Massachusetts Medicaid
EHR Incentive Payment Program:
2014 Supporting Documentation Requirements

Upload the following documentation with your Program Year 2014 application prior to submittal. Providing these documents will prevent delays in processing times. Click on the orange hyperlinks to access the documents.

<table>
<thead>
<tr>
<th>Program Year 2014: Supporting Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upload all documents to your MAPIR application prior to submittal</td>
</tr>
</tbody>
</table>

### All providers

#### Certified EHR Technology (CEHRT) – 2014 Edition

- **All providers** attesting to **AIU** are required to submit [Proof of 2014 Edition Certified EHR Technology (CEHRT)](#).
- **All providers** attesting to **MU** are required to submit Proof of 2014 Edition CEHRT (above), or complete a [Hardship Exception](#) form.

#### Patient Volume Threshold

**Hospital Physician Organizations**

- [Group Proxy Methodology Options](#)

Before submitting AIU or MU attestations, all hospital physician organizations electing to use the group proxy method are required to submit the following for prior approval:

- [Group Roster](#)
- [Group Patient Volume Threshold Data](#)

Please send this documentation to massehr@masstech.org via secure email.

**Note:** MeHI may request additional information upon validation. To minimize processing times, all organizations and providers should have their Group Roster and Patient Volume Data available in the event that supporting documentation is requested.

**Federally Qualified Health Center (FQHC) Providers**

Providers using FQHC patient volume data must submit an FQHC Employment Letter, confirming the provider practiced predominantly at the FQHC (at least 50% of patient encounters over a period of 6 months occurred at the FQHC). The letter must be on letterhead and include the following:

- Date of hire
- Hours
- Whether or not the provider worked full-time or part-time at another location

Please see the [Eligible Professional (FQHC/RHC) Reference Guide](#) for more information.

### Meaningful Use

#### All MU Providers

- **All providers** attesting to Meaningful Use must submit a completed [Confirmation of MU Aggregation Form](#)

#### 2013 Stage 1

- Acknowledgment (ACK) from MIIS Immunization Registry
- If an Eligible Professional claims 3 or more MU exclusions, documentation for Core Measure 11 (Clinical Decision Support) and Core Measure 14 (Security Risk Analysis) is required.

#### 2014 Stage 1

- Acknowledgment (ACK) from MIIS Immunization Registry
- Documentation for Core Measure 10 (Clinical Decision Support)
- Documentation for Core Measure 13 (Protect Electronic Health Information (Security Risk Analysis))
- MU dashboard generated by EHR or MU Measure Report

#### Stage 2

- Documentation for Core Measure 6 (Clinical Decision Support)
- Documentation for Core Measure 7 (Patient Electronic Access (Patient Portal))
- Documentation for Core Measure 9 (Protect Electronic Health Information (Security Risk Analysis))
- Documentation for Core Measure 15 (Summary of Care)
- MU dashboard generated by EHR or MU Measure Report
- Proof of MIIS Registration of Intent (MU Report Card)
- Documentation of two Clinical Quality Measures (CQMs) from 2 separate National Quality Strategy (NQS) Domains

Please note: The documentation above is required of all providers. MeHI reserves the right to require additional documentation. Providers should be prepared to submit additional supporting documentation upon request.

---

Massachusetts eHealth Institute | massehr@masstech.org | @MassEHealth | mehi.masstech.org
Proof of 2014 Edition Certified EHR Technology (CEHRT)

For Program Year 2014, all providers are required to submit documentation they are using the 2014 Edition of their CEHRT or complete a [Hardship Exception] form. Submit the following documentation as proof of CEHRT:

- Letter from your CIO or IS Department Head. The letter must be on letterhead and state the following:
  - List of providers(s) with NPI number(s) who are currently using or will be using the federally certified EHR technology
  - Location(s) the federally certified EHR technology will be used
  - EHR Vendor, product name and version
  - CMS Certification Number

- And one of the following: Signed copy of License Agreement, Proof of purchase or Signed Vendor Contract

**Note:** Be sure the license agreements or invoices identify the vendor, product name and version of the certified EHR. If the version number is not present on the invoice/contract, please supply a letter from the vendor attesting to the product and version number.

The CMS Final Rule issued August 29, 2014 allows providers who experienced delays or hardships in implementing 2014 Edition CEHRT to attest using 2011 Edition CEHRT and 2013 Stage 1 Meaningful Use requirements. Providers who elect to use 2011 Edition CEHRT and/or attest to 2013 Stage 1 Meaningful Use measures must complete and submit a [Hardship Exception form].

Patient Volume Threshold Documentation

Hospital Physician Organizations

Before submitting AIU or MU attestations, all hospital physician organizations electing to use [Group Proxy Methodology] are required to submit their Group Roster and their Group Patient Volume Threshold Data for prior approval.

**Group Roster**

The Group Roster is a list of all providers who practiced at the site during the patient volume threshold reporting period. The list must include all providers who practice at the site, even those not eligible to participate in the program. Include the provider’s name, NPI, and practice address.

**Group Patient Volume Threshold Data**

Patient Volume Threshold Data refers to data that supports a provider’s patient volume threshold calculations. Patient Volume is calculated based on a 90-day reporting period in either the previous calendar year or the 12-month period preceding attestation. Submit patient-level documentation that includes the following:

- For Paid Claims Methodology - the patient's unique ID, date of service, insurance name and amount paid for the claim.
- For Enrollee Methodology - the patient's unique ID, dates of service, insurance name and patient's eligibility information.

**Note:** Be sure to remove all PHI from your Patient Volume data documentation.

Send this documentation to massehr@masstech.org via secure email.

**FQHC Providers**

Providers using FQHC patient volume data must submit an FQHC Employment Letter. This letter confirms that at least 50% of the provider's patient encounters over a period of 6 months occurred at an FQHC or RHC. The letter must be on letterhead and include the following:

- Date of hire
- Hours
- Whether or not the provider worked full-time or part-time at another location

See the [Eligible Professional (FQHC/RHC) Reference Guide] for more information.
Meaningful Use Documentation

Confirmation of MU Aggregation

All providers attesting to Meaningful Use must submit a completed Confirmation of MU Aggregation Form. Providers who work at multiple sites must aggregate their Meaningful Use data. Providers who work at a single site are still required to submit this form confirming they do not practice at any additional sites.

Meaningful Use Dashboard

Providers must submit the supporting documentation, in either paper or electronic format, used to complete their attestation; i.e., a report from your EHR system that ties to the attestation. If you are providing a summary report from your EHR system as support for your numerators and denominators, ensure your documentation clearly demonstrates the report was generated by your EHR; i.e., ensure the EHR logo is displayed on the report, or provide step-by-step screenshots to demonstrate how the report is generated by your EHR.

Clinical Decision Support Rule

Providers must submit documentation demonstrating implementation of clinical decision support rule(s) relevant to their specialty or a high clinical priority, along with the ability to track compliance with the rule(s). For Stage 1, providers must implement one clinical decision support rule; for Stage 2, providers must implement five clinical decision support rules. See Core Measure 11 (Stage 1 MU – 2013 definition), Core Measure 10 (Stage 1 MU – 2014 definition) and Core Measure 6 (Stage 2 MU).

Security Risk Analysis

Providers must submit proof that a security risk analysis of the Certified EHR Technology was performed prior to the end of the MU reporting period; i.e., a report that documents the procedures performed during the analysis and the results of the analysis. If deficiencies were identified during the analysis, submit the risk mitigation implementation plan, including the completion dates. See Core Measure 14 (Stage 1 MU – 2013 definition), Core Measure 13 (Stage 1 MU – 2014 definition) and Core Measure 9 (Stage 2 MU).

Public Health Reporting/Immunization Registry

For Stage 1 MU, providers must submit a copy of their MIIS acknowledgment (ACK). For Stage 2 MU, providers must submit documentation of their MIIS Registration of Intent (MU Report Card).

Patient Electronic Access (Patient Portal) – Stage 2 MU Only

Providers must submit documentation, such as a certified EHR Aggregate Report, for the second component of this measure, demonstrating that more than 5 percent of all unique patients viewed, downloaded, or transmitted their health information. Be sure to remove all PHI from this documentation prior to submittal. See Core Measure 7 (Stage 2 MU).

Summary of Care – Stage 2 MU Only

Providers must submit documentation demonstrating compliance with all three (3) components of this measure: 1) a Summary of Care record was provided for more than 50% of transitions of care and referrals, 2) the Summary of Care was provided electronically for more than 10% of such transitions and referrals, and 3) at least one electronic exchange of a Summary of Care was conducted with a recipient who has a different EHR or with a CMS-designated test EHR. See Core Measure 15 (Stage 2 MU).

Note: If you do not electronically exchange Summary of Care records with a provider who uses a different EHR through your normal course of business, use the EHR Randomizer Tool to conduct an exchange with a CMS-designated test EHR. For more information, please see the Provider User Guide for the EHR Randomizer Tool.

Documentation of Clinical Quality Measures (CQMs) – Stage 2 MU Only

All providers attesting to Stage 2 MU must submit documentation of two Clinical Quality Measures (CQMs) from two separate National Quality Strategy (NQS) Domains. The MU Dashboard documentation described above can be accepted for this measure, if the CQMs have been included. See the CMS 2014 CQM Guide.