2018 Checklist for Eligible Professionals
Modified Stage 2 & Stage 3 Meaningful Use

To participate in the Ohio Medicaid Provider Incentive Program (MPIP) Eligible Professionals (EPs) will be required to attest to all program requirements for each program year they seek an incentive payment via the Ohio MPIP provider portal.

This checklist provides an overview of Ohio’s MPIP system for returning EPs and may be used as a guide to help gather the information required to successfully complete their Modified Stage 2 or Stage 3 Meaningful Use (MU) attestation in Program Year 2018.

Please note that beginning in 2017, in order to continue participation, EPs must have received an incentive payment from Ohio MPIP or another State Medicaid EHR Incentive Program during program year 2016 or prior.

Before You Begin

Has any of the EP’s CMS registration information (i.e. demographics, payee information) changed since the previous program year?

If Yes, the EP should first update their registration information with the CMS Registration and Attestation System by visiting https://ehrincentives.cms.gov/hitech/login.action. Once the information has been updated with CMS, MPIP will receive the updates and invite the EP to enroll for the program year. Please allow for an overnight update to occur before returning to the MPIP Provider Portal to complete your attestation.

If No, the EP may enroll for the current program year with MPIP by proceeding to the MPIP Provider Portal at https://www.ohiompip.com/OHIO/enroll/logon.

Password Reset

Eligible professionals will need to input the following information to successfully reset their password:

- National Provider Identification Number (NPI)
- Last four digits of SSN
- Email address on file
- Centers for Medicare and Medicaid Services (CMS) Registration ID.

To update the email address on file or obtain your CMS registration ID, please return to the CMS Registration & Attestation system to make your corrections or retrieve your registration ID.

MU Attestation Selection

EPs will be prompted to select their MU attestation path at the beginning of the attestation enrollment. In Program Year 2018, all EPs will have the option to attest to Modified Stage 2 or Stage 3 objectives and measures and would continue to meet the requirements (including the thresholds) finalized in the 2017 OPPS/ASC final rule.

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.
2018 Checklist for Eligible Professionals

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Providers must choose one of the following:

**Modified Stage 2:** To meet requirements, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition. If it is available, EPs may also attest using EHR technology certified to the 2015 Edition, or a combination of the two.

**Stage 3:** To meet requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, a provider who has technology certified to the 2014 Edition only may not attest to Stage 3.

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**Step One: Provider Registration Verification**

The following questions will be asked to help EPs determine their program eligibility:

Are you a hospital-based provider? *(Select “Yes” if you meet the following definition).*
- An EP who furnishes 90% or more of their Medicaid covered professional services in an inpatient hospital (POS 21) or emergency room (POS 23) setting during the previous calendar year (CY 2017).

Hospital-based providers may still be eligible for MPIP if they meet both of the following requirements:
- Fund the acquisition, implementation, and maintenance of Certified EHR Technology (CEHRT), including supporting hardware and interfaces needed for MU without reimbursement from an eligible hospital and
- Use the CEHRT in the inpatient or emergency department (ED) of a hospital (instead of the eligible hospital’s CEHRT).

*The hospital-based exclusion does not apply to an EP practicing predominantly through a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).*

Are you attesting as a Pediatrician? *(Patient volume between 20% - 30% attributable to individuals enrolled in a Medicaid program).*
- For purposes of MPIP only, a pediatrician refers to a medical doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. Attesting pediatricians must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in pediatrics through the American Board of Pediatrics, the American Board of Surgery, the American Board of Radiology, the American Board of Urology, the American Osteopathic Board of Pediatrics, or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

Do you practice predominantly in an FQHC/RHC? *(Minimum patient volume of 30% attributable to needy individuals which includes Medicaid enrolled or sliding scale).*
- An EP “practices predominantly” when the clinical location for over 50% of his or her total patient encounters over a period of 6 months within the most recent calendar year or, within the 12-month period preceding attestation, occurs at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

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Select your Patient Volume Attestation Method

(See step Two: Patient Volume Status for Patient Volume requirements)

- Individual – You are attesting using your individual patient encounters
- Group/Clinic – You are attesting as a member of a group/clinic using group proxy patient volume. (If attesting as a group, please refer to the Group Proxy Patient Volume tip sheet available on the MPIP Resources Page at http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram/MPIPResources.aspx).

Select Patient Volume Location

Based on your patient volume attestation method, you will be required to select your Patient Volume Location. Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. This calculation does not need to be across all of an EP's sites of practice however, at least one of the locations must be equipped with Certified EHR Technology (CEHRT).

- Individual attestation method – Select from a list of practice locations that are associated with you or your payee’s TIN in the State MMIS including practices you may be associated with.
- Group attestation method – Select from a list of the group/clinic practice location(s) within the State MMIS that you are associated with to create a group or join an existing group.

NOTE: Practice locations are based on the practice NPI and Medicaid ID combination. If there are numerous offices that use the same NPI and Medicaid ID then only one location will appear for selection.

Select your Payee Medicaid ID

Verify the payee information based on the NPI and TIN designated on the provider’s CMS registration and select your Payee Medicaid ID.

NPI and TIN combinations must match what appears on the payee’s Ohio Medicaid agreement. If you are unable to select a payee Medicaid ID, you will need to return to the CMS registration & attestation system in order to review and correct the entered NPI and TIN. If problems persist, please contact MPIP Operations staff at 1-877-537-6747.

Update Point of Contact Information

EPs will have the opportunity to update point of contact information within the MPIP system such as Email address, Phone number and extension.

Step Two: Medicaid Patient Volume Determination

For each year of program participation, an EP must meet one of the following patient volume requirements:

- A minimum patient volume of 30% attributable to individuals enrolled in a Medicaid program;
- A minimum patient volume of 20% attributable to individuals enrolled in a Medicaid program and be a Pediatrician; or
- A minimum patient volume of 30% attributable to needy individuals and practice predominantly through an FQHC/RHC.

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Select your Patient Volume Reporting Period
The reporting period for calculating patient volume is any continuous 3-month period, beginning on the first day of the month, within either the preceding calendar year (2017) or within the most recent full 12-month period (based on date of attestation).

Start Date: ___________________________  End Date: ___________________________

Out-of-State Encounters
Were out-of-state encounters included in the EP’s patient volume calculation? (Yes or No)
If yes, you will need to include which states or territories: __________________________

Patient Volume Attestation
The following are considered Medicaid encounters for EPs:
- Services rendered to an individual on any one day where Medicaid paid for part or all of the service;
- Services rendered to an individual on any one day where Medicaid paid for part or all of the individual’s premiums, co-payments, and cost sharing; or
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

Medicaid encounters may consist of individuals enrolled in a traditional or Medicaid HMO program where Medicaid is the primary or secondary payer. Additionally, encounters for both the patient volume numerator and denominator should be based on per patient per day.

Total Medicaid patient encounters: ___________________________
Total Patient encounters: ___________________________

Supporting Documentation: Eligible Professionals will be permitted to upload supporting patient volume reports from the Document Upload page after completing Step 4 of the MPIP attestation.

Step Three: Meaningful Use (Promoting Interoperability)

CMS, the overseeing agency of the Medicare and Medicaid EHR Incentive Programs, is dedicated to improving interoperability and patients’ access to health information. To better reflect this focus, the Medicare and Medicaid EHR Incentive Programs have been renamed to the Promoting Interoperability (PI) Programs. Please note that this tip sheet still references Meaningful Use (MU).

All EPs must attest to objectives and measures using 2014 Edition certified EHR technology. If it is available, EPs may also attest using 2015 Edition certified EHR technology, or a combination of the two.

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Select Meaningful Use Reporting Period
The reporting period for Program Year 2018 is a minimum of any continuous 90-days between January 1 and December 31, 2018. (Refer to page 17 for eCQM reporting information)

Practice Location Details
EPs are required to list each of their practice locations in order to verify that at least 50% of their total patient encounters occur at sites equipped with certified EHR technology. EPs will be prompted to provide the following information for each location:

Is the location equipped with certified EHR technology? ____________________________

Total number of the patient encounters that occurred at the location: __________________

Total Encounters for Meaningful Use: [CMS defines] patient encounters as any encounter where a medical treatment is provided and/or evaluation and management services are provided, except a hospital inpatient department (Place of Service 21) or a hospital emergency department (Place of Service 23). Patient encounters in ambulatory surgical centers (Place of Service 24) would be included for the purpose of this definition. This includes both individually billed events and events that are globally billed, but are separate encounters under our definition. For more information, see CMS FAQ #3065 and #3215.

Please also note that if a patient is seen at more than one of the EPs practice locations, that patient should only be included in the total encounters for one practice location.

Identify Certified EHR Technology (CEHRT)
Eligible professionals must identify the certified EHR technology at each of their practice locations (if equipped). For program year 2018, CMS continues to permit providers the flexibility to attest using a 2014 Edition CEHRT, a 2015 Edition CEHRT, or a combination for Modified Stage 2 or Stage 3 reporting. The CEHRT reporting options are:

- Attest to using a 2014 Edition CEHRT for both MU Objectives and eCQMs
- Attest to using a 2015 Edition CEHRT for both MU Objectives and eCQMs
- Attest to using different CEHRTs for MU Objectives and eCQMs

CEHRT ID used to attest to Meaningful Use Objectives: ____________________________
CEHRT ID used to attest to Meaningful Use eCQMs: __________________________

To obtain the CMS EHR Certification ID specific to your EHR software, please contact your EHR vendor or visit the Certified Health IT Product List available at: https://chpl.healthit.gov/#/search.

If the CMS EHR Certification ID has changed as a result of an upgrade or change in EHR vendor for example, the EP will be required to upload supporting documentation after completing Step 4. Refer to the MPIP Supporting Documentation tip sheet available on the MPIP Resources Page for additional information.
2018 Checklist for Eligible Professionals
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All eligible professionals must attest to objectives and measures using EHR technology certified to the 2014 Edition. If it is available, providers may attest using EHR technology certified to the 2015 Edition or a combination of the two. Providers who have access only to 2014 Edition CEHRT must attest to Modified Stage 2.

To meet Modified Stage 2 requirements, an EP is required to attest a total of 10 federally defined objectives, including one consolidated public health reporting objective. The table below outlines Modified Stage 2 Meaningful Use Objectives and Measures for EPs in 2018.

NOTE: Eligible professionals should consult with their EHR vendor for information on obtaining the data needed to report on Meaningful Use objectives and measures.


### Protect Patient Health Information

<table>
<thead>
<tr>
<th>Objective</th>
<th>Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible professional’s (EP) risk management process.</td>
</tr>
</tbody>
</table>

### Clinical Decision Support

<table>
<thead>
<tr>
<th>Objective</th>
<th>Use clinical decision support (CDS) to improve performance on high-priority health conditions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td><strong>EPs must satisfy both of the following measures in order to meet the objective:</strong></td>
</tr>
<tr>
<td></td>
<td>Measure 1: – Implement 5 CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period.Absent 4 CQMs related to an EP’s scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.</td>
</tr>
<tr>
<td></td>
<td>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.</td>
</tr>
<tr>
<td>Exclusions</td>
<td>For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</td>
</tr>
</tbody>
</table>

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### Computerized Provider Order Entry (CPOE)

**Objective**

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

**Measures**

An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:

- **Measure 1:** More than 60 percent of medication orders created by the EP during the Promoting Interoperability (PI) reporting period are recorded using CPOE.
- **Measure 2:** More than 30 percent of laboratory orders created by the EP during the PI reporting period are recorded using CPOE.
- **Measure 3:** More than 30 percent of radiology orders created by the EP during the PI reporting period are recorded using CPOE.

**Exclusions**

- **Measure 1:** Any EP who writes fewer than 100 medication orders during the PI reporting period.
- **Measure 2:** Any EP who writes fewer than 100 laboratory orders during the PI reporting period.
- **Measure 3:** Any EP who writes fewer than 100 radiology orders during the PI reporting period.

### Electronic Prescribing (eRx)

**Objective**

Generate and transmit permissible prescriptions electronically (eRx).

**Measure**

More than 50 percent of permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).

**Exclusions**

Any EP who:

- Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or
- Does not have a pharmacy within his or her 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 PI reporting period.

### Health Information Exchange

**Objective**

The eligible professional (EP) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure**

The EP that transitions or refers their patient to another setting of care or provider of care must—(1) use certified electronic health record technology (CEHRT) to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
| **Exclusion** | Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the Promoting Interoperability (PI) reporting period. |
| **Patient-Specific Education** | **Objective** | Use clinically relevant information from certified electronic health record technology (CEHRT) to identify patient-specific education resources and provide those resources to the patient. |
| **Measure** | Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the eligible professional (EP) during the Promoting Interoperability (PI) reporting period. |
| **Exclusion** | Any EP who has no office visits during the PI reporting period. |
| **Medication Reconciliation** | **Objective** | The eligible professional (EP) who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation. |
| **Measure** | The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. |
| **Exclusion** | Any EP who was not the recipient of any transitions of care during the Promoting Interoperability (PI) reporting period. |
| **Patient Electronic Access** | **Objective** | Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the eligible professional (EP). |
| **Measure** | EPs must satisfy both measures in order to meet this objective:  
Measure 1: More than 50 percent of all unique patients seen by the EP during the Promoting Interoperability (PI) reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP’s discretion to withhold certain information.  
Measure 2: For the PI reporting periods in 2017 and 2018, more than 5 percent of unique patients seen by the EP during the PI reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the PI reporting period. |
# 2018 Checklist for Eligible Professionals

## Modified Stage 2 & Stage 3 Meaningful Use

| Exclusion | Measure 1: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information.”
| Measure 2: Any EP who:
| | ▪ Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information;” or
| | ▪ 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 PI reporting period. |
| Secure Electronic Messaging | Objective | Use secure electronic messaging to communicate with patients on relevant health information. |
| Measure | For a Promoting Interoperability (PI) reporting period in 2018, for more than 5 percent of unique patients seen by the eligible professional (EP) during the PI reporting period, a secure message was sent using the electronic messaging function of certified electronic health record technology (CEHRT) to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the PI reporting period. |
| Exclusion | Any EP who has no office visits during the PI reporting period, or any EP who 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 Federal Communications Commission (FCC) on the first day of the PI reporting period. |

## Modified Stage 2 Public Health Reporting

Eligible professionals must attest to at least two measures from the Public Health Reporting Objective, Measures 1 through 3.

### Modified Stage 2 Public Health Exclusions

An exclusion for a measure does not count toward the total of two measures. Instead, in order to meet this objective, an EP would need to meet two of the total number of measures available to them. If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the one remaining measure available to them and claiming the applicable exclusions. If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all three measures.

For current reporting information pertaining to the Ohio Department of Health, please visit [http://www.odh.ohio.gov/healthstats/HIT/reporting.aspx](http://www.odh.ohio.gov/healthstats/HIT/reporting.aspx)

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Modified Stage 2 & Stage 3 Meaningful Use


<table>
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<tr>
<th>Public Health Reporting</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>The eligible professional (EP) is in active engagement with a public health agency (PHA) to submit electronic public health data from certified electronic health record technology (CEHRT) except where prohibited and in accordance with applicable law and practice.</td>
</tr>
<tr>
<td><strong>Measure Options</strong></td>
<td></td>
</tr>
<tr>
<td>Measure 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.</td>
<td></td>
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<tr>
<td>Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td></td>
</tr>
<tr>
<td>Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.</td>
<td></td>
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<tr>
<td><strong>Exclusions</strong></td>
<td></td>
</tr>
<tr>
<td>Measure 1 Exclusions: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP—</td>
<td></td>
</tr>
<tr>
<td>1) Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system (IIS) during the Promoting Interoperability (PI) reporting period;</td>
<td></td>
</tr>
<tr>
<td>2) Operates in a jurisdiction for which no immunization registry or IIS can accept the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or</td>
<td></td>
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<tr>
<td>3) Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data from the EP at the start of the PI reporting period.</td>
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<tr>
<td>Measure 2 Exclusions: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP—</td>
<td></td>
</tr>
<tr>
<td>1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system;</td>
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<tr>
<td>2) Operates in a jurisdiction for which no PHA can receive electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or</td>
<td></td>
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<tr>
<td>3) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs at the start of the PI reporting period.</td>
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</tr>
<tr>
<td>Measure 3 Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP—</td>
<td></td>
</tr>
<tr>
<td>1) Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the PI reporting period;</td>
<td></td>
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</table>
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Modified Stage 2 & Stage 3 Meaningful Use

2) Operates in a jurisdiction for which no specialized registry can accept electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period. or
3) Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the PI reporting period.

Stage 3 Meaningful Use

To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, a provider who has technology certified to the 2014 Edition only may not attest to Stage 3.

Stage 3 requirements consist of 8 objectives and measures including one consolidated public health measure. The table on the next page outlines Stage 3 Meaningful Use Objectives and Measures for EPs in 2018.

NOTE: Eligible professionals should consult with their EHR vendor for information on obtaining the data needed to report on Meaningful Use objectives and measures.


<table>
<thead>
<tr>
<th>Protect Patient Health Information</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td><strong>Measure</strong></td>
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<tr>
<th>Electronic Prescribing (eRx)</th>
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</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
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<tr>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
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| **Clinical Decision Support** |  1) Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or  
2) 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 PI reporting period. |

| **Objective** | Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions. |

| **Measures** | EPs must satisfy both of the following measures in order to meet the objective:  
Measure 1: Implement five CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period. Absent four CQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.  
Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period. |

| **Exclusion** | Measure 2: Any EP who writes fewer than 100 medication orders during the PI reporting period. |

| **Computerized Provider Order Entry (CPOE)** |  |

| **Objective** | Use 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. |

| **Measures** | An eligible professional (EP), through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:  
Measure 1 – More than 60 percent of medication orders created by the EP during the Promoting Interoperability (PI) reporting period are recorded using computerized provider order entry.  
Measure 2 – More than 60 percent of laboratory orders created by the EP during the PI reporting period are recorded using computerized provider order entry.  
Measure 3 – More than 60 percent of diagnostic imaging orders created by the EP during the PI reporting period are recorded using computerized provider order entry. |

| **Exclusions** | Measure 1: Any EP who writes fewer than 100 medication orders during the PI reporting period.  
Measure 2: Any EP who writes fewer than 100 laboratory orders during the PI reporting period.  
Measure 3: Any EP who writes fewer than 100 diagnostic imaging orders during the PI reporting period. |

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<thead>
<tr>
<th>Patient Electronic Access to Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</td>
</tr>
<tr>
<td><strong>Measures</strong></td>
</tr>
<tr>
<td><em>EPs must satisfy both measures to meet this objective:</em></td>
</tr>
<tr>
<td><strong>Measure 1</strong> – For more than 80 percent of all unique patients seen by the EP:</td>
</tr>
<tr>
<td>1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</td>
</tr>
<tr>
<td>2) The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider’s certified electronic health record technology (CEHRT).</td>
</tr>
<tr>
<td><strong>Measure 2</strong> – The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the Promoting Interoperability (PI) reporting period.</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
</tr>
<tr>
<td>Measure 1 and Measure 2: A provider may exclude the measures if one of the following applies:</td>
</tr>
<tr>
<td>(i) An EP may exclude from the measure if they have no office visits during the PI reporting period.</td>
</tr>
<tr>
<td>(ii) 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measure.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination of Care through Patient Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient’s care.</td>
</tr>
<tr>
<td><strong>Measures</strong></td>
</tr>
<tr>
<td>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:</td>
</tr>
<tr>
<td><strong>Measure 1</strong>: For a Promoting Interoperability (PI) reporting period in 2018, more than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the provider and either—</td>
</tr>
<tr>
<td>1) View, download or transmit to a third party their health information; or</td>
</tr>
<tr>
<td>2) Access their health information using an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the provider’s CEHRT; or</td>
</tr>
<tr>
<td>3) A combination of (1) and (2)</td>
</tr>
<tr>
<td><strong>Threshold for 2019 and Subsequent Years</strong>: The resulting percentage must be more than 10 percent</td>
</tr>
</tbody>
</table>

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# 2018 Checklist for Eligible Professionals

## Modified Stage 2 & Stage 3 Meaningful Use

| Measure 2 | For a PI reporting period in 2018, more than 5 percent of all unique patients seen by the EP during the PI reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.  
*Threshold in 2019 and Subsequent Years: The resulting percentage must be more than 25 percent for an EP to meet this measure.*  
Measure 3: – Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the PI reporting period. |

| Exclusions | Measure 1, 2 and 3 Exclusion: A provider may exclude the measures if one of the following apply:  
1. An EP may exclude from the measure if they have no office visits during the PI reporting period, or;  
2. 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measure. |

### Health Information Exchange (HIE)

| Objective | The eligible professional (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 electronic health record (EHR) using the functions of certified EHR technology (CEHRT). |

| Measures | Providers must attest to all three measures and must meet the threshold for at least two measures to meet the objective.  
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 CEHRT; and  
2. Electronically exchanges the summary of care record  
Measure 2 – For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never encountered the patient, the EP incorporates into the patient’s EHR an electronic summary of care document.  
Measure 3 – For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never 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. |

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2018 Checklist for Eligible Professionals

Modified Stage 2 & Stage 3 Meaningful Use


Exclusions

Measure 1 – A provider may exclude from the measure if any of the following apply:

1. Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the Promoting Interoperability (PI) reporting period.
2. 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measure.

Measure 2 – A provider may exclude from the measure if any of the following apply:

1. Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never encountered the patient, is fewer than 100 during the PI reporting period is excluded from this measure.
2. 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 PI reporting period may exclude the measures.

Measure 3 – Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never encountered the patient, is fewer than 100 during the PI reporting period is excluded from this measure.

Stage 3 Public Health Reporting

Eligible professionals must attest to at least two measures from the Public Health Reporting Objective, Measures 1 through 5.

Stage 3 Public Health Exclusions

An exclusion for a measure does not count toward the total of two measures. Instead, in order to meet this objective, an EP would need to meet two of the total number of measures available to them. If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than three, the EP can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. Available measures include ones for which the EP does not qualify for an exclusion.

For current reporting information pertaining to the Ohio Department of Health, please visit http://www.odh.ohio.gov/healthstats/HIT/reporting.aspx


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### Public Health Reporting

#### Objective
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.

#### Measures

**Measure 1** – 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).

**Measure 2** – Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.

**Measure 3** – Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.

**Measure 4** – Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.

**Measure 5** – CDR Reporting: The EP is in active engagement to submit data to a CDR.

#### Exclusions

**Measure 1** – Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP—

- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or IIS during the Promoting Interoperability (PI) reporting period;
- Operates in a jurisdiction for which no immunization registry or IIS can accept the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
- Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6 months prior to the start of the PI reporting period.

**Measure 2** – Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP—

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system;
- Operates in a jurisdiction for which no PHA can receive electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
- Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the PI reporting period.

**Measure 3** – Any EP meeting one or more of the following criteria may be excluded from the case reporting measure if the EP—

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2018 Checklist for Eligible Professionals
Modifed Stage 2 & Stage 3 Meaningful Use

<table>
<thead>
<tr>
<th>Measure 4 – Any EP meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP—</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period;</td>
</tr>
<tr>
<td>• Operates in a jurisdiction for which no PHA can accept electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or</td>
</tr>
<tr>
<td>• Operates in a jurisdiction where no PHA for which the eligible hospital or critical access hospital (CAH) is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure 5 – Any EP meeting at least one of the following criteria may be excluded from the CDR reporting measure if the EP—</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period;</td>
</tr>
<tr>
<td>• Operates in a jurisdiction for which no CDR can accept electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or</td>
</tr>
<tr>
<td>• Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period.</td>
</tr>
</tbody>
</table>

Clinical Quality Measures (eCQMs)

Select eCQM Reporting Period

For Program Year 2018, the eCQM reporting period is a minimum of any continuous 90-days between January 1 and December 31, 2018 for providers attesting to Meaningful Use for the first time. A provider attesting to MU for the first time is a provider who has received an incentive payment for AIU only in program year 2016 or prior. All providers that are in their second year and beyond of MU attestation must attest to eCQM data captured within the full 2018 calendar year. This is in accordance with the 2017 OPPS/ASC final rule.

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The eCQMs available remain aligned with the eCQMs for the Merit-based Incentive Payment System (MIPS). Eligible professionals attesting to either Modified Stage 2 or Stage 3 will be required to report on any six measures out of the available 53 Clinical Quality Measures (eCQMs) that are relevant to the EP’s scope of practice.

NEW Eligible professionals can now upload eCQM data files directly to MPIP during the attestation process. Providers may also choose to continue to submit eCQM data manually through the MPIP provider portal. Please consult with your EHR vendor for information on obtaining the data needed to report eCQMs.

Please visit https://qpp.cms.gov/mips/quality-measures and select “EHR” as the Data Submission Method in order to view all 53 available CQMS selections.

### Step Four: Payment Schedule

The table below shows the Medicaid EHR Incentive Program payment amount you could receive based on your current payment year.

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Eligible Professionals</th>
<th>Eligible Professionals Attesting as Pediatrician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,250.00</td>
<td>$14,167</td>
</tr>
<tr>
<td>2</td>
<td>$8,500.00</td>
<td>$5,667.00</td>
</tr>
<tr>
<td>3</td>
<td>$8,500.00</td>
<td>$5,667.00</td>
</tr>
<tr>
<td>4</td>
<td>$8,500.00</td>
<td>$5,667.00</td>
</tr>
<tr>
<td>5</td>
<td>$8,500.00</td>
<td>$5,667.00</td>
</tr>
<tr>
<td>6</td>
<td>$8,500.00</td>
<td>$5,667.00</td>
</tr>
<tr>
<td>Total</td>
<td>$63,750.00</td>
<td>$42,500.00</td>
</tr>
</tbody>
</table>

### Document Upload

The MPIP System will determine the supporting documentation you will be required to upload prior to submitting your attestation. You may also choose to upload additional documentation to support your attestation during this step. The MPIP Supporting Documentation tip sheet (available on the MPIP Resources Page) may also be helpful in completing this step.

Document Upload Policy: Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

### Enrollment Summary and MPIP Payment Status

Eligible professionals will have the opportunity to review their enrollment prior to submitting as well as the option to download enrollment data to a PDF. The EP should review the “Enrollment Summary” and then scroll down to select...
2018 Checklist for Eligible Professionals
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"Continue." Eligible professionals will be asked to review attestation statements and confirm by selecting “Agree & Continue”. In order to complete the attestation, EPs must sign the legal notice by entering the full name of Authorizing Official and re-enter their CMS Registration ID.

After signing the Legal Notice and selecting "Agree and Continue," MPIP will take the EP to the "Submit Enrollment" screen. The EP should review the enrollment summary and then select "Confirm & Submit" to send the application for processing.

**Congratulations!** Attestation in the MPIP system is complete. Once the MPIP application is successfully submitted, the EP’s enrollment status will change from “In Progress” to “Submitted for Review.” The EP cannot modify any data entered when the enrollment status is "Submitted for Review" or “Payment Pending."

**Check Your Email**

MPIP will be sending you e-mails throughout the enrollment process indicating your current status in the program (e.g., registration received from CMS, confirming enrollment in MPIP and payment pending, etc.). These notifications are sent from an unmonitored mailbox from MPIP with the address: “do-not-reply@mail.ohiompip.com.” Please do not respond to this mail box. All e-mails should be sent to MPIP@medicaid.ohio.gov. Just as important, please add the “do-not-reply@mail.ohiompip.com” e-mail address to your address book and/or add it to your “trusted sender” list in your spam filter or software that places messages from unrecognized senders in your junk mail folder. This will ensure that you get these messages from MPIP.

**Additional Resources and Contact Information**

MPIP Provider Portal: [https://www.ohiompip.com/Ohio/enroll/logon](https://www.ohiompip.com/Ohio/enroll/logon)

MPIP Resources Page: [http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram.aspx](http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram.aspx)

MPIP Operations Email: MPIP@medicaid.ohio.gov

MPIP Operations Phone: 1-877-537-6747