EHR Incentive Program Application Tips

Make sure you upload all required documentation. Click here for a list.

Below are some tips for common problems seen with applications attesting to Meaningful Use:

- Upload a copy of the Security Risk Assessment (SRA). A copy of a letter stating that a SRA or review of a previous SRA was completed is not sufficient.
    - Ensure that the SRA or review of a previous SRA includes the name of the person that performed it, the date it was completed, and an asset inventory. An asset inventory can be defined as any software, hardware, network or computing component that creates, receives, maintains or transmits ePHI.
    - If you are reviewing a previous SRA, your asset inventory must be updated and reflective of your EHR reporting period.
    - Ensure that the SRA information is the same on the SRA, within the MAPIR application, and on the Additional Documentation (AD) form.

- When excluding from a measure, only pick one exclusion if there is more than one exclusion. For Program Year 2016, MAPIR will allow you to pick an alternate exclusion as well as a regular exclusion for measures that allow an alternate exclusion. Please only select the exclusion that is applicable.
    - No additional documentation is required for an alternate exclusion either pre-payment or if audited.
    - Regular exclusions require proof of meeting the exclusion.

- Public Health Reporting:
    - For Program Year 2016, all providers can claim the alternate exclusion for Syndromic Surveillance and/or Specialized Registry.
    - If a provider is not claiming an alternate exclusion but rather a general exclusion, additional documentation must be provided to support the exclusion e.g. for specialized registry a letter stating:
        - That they do not diagnose or treat cancer,
        - Do not prescribe controlled substances to patients 17 and older,
        - Are not a member of a specialty society, or
        - Are a member of X specialty society but there is no registry accepting electronic reporting.

- General Requirements:
    - 50% of your encounters must take place at locations with CEHRT.
        - An "encounter" report must be uploaded to validate the number of encounters reported to satisfy this general requirement. The encounter report should cover your 90 day EHR reporting period.
        - If your volume report and your EHR reporting period is the same 90 days, an encounter report is not required
        - Providers working at more than one practice must identify if the practices all have CEHRT and get encounter reports from all practices. See CMS's Tip Sheet for providers practicing at multiple locations.
    - 80% of patients seen during the meaningful use reporting period have their data in the CEHRT.
        - If all patients have their data in the CEHRT, your numerator and denominator can be taken from the Patient Electronic Access measure which has unique patients as the denominator.
        - Providers will need to identify any patients seen during their EHR reporting period whose data was not in the EHR and add them to the denominator.