of this manual.

A default Electronic Health Record (EHR) reporting period of 90 days will continue to apply for MU when completing attestation to a Program Year 2020 incentive application.

Meaningful Use Objectives have no selection screen and you must complete all Objectives. Once you select the **Begin** button on the Splash Page for Meaningful Use Objectives screen, MAPIR will display the objectives with the navigation approach.

EP User Guide Files: Parts 1, 2C, 3 and 4

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the [PIP/EHRIP website](#).

Part 1

- Getting Started
- Confirm R&A and Contact Info
- Eligibility
- Patient Volumes

Part 2C

- PY2020 Attestation Phase: Meaningful Use
- Meaningful Use General Requirements
- Stage 3 MU Objectives
- Program Year 2020 CQMs

Part 3

- Review Application
- Application Questionnaire
- File Uploads, Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

Part 4

- Additional User Information
- Appendices

Step 5 – Attestation


This section will ask you to provide information about your **EHR System Attestation Phase**.

Note

The Adoption, Implementation, and Upgrade phases are not available in 2017 and higher.

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

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



In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including Meaningful Use Stage, payment designation, and provider liability.

Meaningful Use Stage
All providers participating in the Medicaid EHR Incentive Program for Program Year 2020 will meet Meaningful Use Stage 3.

Payment Designations
If you assigned your payment when you registered with the R&A, you will need to confirm that the assignment was voluntary. You will also need to confirm the payment address of the payee that you designated.

Provider Liability
The eligible professional for whom the payment is being requested is responsible and liable for any errors or falsifications submitted in this attestation process.
The eligible professional, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Once your attestation is complete, you will be directed to the *Review* tab. Please review all information for accuracy and completeness and revise your application as needed.

NOTE: Once you submit your application, you cannot make any changes, but you will be able to upload documents.

MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the *Submit* tab.

If you have completed your application and are ready to proceed, you MUST click the *Submit* tab.

Begin

UI 75

Meaningful Use Phase

Select an EHR System Adoption Phase for reporting *Meaningful Use of Certified EHR Technology*.

The default for Program Year 2020 is set to Meaningful Use (90 days).

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

For applications for Program Year 2017 and later, the default EHR Reporting Period will be a continuous 90-day period.

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

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

UI 80

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

Review your selection’s **Start Date** and **End Date**. Click **Save & Continue** to continue to the Attestation Meaningful Use Objectives screen or click **Previous** to go back.

This screen displays an example of a **Start Date** of January 2, 2020 and a system-calculated **End Date** of March 31, 2020.

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

It is important to SAVE all documentation and reports that support your Meaningful Use attestation. If you see patients at multiple out-patient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

Meaningful Use Stage 3 – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into four distinct topics: General Requirements, Meaningful Use Objectives, the Required Public Health Objective, and Clinical Quality Measures

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

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Note

Stage 3 Attestation Objectives and Measures include a Navigational Panel as shown on the [Attestation Meaningful Use Objectives Navigation Panel section](#) (page 13 of this user manual).

Screen of Stage 3 2019 Measures Topic List:

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

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
	General Requirements		Begin
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin

Please select at least six CQMs from the Clinical Quality Measure set below.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures	Begin
---------------------------	-------

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

Previous Save & Continue

UI 180-C

Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

Note

Each provider's data should be specific for their own **patient encounters** and their own count of **unique patients** for the EHR Reporting Period.

- Question 1 is to ensure that the provider's TOTAL ENCOUNTERS occur where CEHRT is being utilized.
- Question 2 is to ensure that the required threshold of UNIQUE PATIENTS have their data in the CEHRT.

It is not likely that the number of encounters would equal the number of unique patients for the period, and it is also not likely that two different providers would have the same exact data for these measures during the reporting period.

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

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

Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive 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 demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized. * Numerator: * Denominator:

* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. * Numerator: * Denominator:

* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application? Yes No

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.

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

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.

<u>Completed?</u>	<u>Topics</u>	<u>Progress</u>	<u>Action</u>
	General Requirements	2/2	<div style="display: flex; gap: 5px;"> EDIT Clear All </div>
	Meaningful Use Objectives (0-7)		<div style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; display: inline-block;">Begin</div>
	Required Public Health Objective (8)		<div style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; display: inline-block;">Begin</div>

Please select at least six CQMs from the Clinical Quality Measure set below.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures	<div style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; display: inline-block;">Begin</div>
---------------------------	---------------------------------------------------------------------------------------------------------------

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

Previous
Save & Continue

Stage 3 MU

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

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.

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

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
	General Requirements	2/2	<div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Clear All</div> </div>
	Meaningful Use Objectives (0-7)		<div style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; border: 2px solid red;">Begin</div>
	Required Public Health Objective (8)		<div style="border: 1px solid #ccc; padding: 2px 5px;">Begin</div>

Please select at least six CQMs from the Clinical Quality Measure set below.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Begin

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

Previous

Save & Continue

Meaningful Use Objectives

This screen provides information about the Meaningful Use Objectives for EPs scheduled to meet Stage 3 in Program Year 2020.

Click **Begin** to continue to the Attestation Meaningful Use Objectives Navigation Panel.

Program Year 2020 Meaningful Use Stage 3 Objectives 0 - 7:

- The following section includes 7 of the 8 Objectives.
- A CMS final rule effective 1/1/2017 requires the EP to attest to cooperating with ONC's EHR system surveillance and review activities. *Objective 0* captures this requirement.
- Some Objectives include multiple measures.
- As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to complete all 8 Objectives. Some Objectives provide Exclusions. If an EP meets exclusion criteria, then the EP can claim that exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the '**CLICK HERE**' link at the top left of each screen.
3. **Objective results DO NOT round up.** For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY** displayed in whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The white checkmark in the green circle means the section is completed but does not mean you passed or failed the objectives.
6. You may review the completed objectives by selecting the 'EDIT' button.
7. Evaluation of Meaningful use Objectives is made after the application is electronically signed. You will receive a message if any objectives are not met. You will have an opportunity to change and electronically sign again.

Instructions:

- You must answer each objective. Objectives are completed by entering the numerator and denominator, answering yes or no, or choosing an exclusion if eligible.
- Use the data obtained from your EHR system for the attestation period.
- When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with the value of zero. If you see patients at multiple outpatient practice locations or have multiple employers, please save your Meaningful Use documentation from all sites in case of audit.

UI 896

Begin

MU3 Attestation Meaningful Use Objectives Navigation Panel

The following screen displays the Attestation Meaningful Use Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

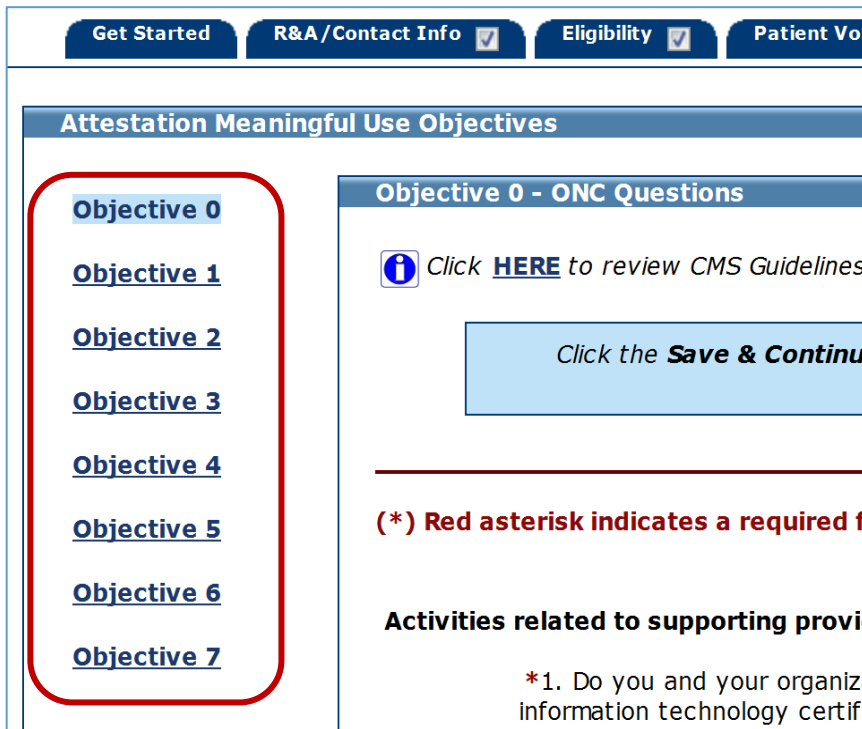
Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Meaningful Use Objectives and click the **Save & Continue** button to navigate to the *Measures Topic List*.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.



Click **Return to Main** to navigate to the *Measures Topic List*.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

MU3 Objective 0 – ONC Questions

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

Objective 0, top half of screen:

The screenshot displays a web application interface for 'Attestation Meaningful Use Objectives'. At the top, there is a navigation bar with buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. Below this, a sidebar lists 'Objective 0' through 'Objective 7'. The main content area is titled 'Objective 0 - ONC Questions' and contains the following text:

Objective 0 - ONC Questions

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

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

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

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

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

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

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

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

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

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

Object 0 bottom half of screen:

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

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

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

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

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

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

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

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

UI 713

MU3 Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5
- Objective 6
- Objective 7

Objective 1 - Protect Patient Health Information

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

*Did you meet this measure?
 Yes No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Return to Main **Clear All Entries** **Save & Continue**

UI 665

MU3 Objective 2 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The screenshot displays the 'Attestation Meaningful Use Objectives' interface. The left sidebar lists objectives 0 through 7, with Objective 2 highlighted. The main content area is titled 'Objective 2 - Electronic Prescribing' and contains the following text:

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

* **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 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

* Does this exclusion apply to you?
 Yes No

EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

* Does this exclusion apply to you?
 Yes No

If the exclusions do not apply to you, complete the following information:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.
Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator: Denominator:

At the bottom of the page, there are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The 'Save & Continue' button is circled in red.

UI 666

MU3 Objective 3 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The screenshot displays the 'Attestation Meaningful Use Objectives' interface. On the left, a sidebar lists Objectives 0 through 7, with Objectives 0, 1, and 2 marked as complete with green checkmarks. Objective 3 is the current active objective. The main content area for Objective 3 includes:

- A link to review CMS Guidelines.
- Instructions: "Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data."
- A red asterisk indicating required fields: "(*) Red asterisk indicates a required field."
- Objective:** Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
- Measure 1:** Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
 - *Did you meet this measure? Yes No
- Measure 2 Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.
 - *Does this exclusion apply to you? If 'No', complete Measure 2. Yes No
- Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
 - Did you meet this measure? Yes No

At the bottom of the form, there are three buttons: "Return to Main", "Clear All Entries", and "Save & Continue". The "Save & Continue" button is circled in red.

UI 667

MU3 Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The screenshot displays the 'Attestation Meaningful Use Objectives' web application. The top navigation bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Objective 4 - Computerized Provider Order Entry'. It contains a link to review CMS Guidelines, a blue instruction box, and a red asterisk indicating required fields. The objective text describes the requirement for CPOE for medication, laboratory, and diagnostic imaging orders. It includes three measures, each with a numerator, denominator, and exclusion, and a 'Does this exclusion apply to you?' question with 'Yes' and 'No' radio buttons. Below each question are input fields for the numerator and denominator. The bottom navigation bar features three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue', with the latter being circled in red.

MU3 Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The screenshot shows a web application interface for 'Attestation Meaningful Use Objectives'. A navigation bar at the top includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. On the left, a sidebar lists Objectives 0 through 7, with Objectives 0-4 marked as complete with green checkmarks. The main content area is titled 'Objective 5 - Patient Electronic Access to Health Information'. It contains a link to review CMS Guidelines, a blue instruction box, and a red asterisk legend. The objective text states: 'The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.' It includes two exclusion criteria with 'Yes/No' radio buttons. Below are two measurement sections, each with a numerator and denominator input field. At the bottom, three buttons are visible: 'Return to Main', 'Clear All Entries', and 'Save & Continue', with the latter circled in red. The UI ID 'UI 669' is in the bottom right corner.

MU3 Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The screenshot displays the 'Attestation Meaningful Use Objectives' interface. On the left, a vertical list of objectives (0-7) is shown, with Objective 6 highlighted. The main content area is titled 'Objective 6 - Coordination of Care Through Patient Engagement'. It contains an information icon and a link to review CMS Guidelines. A blue box provides instructions: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' Below this, a red asterisk indicates a required field. The objective text states: 'Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.' Three exclusion rules are listed, each with a 'Yes/No' radio button. Three measures are detailed, each with a 'Numerator' and 'Denominator' and associated input fields. At the bottom, a navigation bar contains three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue', with the latter circled in red.

MU3 Objective 7 – Health Information Exchange (HIE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

The first screen assesses whether the provider will be taking an Exclusion to this Objective.

The screenshot displays the 'Attestation Meaningful Use Objectives' interface. On the left, a vertical list of objectives from 0 to 7 is shown, with green checkmarks for 0-6 and Objective 7 highlighted. The main panel for Objective 7 includes a link to 'Click [HERE](#) to review CMS Guidelines for this measure.' Below this is a blue box with instructions: 'Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.' A red asterisk legend states: '(*) Red asterisk indicates a required field.' The text reads: 'Based on the selections you make below you may be required to provide more information.' Three exclusion questions follow, each with a 'Yes' or 'No' radio button:

- Exclusion 1:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.
 - * Does the exclusion apply to you?
 - Yes No
- Exclusion 2:** Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.
 - * Does the exclusion apply to you?
 - Yes No
- Exclusion 3:** Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures.
 - * Does the exclusion apply to you?
 - Yes No

At the bottom of the main panel are three buttons: 'Return to Main', 'Clear All Entries', and 'Save & Continue'. The bottom right corner of the interface shows 'UI 671'.

If none of the exclusions apply to the provider, then MAPIR will navigate to the following screen when **Save & Continue** is selected.

Enter information in all required fields.

Click **Previous** to navigate to the HIE exclusions page.

Click **Save & Continue** to navigate to the next page.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard* shown on page 11.

Attestation Meaningful Use Objectives

Objective 0 ✓
Objective 1 ✓
Objective 2 ✓
Objective 3 ✓
Objective 4 ✓
Objective 5 ✓
Objective 6 ✓
Objective 7

Objective 7 - Health Information Exchange (HIE)

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

Previous Return to Main Clear All Entries Save & Continue

UI 672

Stage 3 Required Public Health Objective (8)

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.

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

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
	General Requirements	2/2	<div style="display: flex; gap: 5px;"> EDIT Clear All </div>
	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; gap: 5px;"> EDIT Clear All </div>
	Required Public Health Objective (8)		<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Begin</div>
	Manual Clinical Quality Measures		<div style="border: 1px solid #ccc; padding: 2px 10px;">Select</div>
	Electronic Clinical Quality Measures		<div style="border: 1px solid #ccc; padding: 2px 10px;">Select</div>

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

Previous
Save & Continue

UI 180-C

This table provides guidance for Vermont and New Hampshire Eligible Professionals, specific to the Public Health Registry options available to them in each state.

Meaningful Use Stage 3, Objective 8: Public Health and Clinical Data Registry Reporting				
The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.				
An EP must satisfy two measures for this objective. If the EP cannot satisfy at least two measures, they may take exclusions from all measures they cannot meet.				
Measure	Description	VT EPs	NH EPs	Comment
1 Can Count Once	Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Must Exclude No Documentation Required	Must Exclude No Documentation Required	VDH IZ Registry does not meet Stage 3 Bi-Directional requirements; NH DHHS has not declared readiness for EP data submission.
2 Can Count Once	Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.	Must Exclude No Documentation Required	Must Exclude No Documentation Required	VDH and NH DHHS have not declared readiness for EP data submission.
3 Can Count Once	Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.	Must Exclude No Documentation Required	Must Exclude No Documentation Required	VDH and NH DHHS have not declared readiness for EP data submission.
4 Can Count TWICE	Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.	May Attest to Active Engagement OR Take Exclusion; Documentation Required	May Attest to Active Engagement OR Take Exclusion; Documentation Required	VDH has not declared readiness for EP data submission; NH DHHS has declared readiness to accept Cancer Case Reporting. Providers must assess what public health affiliations they maintain, and if they endorse or sponsor a registry.
5 Can Count TWICE	CDR Reporting: The EP is in active engagement to submit data to a CDR.	May Attest to Active Engagement OR Take Exclusion; Documentation Required	May Attest to Active Engagement OR Take Exclusion; Documentation Required	Providers must assess what societies and affiliations they maintain, and if they endorse or sponsor a registry.

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

Click **Begin** to continue to the Required Public Health Objectives Navigation Panel.

Public Health Objective Reporting in PY2020 for Meaningful Use Stage 3 (Objective 8)

- All EPs attesting for Program Year 2020 must report on a minimum of two Public Health Objective Measure Options, but may need to select more than two options if they are taking Exclusions.
- Providers may use a combination of Active Engagement reporting and measure Exclusions to pass the Public Health Objective.
- It is possible to exclude from all the reporting options and still pass the Objective, but DOCUMENTATION MUST BE SUBMITTED as required.
- Vermont EPs must take an **EXCLUSION** to Immunization Registry reporting for Program Year 2020. The Vermont Department of Health Immunization Registry does not have bi-directional data flow capabilities as required by the Stage 3 Objective

Please consult the guidance and examples available at the PIP/EHRIP website:
https://healthdata.vermont.gov/healthdata.vermont.gov/ehrip/PY2020#PH_CDR

Selecting all exclusions does not mean the Objective fails.

A navigation panel has been added to the left side of the screen allowing you to complete your selection in any order.

The information available to download at the website summarizes how Vermont and New Hampshire EPs must consider their reporting options, and provides specific Public Health and Clinical Data Registry Reporting descriptions and examples. **Documentation Aids** available for download should be completed and **signed by the provider (where required)** and **uploaded in MAPIR at the time of attestation.**

Helpful Hints:

1. For more details on each measure option, select the **'CLICK HERE'** link at the top left of each screen.
2. You may review the completed option by selecting the **'EDIT'** button.
3. After completing the Public Health Objective, you will receive a white checkmark in the green circle. The checkmark means the section is completed, but does not mean you passed or failed the Objective.
4. Evaluation of Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. If any Objectives are not met, you will have the opportunity to change and electronically sign again

Instructions:

1. You must answer each objective. Objectives are completed by entering the numerator and denominator, answering yes or no, or choosing an exclusion if eligible.
2. Use the data obtained from your EHR system for the attestation period.
3. When completing your application, you will be prompted to upload a copy of your supporting EHR Objectives into your application.

It is important to **SAVE** all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with the value of zero. If you see patients at multiple outpatient practice locations or have multiple employers, please save your Meaningful Use documentation from all sites in case of audit.

U1 897

Begin

MU3 Required Public Health List Table

All EPs attesting for Program Year 2020 must report on a minimum of **two** Public Health Objective Measure Options, but may need to select more than two options if they are taking Exclusions.

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 Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

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

Attestation Meaningful Use Objectives

All EPs attesting for Program Year 2020 must report on a minimum of two Public Health Objective Measure Options, but may need to select more than two options if they are taking Exclusions. Providers may use a combination of Active Engagement reporting and measure Exclusions to pass the Public Health Objective. Options 4 and 5 may be used twice to attest. If you are not attesting to Active Engagement for any option OR for only one Option, you must select Options 1, 2, 3, 4A and 5A in the table below. Depending on your attestation, you may be required to answer Option 4B or 5B. If you take an exclusion to Option 4A, Public Health Registry Reporting, MAPIR will prevent you from attesting to Option 4B. The same logic works for Clinical Data Registry Reporting. If you take an exclusion to Option 5A, you cannot attest to Option 5B.

Note: It is possible to exclude from all the reporting options and still pass the Objective, but DOCUMENTATION MUST BE SUBMITTED as required.

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

Documentation for certain Public Health Objective active engagement reporting, as well as for certain exclusions, is required to be uploaded with your attestation. Please consult the guidance at our website:
https://healthdata.vermont.gov/healthdata.vermont.gov/ehrip/PY2020#PH_CDR

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

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>

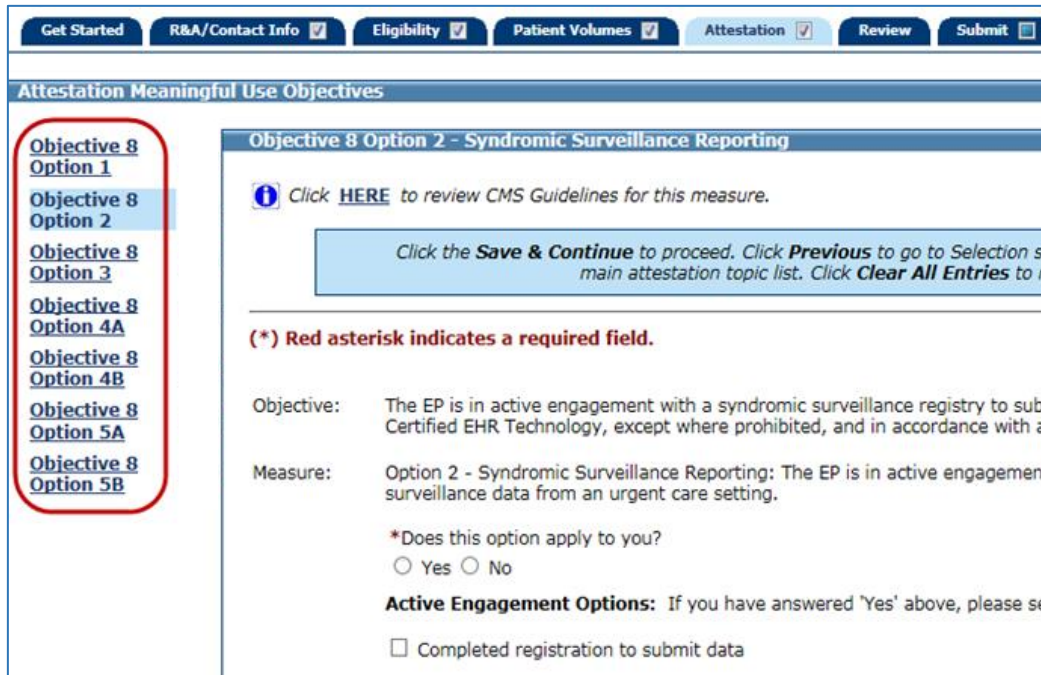
Return to Main
Reset
Save & Continue

The measures you select to attest to will display on the *Required Public Health Objectives Navigation* Panel as shown on the following page.

You must complete all the measures selected.

MU3 Required Public Health Objectives Navigation Panel

The following screen displays the Required Public Health Objectives Navigation Panel.



Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete the Required Public Health Objectives and click the **Save & Continue** button to navigate to the *Measures Topic List*.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the *Measures Topic List*.

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled the following message will display “It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit.”

MU3 Objective 8 Option 1 – Immunization Registry Reporting

All Vermont and New Hampshire Eligible Professionals will **EXCLUDE** from the **STAGE 3** Immunization Registry Reporting objective. Neither state has an Immunization Registry that is compliant with the **bi-directional** data flow requirements of the Stage 3 Objective: *“Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data **and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).**”*

- EPs **should not** select “Yes” to Option 1, Stage 3 Immunization Registry Reporting. All EPs must select “No” to Option 1.
- All EPs may select Yes to this exclusion: *“Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.”*
- **No documentation is required** for taking the exclusion to Stage 3 IZ Registry Reporting.
- See the Immunization Registry Reporting Documentation Aid here: https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_1_I_Z_V.1.0.pdf

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard*.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Objective 8 Option 1 - Immunization Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

*Does this option apply to you?

Yes **No**

If 'Yes', enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.

Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

Yes No

Previous
Return to Main
Clear All Entries
Save & Continue

MU3 Objective 8 Option 2 – Syndromic Surveillance Reporting

All Vermont and New Hampshire Eligible Professionals will **EXCLUDE** from the **STAGE 3** Syndromic Surveillance Registry Reporting objective.

- The Vermont Department of Health and the New Hampshire Department of Health and Human Services have not declared readiness to accept Syndromic Surveillance data from Eligible Professionals (EPs).
- EPs **should not** select Yes to Option 2, Syndromic Surveillance Reporting. All EPs must select No to Option 2.
- All EPs may select Yes to this exclusion: *“Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system.”*
- No documentation is required for taking the exclusion to Syndromic Surveillance Reporting
- See the Syndromic Surveillance Reporting Documentation Aid here: https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_2_SyndSurv_V.1.0.pdf

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Objective 8 Option 2 - Syndromic Surveillance Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

*Does this option apply to you?

Yes **No**

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

Yes No

Previous
Return to Main
Clear All Entries
Save & Continue

U3 Objective 8 Option 3 – Electronic Case Reporting

Note

Beginning with the implementation of MAPIR Release 6.2, Program Year 2019 and higher Stage 3 incentive applications will **require attestation** for Objective 8 Option 3 – Electronic Case Reporting when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.

- The Vermont Department of Health and the New Hampshire Department of Health and Human Services have not declared readiness to accept Electronic Case Reporting data from EPs.
- EPs **should not** select Yes to Option 3 – Electronic Case Reporting. All EPs must select No to Option 3.
- All EPs may select Yes to this exclusion: *“Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.”*
- No documentation is required to be submitted for the exclusion to Electronic Case Reporting.
- See the Electronic Case Reporting Documentation Aid here: https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_3_e_CaseReporting_V.1.0.pdf

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard*.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Objective 8 Option 3 – Electronic Case Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

*Does this option apply to you?

Yes No

If 'Yes', enter the name of the electronic case reporting registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.

Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

Yes No

MU3 Objective 8 Option 4A – Public Health Registry Reporting

Vermont Providers

Vermont Eligible Professionals may attest or exclude from the Public Health Registry Reporting measure in PY2020. The Vermont Department of Health has not declared readiness to accept Public Health Registry Reporting data from Eligible Professionals, however EPs may attest to active engagement with another national public health registry if applicable.

No documentation is required to be submitted for the exclusion to Public Health Registry Reporting for Vermont EPs. Enter information in all required fields.

New Hampshire Providers

The New Hampshire Department of Health and Human Services has declared readiness to accept Stage 3 Public Health Registry data in PY2020 for Cancer Case Reporting:

<https://www.dhhs.nh.gov/dphs/bphsi/meaningful-use.htm> EPs may attest to active engagement with another national public health registry if applicable.

Both Vermont and New Hampshire Providers should reference the Public Health Registry Documentation Aid:

https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_4_PublicHealthReg_NHVT.pdf

Objective 8 Option 4A - Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

*Does this option apply to you?
 Yes No

If 'Yes', enter the name of the public health registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

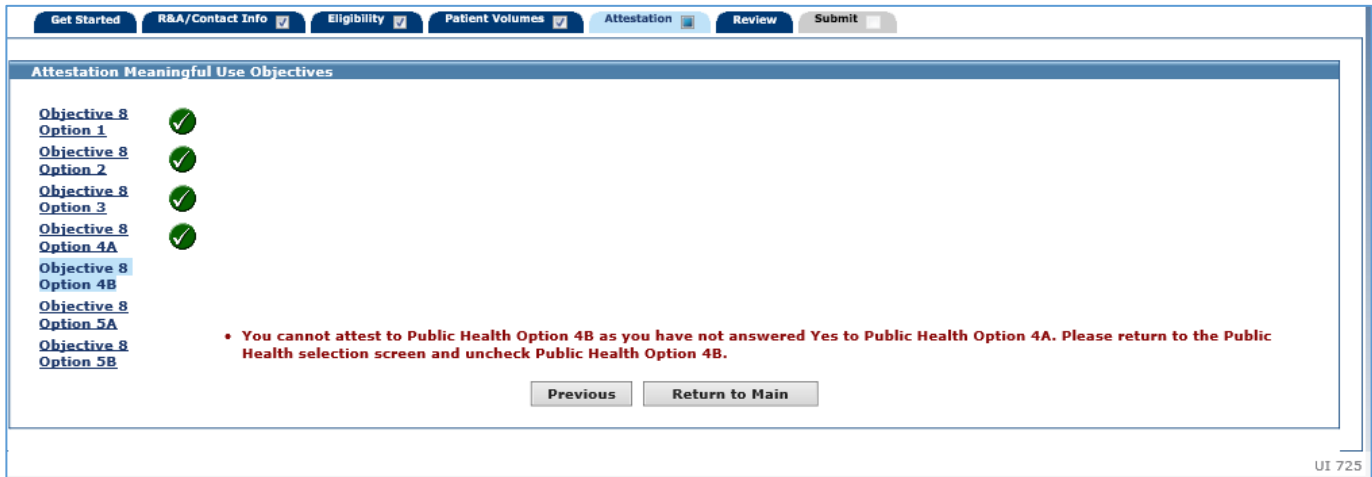
Click **Return to Main** to navigate to the *EP MU Dashboard*.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

MU3 Objective 8 Option 4B – Public Health Registry Reporting

See the guidance and links to the Documentation Aids on [page 33](#) for assistance in completing Objective 8 Option 4B.

If you took an **EXCLUSION** to Objective 8 Option 4A, you will not be required or allowed to attest to Option 4B. The following screen instructs you to go back to the selection screen and UNSELECT the check box for Public Health Option 4B



MU3 Objective 8 Option 5A – Clinical Data Registry Reporting

Vermont Providers

If Vermont EPs took exclusions for Reporting Options 1 - 4, they must meet the Objective by evaluating their participation in **TWO** Clinical Data Registries (CDRs). They may exclude from CDR reporting if they qualify, but the exclusion is not automatic: documentation must be provided at the time of attestation. Follow the link for **VT EP** guidance and examples for evaluating Active Engagement or Exclusion requirements, and for MAPIR screenshots of recommended attestation responses:

https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_5_ClinDataReg_VT_V1.2.pdf

New Hampshire Providers

If a New Hampshire EPs took exclusions for Reporting Options 1 - 4, they must meet the Objective by evaluating their participation in **TWO** Clinical Data Registries (CDRs). They may exclude from CDR reporting if they qualify, but the exclusion is not automatic: documentation must be provided at the time of attestation. Follow the link for **NH EP** guidance and examples for evaluating Active Engagement or Exclusion requirements, and for MAPIR screenshots of recommended attestation responses:

https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2020_MU3_PH_DocAid_5_ClinDataReg_NH_V.1.0.pdf

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard*.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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

Attestation Meaningful Use Objectives

- Objective 8 Option 1
- Objective 8 Option 2
- Objective 8 Option 3
- Objective 8 Option 4A
- Objective 8 Option 4B
- Objective 8 Option 5A
- Objective 8 Option 5B

Objective 8 Option 5A - Clinical Data Registry Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

*Does this option apply to you?
 Yes No

If 'Yes', enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data
 Testing and validation
 Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
 Yes No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
 Yes No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
 Yes No

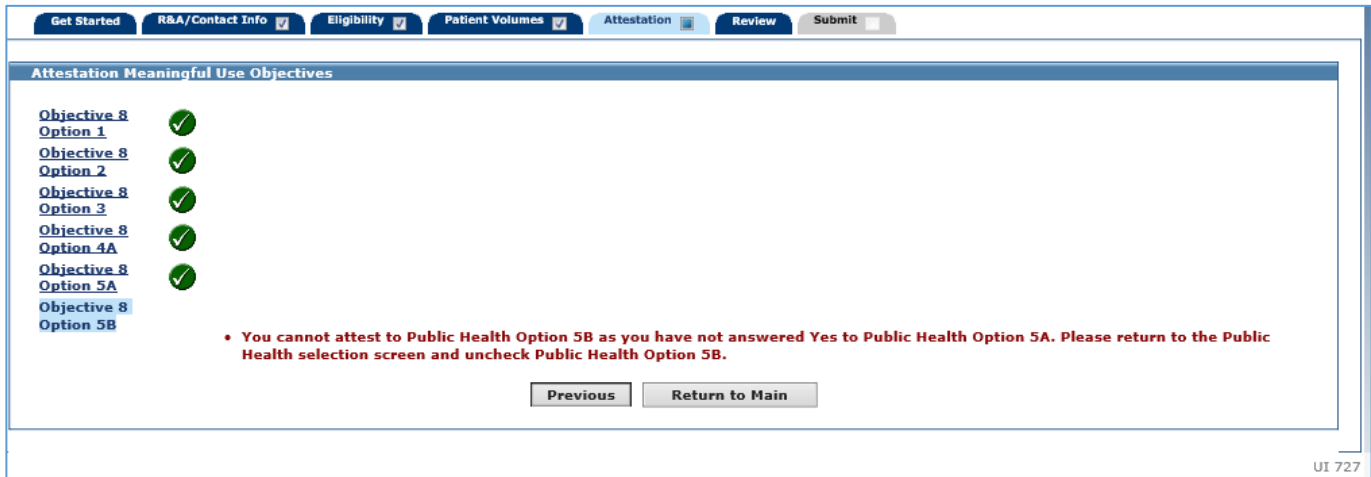
Previous
Return to Main
Clear All Entries
Save & Continue

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MU3 Objective 8 Option 5B – Clinical Data Registry Reporting

See the guidance and links to the Documentation Aids on [page 35](#) for assistance in completing Objective 8 Option 5B.

If you took an **EXCLUSION** to Objective 8 Option 5A, you will not be required or allowed to attest to Option 4B. The following screen instructs you to go back to the selection screen and UNSELECT the check box for Public Health Option 5B



See the guidance and links to the Documentation Aids on page 32 for assistance in completing Objective 8 Option 5B.

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the *EP MU Dashboard*.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Clinical Quality Measures (CQMs) – Stage 3

IMPORTANT: Eligible Professionals are required to report on a 90-day period of Clinical Quality Measures for Program Year 2020.

The revised navigational approach is effective for Stage 3 Clinical Quality Measures. 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.

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.

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

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

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
	General Requirements	2/2	<div style="display: flex; gap: 5px;"> <input type="button" value="EDIT"/> <input type="button" value="Clear All"/> </div>
	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; gap: 5px;"> <input type="button" value="EDIT"/> <input type="button" value="Clear All"/> </div>
	Required Public Health Objective (8)	3/3	<div style="display: flex; gap: 5px;"> <input type="button" value="EDIT"/> <input type="button" value="Clear All"/> </div>

Please select at least six CQMs from the Clinical Quality Measure set below.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

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

Note
The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

This initial screen provides information about the Manual Clinical Quality Measures. Review and click **Begin**.

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

MEANINGFUL USE CLINICAL QUALITY MEASURES (eCQMs)

All Clinical Quality Measures in the Promoting Interoperability/EHR Incentive Program are referred to as "eCQMs" because they must be generated by a provider's Certified Electronic Health Record system. Eligible Professionals participating in the Vermont Medicaid PIP/EHRIP are not required to submit eCQMs electronically.

The 2020 eCQM reporting period for EPs is any continuous 90-day period within CY2020.

Important information for Program Year Clinical Quality Measures:

- All participating EPs are required to report on any six (6) eCQMs relevant to their scope of practice from the set of 47 available.
- In addition, EPs must report on at least one **Outcome** measure.
- If no outcome measure is relevant to his or her scope of practice, the EP must report on one High Priority measure.
- If no high priority measures are relevant to their scope of practice, they may report on any six relevant **other** measures.
- If none of the Outcome or High Priority eCQMs are relevant to the EP's scope of practice, **they must check the acknowledgement box** within each section in order to proceed to the next screen.

CMS guidance from an updated FAQ, as well as examples of MAPIR screens for Clinical Quality Measure reporting are posted here:
https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/CQM_Guidance_PY2019_Update2019_10_16.pdf

MAPIR NAVIGATION

CQMs are sorted in ascending order by NQF number. You have the ability to re-sort the CQMs by NQF or CMS number. This sorting function is available at the top of the sort column with arrows to sort the CQMs in ascending or descending order.

You will not be able to proceed with your attestation without selecting the minimum required number of CQMs. Once you have selected the CQMs and advanced to the next screen, you may use the Navigation Panel to the left of the screen to choose the order in which you enter your CQMs. You do not need to enter them in the order that they appear on the screen. You may also advance through the CQMs by completing the fields on the CQM screen and selecting "Save and Continue," which will take you to the next CQM that needs to be completed.

NOTE: The white checkmark in the green circle means the section has been completed.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with the value of zero. If you see patients at multiple outpatient practice locations or have multiple employers, please save your Meaningful Use documentation from all sites in case of audit.

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Clinical Quality Measures Reporting Period

Enter a CQM reporting period of at least 90 days in the required **Clinical Quality Measures Reporting Period Start Date** and **Clinical Quality Measures Reporting Period End Date** fields. The CQM reporting period entered must be within the same Program Year that you are attesting to.

Your CQM reporting period may contain an interruption in that time span which prevents the CQM data from accurately representing a full 90 day or greater reporting period. In this scenario, read and select the acknowledgement checkbox and enter a date range for when there is CQM data to report in the **Actual Clinical Quality Measures Reporting Period Start Date** and **Actual Clinical Quality Measures Reporting Period End Date** fields. This date range cannot exceed the time span entered in the required **Clinical Quality Measures Reporting Period Start Date** and **Clinical Quality Measures Reporting Period End Date** fields.

Complete all the required and relevant CQM reporting period information.

Click **Save & Continue** to navigate to the Meaningful Use Clinical Quality Measure Worklist screen, click **Reset** to restore this panel to the starting point or last saved data, or click **Return to Main** to navigate to the [EP MU Dashboard](#) shown on page 38 of this manual.

Clinical Quality Measures Reporting Period

Please enter both the **Start Date** and **End Date** of your Clinical Quality Measures (CQMs) Reporting Period. You must enter a minimum of any continuous 90-day period within the application's program year.

*Click **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

*Clinical Quality Measures Reporting Period Start Date:

*Clinical Quality Measures Reporting Period End Date:
mm/dd/yyyy

Check this box if due to a change in employment, leave of absence, or other circumstance you do not have Clinical Quality Measures data for the full Clinical Quality Measures reporting period you have indicated above. If this applies to you, please provide the time span in which you do have data below:

Actual Clinical Quality Measures Reporting Period Start Date:

Actual Clinical Quality Measures Reporting Period End Date:
mm/dd/yyyy

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Meaningful Use Clinical Quality Measure Worklist

There are 47 Meaningful Use Clinical Quality Measures to select from. Eligible Professionals must choose a minimum of six CQMs.

If none of the CQMs in the Outcome table are relevant to your scope of practice, then you **MUST** select the acknowledgement checkbox. Once the acknowledgement checkbox is selected then you **MUST** either select one or more CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If one or more of the Outcome CQMs are relevant to your scope of practice and are selected, then you do not need to select any CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If none of the CQMs in the Outcome table **OR** the High Priority table are relevant to your scope of practice **AND** the acknowledgement checkboxes for both associated tables have been selected, then you **MUST** select six (6) CQMs from the Other table.

You can sort and view the CQMs by NQF or CMS number by selecting the sort arrows for each table. Each table sorts the CQM NQF and CMS number independently from the other.

The screen shots on the next three pages show the listing of all available CQMs.

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

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

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

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

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

Outcome Clinical Quality Measures

NQF#	Measure#	Title	Selection
0565e	CMS133 v8.1.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input type="checkbox"/>
0710e	CMS159 v8.6.000	Depression Remission at Twelve Months	<input type="checkbox"/>
Not Applicable	CMS75 v8.1.000	Children Who Have Dental Decay or Cavities	<input type="checkbox"/>
Not Applicable	CMS122 v8.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/>
Not Applicable	CMS165 v8.5.000	Controlling High Blood Pressure	<input type="checkbox"/>
Not Applicable	CMS771 v1.4.000	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	<input type="checkbox"/>

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

CQM Worklist, continued:

High Priority Clinical Quality Measures			
NQF#	Measure#	Title	Selection
0028e	CMS138 v8.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0041e	CMS147 v9.1.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0089e	CMS142 v8.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>
0384e	CMS157 v8.1.000	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
0389e	CMS129 v9.0.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<input type="checkbox"/>
0418e	CMS2 v9.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365e	CMS177 v8.1.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
Not Applicable	CMS50 v8.0.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v8.1.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v8.3.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v9.1.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS125 v8.4.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS128 v8.3.000	Antidepressant Medication Management	<input type="checkbox"/>
Not Applicable	CMS130 v8.4.000	Colorectal Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS136 v9.1.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
Not Applicable	CMS137 v8.5.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
Not Applicable	CMS139 v8.1.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
Not Applicable	CMS146 v8.2.000	Appropriate Testing for Children with Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS153 v8.1.000	Chlamydia Screening for Women	<input type="checkbox"/>
Not Applicable	CMS154 v8.1.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<input type="checkbox"/>
Not Applicable	CMS155 v8.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
Not Applicable	CMS156 v8.3.000	Use of High-Risk Medications in the Elderly	<input type="checkbox"/>
Not Applicable	CMS249 v2.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>

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

CQM Worklist, Continued:

Other Clinical Quality Measures			
NQF#	Measure#	Title	Selection
0070e	CMS145 v8.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081e	CMS135 v8.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0083e	CMS144 v8.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086e	CMS143 v8.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104e	CMS161 v8.1.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
0421e	CMS69 v8.2.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
2872e	CMS149 v8.0.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v8.2.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS74 v9.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>
Not Applicable	CMS117 v8.3.000	Childhood Immunization Status	<input type="checkbox"/>
Not Applicable	CMS124 v8.1.00	Cervical Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS127 v8.1.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS131 v8.4.000	Diabetes: Eye Exam	<input type="checkbox"/>
Not Applicable	CMS134 v8.4.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
Not Applicable	CMS347 v3.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS 645 v3.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v2.9.000	HIV Screening	<input type="checkbox"/>

Attestation MU Clinical Quality Measure Navigation Panel

The screen below displays the Attestation MU Clinical Quality Measure Navigation Panel. This screen displays the CQMs you selected on the previous screen.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Clinical Quality Measures and click the **Save & Continue** button to navigate to the *Measures Topic List*.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

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

Attestation Meaningful Use Measures

CMS130
CMS131
CMS123
CMS122
CMS22
CMS82

Clinical Quality Measure 10

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Clear All Entries** to remove entries from this page.

(*) Red asterisk indicates a required field.

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

Domain:	Clinical Process/Effectiveness
Measure Number:	CMS130 v5.0.000
NQF Number:	0034

Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

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.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

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
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	3/3	EDIT Clear All
✓	Clinical Quality Measures	6/6	EDIT Clear All

Please select at least six CQMs from the Clinical Quality Measure set below.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

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

Previous **Save & Continue**

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.

Page 1 of 5 of the Meaningful Use Measures Summary

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 General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 800 Denominator = 1000 Percentage = 80%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 95 Denominator = 100 Percentage = 95%
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes

Page 2 of 5 of the Meaningful Use Measures Summary

Objective Number	Objective	Entered
Objective 0	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <ol style="list-style-type: none"> 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field. 3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received? 4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field? <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <ol style="list-style-type: none"> 1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology? 2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times: <ol style="list-style-type: none"> (i) Connected in accordance with applicable law; (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors. 3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor? 	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = No</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = No Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>

Page 3 of 5 of the Meaningful Use Measures Summary

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.	Measure = Yes Date = 03/03/2020 Name and Title = Joe Mama
Objective 2	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = Only EHR Exclusion 1 = Excluded Exclusion 2 = No
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = Yes Measure 2 Exclusion = Excluded
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	Patient Records = Only EHR Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = No Numerator 2 = 70 Denominator 2 = 100 Percentage = 70% Measure 3 Exclusion 3 = No Numerator 3 = 70 Denominator 3 = 100 Percentage = 70%
Objective 5	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 100 Percentage = 100% Numerator 2 = 40 Denominator 2 = 100 Percentage = 40%
Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.	Exclusion 1 = No Exclusion 2 = No Numerator 1 = 7 Denominator 1 = 100 Percentage = 7% Numerator 2 = 7 Denominator 2 = 100 Percentage = 7% Numerator 3 = 7 Denominator 3 = 100 Percentage = 7%
Objective 7	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded Exclusion 3 = No

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Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 1 = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = Excluded
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 3 = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = Excluded
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4A = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = Excluded
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5A = No Exclusion 1 = No Exclusion 2 = No Exclusion 3 = Excluded

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Meaningful Use Clinical Quality Measure Review			
Clinical Quality Measures Reporting Period			
Clinical Quality Measures Reporting Period Start Date: Jan 02, 2020 Clinical Quality Measures Reporting Period End Date: May 05, 2020			
High Priority Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exception = 0
Not Applicable	CMS153 v8.1.000	Chlamydia Screening for Women	Stratum 1 Numerator 1 = 2 Denominator 1 = 2 Performance Rate 1 (%) = 100.0 Exclusion 1 = 0 Stratum 2 Numerator 2 = 32 Denominator 2 = 55 Performance Rate 2 (%) = 58.2 Exclusion 2 = 0 Total Numerator 3 = 34 Denominator 3 = 57 Performance Rate 3 (%) = 59.6 Exclusion 3 = 0
Other Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0421e	CMS69 v8.2.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Numerator = 95 Denominator = 100 Performance Rate (%) = 95.0 Exclusion = 0 Exception = 0
Not Applicable	CMS117 v8.3.000	Childhood Immunization Status	Numerator = 97 Denominator = 97 Performance Rate (%) = 100.0 Exclusion = 0
Not Applicable	CMS124 v8.1.00	Cervical Cancer Screening	Numerator = 84 Denominator = 100 Performance Rate (%) = 84.0 Exclusion = 0
Not Applicable	CMS349 v2.9.000	HIV Screening	Numerator = 74 Denominator = 100 Performance Rate (%) = 74.0 Exclusion = 0
<input type="button" value="Previous"/> <input type="button" value="Save & Continue"/>			

Attestation Phase (Part 3 of 3)

Assignment of Payment and Confirmation of Payment Address

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click Yes to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the Payment Address from the list below to be used for your Incentive Payment.

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

Attestation Phase (Part 3 of 3)

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.

*Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. Yes No

NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

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"/>	#####	HEALTH CARE INC	ST JOHNSBURY, VT 05819	

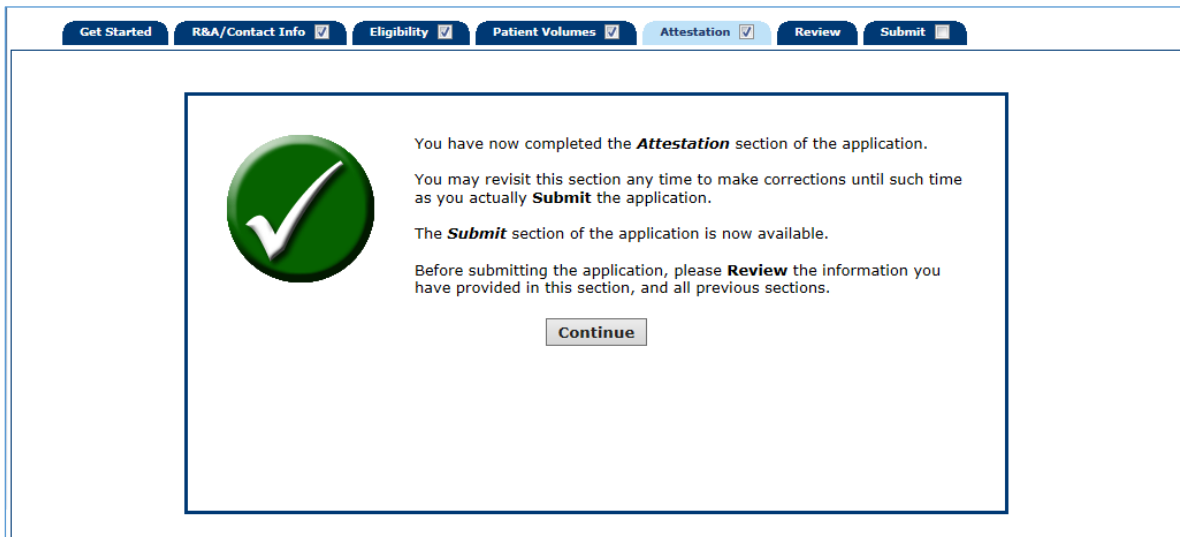
Previous
Reset
Save & Continue

UI 81

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.



Proceed to [EP User Guide Part 3](#) for guidance on the MAPIR screens for the following:

- Review Application
- Application Questionnaire
- File Uploads: Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

User Guides can be found at the Vermont Medicaid PIP/EHRIP website:

<https://healthdata.vermont.gov/ehrip/Apply>