



**Minnesota EHR Incentive Program (MEIP)
Eligible Hospital (EH) Meaningful Use Guide**

March, 2016

This document contains instructions for enrolling in the Minnesota Electronic Health Records (EHR) Incentive Program (MEIP). These instructions are for eligible hospitals (EHs) attesting for meaningful use (MU). Instructions for EHs using adopt, implement and upgrade (AIU) are presented elsewhere, as are instructions for eligible professionals (EPs).

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****The screenshots in this document contain fictional provider data.**

Access the Minnesota EHR Incentive Program (MEIP) Provider Portal

Portal log in – First-time users will need to establish an account by selecting Establish Password. Returning users will log in by entering their NPI and established password and click Log In.

The screenshot shows the login interface for the Minnesota EHR Incentive Program (MEIP). At the top, there is a header with the Minnesota Department of Human Services logo on the left and the text 'Minnesota EHR Incentive Program (MEIP)' on the right. Below the header, there are four main sections:

- Warning Notice:** A text box stating that the program provides incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) demonstrating Adoption, Implementation, or Upgrading (AIU) and Meaningful Use (MU). It also includes a disclaimer about authorized access.
- Eligible Provider Log In:** A section for returning users. It instructs users to enter their NPI and password. A form shows the NPI field with the value '1000000006' and the password field with masked characters. A 'Log In' button is located below the password field.
- Establish Password:** A section for first-time users. It instructs users to click the 'Establish Password' button.
- Change Password:** A section for users who want to change their password. It instructs users to click the 'Change Password' button.
- Reset Password:** A section for users who have lost or forgotten their password. It instructs users to click the 'Reset Password' button.



Establish password (First-time users) – Enter required information and click Establish Password.

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Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

Warning Notice

The Minnesota EHR Incentive Program provides incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) demonstrating adoption, implementation, or upgrading of certified electronic health record technology. You can use this System to register and participate in the program. Only authorized users have rights to access the Minnesota EHR Incentive System. If you do not have authorization, close this link and do not attempt to gain further access. Unauthorized access to this system is forbidden and will be prosecuted by law.

Establish Password

To establish your password for first-time system use, enter the following information and click the Establish Password button. To return to the Log In page without completing this step, click the Cancel button.

*NPI: 1000000006

*Last four digits of TIN: [masked] *TIN (EH - EIN; EP - SSN)

*CMS Registration ID: [masked]

*New Password: [masked]

*Confirm Password: [masked]

For further assistance, please call 1-855-676-0366.

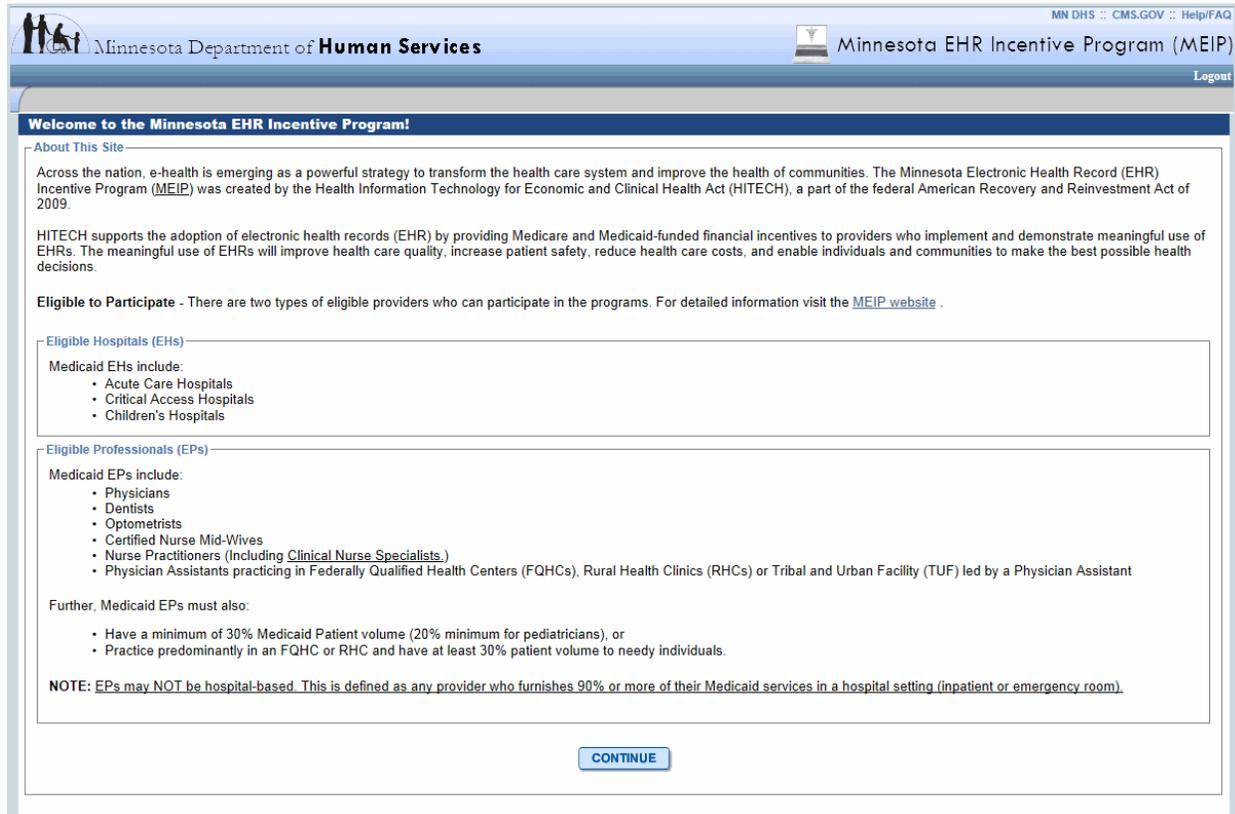
Password Requirements

Your password must comply with the following requirements:

- Must have a minimum of eight characters.
- Must contain the following attributes:
 - At least one numeric
 - At least one upper case letter
 - At least one lower case letter
 - May include the following characters: "!", "@", "#", "\$", "%", "&", "+", "~", and "_".
- Does not contain portions of the login ID, personal names (family members or pets), or guessable dates (birthdates or anniversaries) and will not be constructed around a dictionary word, regardless of language.
- Minnesota EHR Incentive Program users will not construct passwords that are identical to any of their previous passwords.
- You will be required to change your MEIP password on a regular basis.



Welcome Page – The Welcome page will appear the first time the user logs in. After the initial log in, the Welcome Page will no longer appear.



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Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP) Logout

Welcome to the Minnesota EHR Incentive Program!

About This Site

Across the nation, e-health is emerging as a powerful strategy to transform the health care system and improve the health of communities. The Minnesota Electronic Health Record (EHR) Incentive Program ([MEIP](#)) was created by the Health Information Technology for Economic and Clinical Health Act (HITECH), a part of the federal American Recovery and Reinvestment Act of 2009.

HITECH supports the adoption of electronic health records (EHR) by providing Medicare and Medicaid-funded financial incentives to providers who implement and demonstrate meaningful use of EHRs. The meaningful use of EHRs will improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions.

Eligible to Participate - There are two types of eligible providers who can participate in the programs. For detailed information visit the [MEIP website](#) .

Eligible Hospitals (EHs)

Medicaid EHs include:

- Acute Care Hospitals
- Critical Access Hospitals
- Children's Hospitals

Eligible Professionals (EPs)

Medicaid EPs include:

- Physicians
- Dentists
- Optometrists
- Certified Nurse Mid-Wives
- Nurse Practitioners (Including [Clinical Nurse Specialists](#).)
- Physician Assistants practicing in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or Tribal and Urban Facility (TUF) led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid Patient volume (20% minimum for pediatricians), or
- Practice predominantly in an FQHC or RHC and have at least 30% patient volume to needy individuals.

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their Medicaid services in a hospital setting (inpatient or emergency room).

[CONTINUE](#)



Provider Home Page – Verify that the hospital’s name and NPI in the top banner are correct. To continue with the enrollment process, select Enrollment and proceed to the next page.

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us Logout

Lambaster General (NPI-100000006)

Notifications
Thank you for your interest in the Medicaid EHR Incentive Program. The Business Services Center is available at 1-855-676-0366.

Instructions
Select any section or tab to continue.

Enrollment
Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Minnesota EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment

Documents
Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.

Reconsiderations
Click the Reconsiderations tab above to perform the following actions:

- Initiate a new reconsideration
- View the status of an existing reconsideration

Status
Click the Status tab above to review the following:

- Enrollment Status
- Payment Status

Manage Account
Click the Manage Account tab above to perform the following actions:

- Update enrollment email address and phone number/extension
- View instructions for updating national or state Minnesota EHR Incentive Program registration information
- View instructions for resetting account password

Contact Us
Click the Contact Us link above to perform the following actions:

- Contact a Business Services specialist securely through the portal.
- View respond to any correspondence received from our Business Services Team.



Confirm Enrollment Action, staying on current year – Select 2015 Program Year Attestation radio button. Click Confirm.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

Home | Enrollment | Documents | Reconsiderations | Status | Manage Account | Contact Us

Lambaster General (NPI-1000000006)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
 - Enroll for the Minnesota EHR Incentive program
- Modify**
 - Modify or continue an existing enrollment
- View Status**
 - Display enrollment status

Confirm Enrollment Action

The 2015 EHR Incentive Program Year has ended. However, for a limited time you can still attest for Program Year 2015.

Please select the Program Year you would like to attest to:

2015 Program Year Attestation.

2016 Program Year Attestation. NOTE: SELECTING THIS OPTION PERMANENTLY TERMINATES THE 2015 PROGRAM YEAR OPTION FOR YOU.

For questions regarding this or anything else for the Medicaid EHR Incentive Program, please contact us at **1-855-676-0366**.

Confirm

Enrollment Home page – Notice that Program Year 2015 is Not Started. If the provider selected 2016 Program Year Attestation on the previous pop-up, Program Year 2015 would be Expired and Program Year 2016 would be Not Started. Click Enroll for Program Year 2015.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
 - Enroll for the Minnesota EHR Incentive program
- Modify**
 - Modify or continue an existing enrollment
- View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform for each Hospital. Eligible Hospital's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0006	Lambaster General	010006	1000000006	*****0006	2015	1	Not Started	Enroll
*****0006	Lambaster General	010006	1000000006	*****0006	2014	1	Expired	View Status
*****0006	Lambaster General	010006	1000000006	*****0006	2013	1	Expired	View Status
*****0006	Lambaster General	010006	1000000006	*****0006	2012	1	Expired	View Status



Enrollment Home page with Payment Year 1 Attestation Selection – Select AIU or Meaningful Use (MU), as appropriate for the enrollment for this first year. Read the instructions carefully, and check the CMS website or call the number shown for assistance.

Hospitals that are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, and have registered with the CMS Registration and Attestation (R&A) system to participate in both, are referred to as Dually-Eligible Hospitals (DEH). It is important to note that DEHs can complete the Medicaid attestation prior to the Medicare attestation on the first year of participation only, which will allow them to choose AIU or MU. After the initial attestation and for subsequent program years, DEHs are always required to complete their Medicare EHR Incentive Program attestation prior to the completion of the Medicaid EHR Incentive Program attestation.

The MEIP system will not allow the DEH to proceed until MEIP has received the C5 MU Details transaction from CMS verifying that the DEH has been deemed MU compliant for the program year. The DEH will not be required, or allowed, to update the MU attestation details in the MEIP system.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Enrollment Home

Enrollment Instructions

- Depending on the current status of your enrollment:
 - Enroll**
 - Enroll for the Minnesota EHR Incentive Program
 - Modify**
 - Modify or continue enrollment
 - View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the enrollment type (AIU or Meaningful Use) for payment year 1. Meaningful Use at the time of enrollment.

Tax ID	Legal Business Name
*****0006	Lambaster General

Payment Year 1 Attestation Selection

For Payment year 1, providers have the option of attesting to Adopt, Implement or Upgrade (AIU) requirements or 90-days of Meaningful Use.

Please select whether you will be attesting to AIU or Meaningful Use for payment year one:

AIU: Choose this option if you are in the process of Adopting, Implementing or Upgrading to Certified EHR Technology.

Meaningful Use: Choose this option if you have already implemented CEHRT and you are ready to report on the required Meaningful Use Objectives.

Refer to [CMS Meaningful Use Guidance](#) for more information on the Meaningful Use Measures.

If you have questions, please call 1-855-676-0366 prior to making your selection.

Status	Action
Not Started	<input type="button" value="Enroll"/>
Expired	<input type="button" value="View Status"/>
Expired	<input type="button" value="View Status"/>
Expired	<input type="button" value="View Status"/>



Step 1: Provider Registration Verification

Section 1: National Provider Registration

Initial Display – Enrollment Step 1 – Provider Registration Verification – Verify the national provider information is correct.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006) Program Year: 2015 Payment Year: 1
Step 1 - Registration Verification Status: **Not Completed** Step 3 - Meaningful Use Status: **Not Completed**
Step 2 - Volume Determination Status: **Not Completed** Step 4 - Payment Determination Status: **Not Completed**

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Legal Business Name: Lambaster General
Hospital Type: Childrens Hospitals
CCN: 010006
Business Address: 6 EH Lane, Suite 1000000006
Minneapolis, MN 50006
Phone #: (800) 333-0006 Ext:
Tax ID: *****0006
NPI: 1000000006
CMS Registration ID: *****0006
Dually-Eligible Hospital: No

Payment Assignment

Select your payee by clicking the button below.

Payee Name:
*Payee ID:
Payee Address:

Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

*Email Address:
*Phone Number: Extension:

Previous

Section 2: Payment Assignment

Payment Assignment – Click Select Payee to locate and determine the organization that will be receiving payment for the attestation.

Payment Assignment

Select your payee by clicking the button below.

Payee Name:
*Payee ID:
Payee Address:



Payee Selector – Select the payee and click Select & Continue.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Payee Selector

Please select the payee to receive your EHR Payment from the list below.

Select	Payee ID	Payee Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	939420000	Lambaster General	Billing	1000000006	6 EH Lane, Suite 1000000006 Minneapolis, MN 50049	

Previous Select & Continue

The user will then navigate back to **Enrollment Step 1**.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006) Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: **Not Completed** Step 3 - Meaningful Use Status: **Not Completed**

Step 2 - Volume Determination Status: **Not Completed** Step 4 - Payment Determination Status: **Not Completed**

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Legal Business Name: Lambaster General
Hospital Type: Childrens Hospitals
CCN: 010006
Business Address: 6 EH Lane, Suite 1000000006
Minneapolis, MN 50006
Phone #: (800) 333-0006 Ext:
Tax ID: ****0006
NPI: 1000000006
CMS Registration ID: *****0006
Dually-Eligible Hospital: No

Payment Assignment

Select your payee by clicking the button below.

Payee Name: Lambaster General
*Payee ID: 939420000 Select Payee
Payee Address: 6 EH Lane, Suite 1000000006
Minneapolis, MN 50049

Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

*Email Address: john.smithers@lambaster.org
*Phone Number: (543) 543-5432 Extension: 6

Previous Save & Continue



Section 3: Point of Contact

Preferred Point of Contact – Enter the appropriate, current contact information to facilitate processing the attestation. If there are questions or concerns during processing, we will email or call the person indicated. If this information is not accurate, it may result in significant delays in the completion of the process and receipt of any qualified payment.

This is the final step in the completion of Registration Verification Status Step 1.

Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

*Email Address:

*Phone Number: Extension:



Step 2: Medicaid Patient Volume Determination

The initial display for the entry of Medicaid Patient Volume is presented in the following screen. Please note that Children’s Hospitals do not have a Medicaid Patient Volume requirement for the Medicaid EHR Incentive Program, and therefore are not prompted to enter this data.

The screenshot shows the Minnesota Department of Human Services' MEIP interface. The user is logged in as 'Mutton Medical #2 (NPI-1000000005)'. The current enrollment status is displayed, showing that Step 1 (Registration Verification) is completed, while Steps 2, 3, and 4 (Volume Determination, Meaningful Use, and Payment Determination) are not completed. The main section is titled 'Step 2 - Medicaid Patient Volume Determination' and includes instructions, reporting period selection (Previous Federal Fiscal Year or Previous 12-months), start and end date fields, and an option to include out-of-state encounters. At the bottom, there are fields for Medicaid Patient Encounters, Total OOS Encounters, Total Patient Encounters, and Medicaid Patient Volumes, along with 'Previous' and 'Save & Continue' buttons.



Section 1: Patient Volume Reporting Period

Patient Volume Reporting Period – Reporting Medicaid patient volume is a mandatory component for the attestation process. Proceed by selecting either Previous Federal Fiscal Year or Previous 12-months. Then continue by selecting the preferred start date. The end date will auto-populate.

The screenshot shows the Minnesota Department of Human Services' MEIP interface. The user is logged in as 'Mutton Medical #2 (NPI-1000000005)'. The 'Enrollment' tab is active. The 'Current Enrollment Status' section shows: Hospital: Mutton Medical #2(CCN 010005), Program Year: 2015, Payment Year: 3. Step 1 - Registration Verification Status: Completed ✓, Step 2 - Volume Determination Status: Not Completed ⚠, Step 3 - Meaningful Use Status: Not Completed ⚠, Step 4 - Payment Determination Status: Not Completed ⚠.

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Acute Care, Critical Access, and Cancer Hospitals are required to provide the Medicaid Patient Volume information in the fields below. As an Eligible Hospital you must meet 10% Medicaid Patient Volume.

Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.

Previous Federal Fiscal Year Previous 12-months

*Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

Section 2: Out-Of State Encounters

Out-of-State Encounters – In some cases, the EH may elect to include encounters based on services provided to Medicaid patients from states other than Minnesota. If the EH desires to include out-of-state encounters in the Medicaid Patient Volume determination, the EH should select the “Yes” radio button. If there are no out-of-state encounters required to meet the minimum Medicaid Patient Volume, no further action is required as No is the default selection.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories:



If out-of-state encounters are going to be a part of the attestation of patient volume, select Yes and then continue by clicking Select States/Territories.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories:

Selection of Out-of-State Encounters – After selecting Yes to out-of-state encounters, the Select States/Territories list of states will generate. Select all locations that are relevant to this reporting period, and then select Save States to continue. The user will then navigate to Step 2 Provider Portal, showing the selected states.

State Selector (1 of 2)

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Mutton Medical #2 (NPI-1000000005)

State Selector

Select all the states being included in the encounter calculation.

Select	State
<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Alaska
<input type="checkbox"/>	American Samoa
<input type="checkbox"/>	Arizona
<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	District of Columbia
<input type="checkbox"/>	Federated States of Micronesia
<input type="checkbox"/>	Florida
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Guam
<input type="checkbox"/>	Hawaii
<input type="checkbox"/>	Idaho
<input type="checkbox"/>	Illinois
<input type="checkbox"/>	Indiana
<input checked="" type="checkbox"/>	Iowa
<input type="checkbox"/>	Kansas
<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Louisiana
<input type="checkbox"/>	Maine
<input type="checkbox"/>	Marshall Islands
<input type="checkbox"/>	Maryland
<input type="checkbox"/>	Massachusetts



State Selector (2 of 2)

<input type="checkbox"/>	Michigan
<input checked="" type="checkbox"/>	Minnesota
<input type="checkbox"/>	Mississippi
<input type="checkbox"/>	Missouri
<input type="checkbox"/>	Montana
<input type="checkbox"/>	Nebraska
<input type="checkbox"/>	Nevada
<input type="checkbox"/>	New Hampshire
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New Mexico
<input type="checkbox"/>	New York
<input type="checkbox"/>	North Carolina
<input checked="" type="checkbox"/>	North Dakota
<input type="checkbox"/>	Northern Mariana Islands
<input type="checkbox"/>	Ohio
<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	Oregon
<input type="checkbox"/>	Palau
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	South Dakota
<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Texas
<input type="checkbox"/>	Utah
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Virgin Islands
<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Washington
<input type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Wyoming

Return to State Selection screen – The user will then navigate to Step 2 Provider Portal showing the selected states.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories: Iowa, North Dakota, South Dakota, Wisconsin



Section 3: Patient Volume Attestation

Reporting Patient Volume Attestation – In this section, enter information specific to the time frame of attestation. Once Medicaid Encounters, Out-of-State Encounters (if applicable) and Total Encounters are entered, the Patient Volume Percentage will auto-calculate.

After the user enters the relevant information, click Save and Continue. Step 2 is complete and the user will navigate to Step 3.

Patient Volume Attestation:

The following are considered Medicaid Encounters:

- Services rendered to an individual per inpatient discharges where Medicaid paid for all or part of the service.
- Services rendered to an individual per inpatient discharges where Medicaid paid all or part of their premiums, co-payments and/or cost-sharing.
- Services rendered to an individual per inpatient discharge on any one day to an individual enrolled in a Medicaid Program.
- Services rendered to an individual in an emergency department on any one day where Medicaid either paid for all or part of the service.
- Services rendered to an individual in an emergency department on any one day where Medicaid either paid for all or part of their premiums, co-payments and/or cost-sharing.
- Services rendered to an individual in an emergency department on any one day to an individual enrolled in a Medicaid Program.

*Medicaid Patient Encounters:	<input type="text" value="11000"/>
*Total OOS Encounters:	<input type="text" value="3000"/>
*Total Patient Encounters:	<input type="text" value="30000"/>
Medicaid Patient Volumes:	<input type="text" value="47%"/>

Previous
Save & Continue

Step 3: Identify Certified EHR Technology

Enrollment Step 3 – Identify Certified EHR Technology – Enter the correct certified EHR technology for the hospital and click Save & Continue.

Minnesota Department of **Human Services**

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Minnesota EHR Incentive Program (MEIP)

Logout

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Not Completed ☹	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ☹	

Step 3 - Identify Certified EHR Technology

(*) Red asterisk indicates a required field

EHR Certification Number

The Certified HIT Product List (CHPL) provides the listing of complete EHRs and EHR Modules that have been tested and certified under the Office of the National Coordinator for Health IT (ONC). Enter the EHR system identification information about the EHR system in the fields below. If you are attesting to a different EHR solution from your previous payment year you may be asked to upload supporting documentation later in the enrollment process.

*CMS EHR Certification ID:

Previous
Save & Continue



Step 4: Summary of Meaningful Use Measures

Initial Display – Enrollment Step 3 – Summary of Meaningful Use Measures – The user will note that all command buttons indicate “Start” rather than “Modify”.

For Dually-Eligible Hospitals (DEHs), the MU data MEIP receives from the CMS C5 MU Data transaction will be populated in the system for review. DEHs are not allowed to modify this data.

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Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP) Logout

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Lambaster General (NPI-100000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006) Program Year: 2015 Payment Year: 1
 Step 1 - Registration Verification Status: **Completed** ✓ Step 3 - Meaningful Use Status: **Not Completed** ⊕
 Step 2 - Volume Determination Status: **Completed** ✓ Step 4 - Payment Determination Status: **Not Completed** ⊕

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to EHR Meaningful Use information in addition to Meaningful Use Objectives. All attestation topics must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
 MU Reporting Period: -

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Start MU Info Attestation

Meaningful Use Objectives 1-8 Summary

Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-8 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Start Objectives 1-8 Attestation

Meaningful Use Objective 10 - Public Health Summary

Eligible Hospitals who are scheduled to be in Stage 1 in 2015 are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an eligible hospital or CAH would need to meet two of the total number of measures available to them. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than two, the eligible hospital or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. If no measures remain available, the eligible hospital or CAH can meet the objective by claiming applicable exclusions for all measures.

Start Objective 10 - Public Health Attestation

Meaningful Use Clinical Quality Measure Summary

Eligible Hospitals are required to attest to at least 16 out of 29 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

Start Clinical Quality Measure Attestation

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

Previous Save & Continue



Section 1: EHR Meaningful Use General Information Attestation

EHR MU General Information Attestation – Select the Emergency Department (ED) Admissions Method, the EHR Reporting Period Start and End Dates and the Patient Records Numerator and Denominator and click Save & Return.


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Lambaster General (NPI-1000000006)

EHR Meaningful Use General Information Attestation

Eligible Hospitals are required to attest to Emergency Department Admissions Method and the applicable Meaningful Use EHR Reporting Period. The Eligible Hospital must follow the methodology for unique patient counts. A Unique patient is defined as:

Unique Patient: If a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Emergency Department (ED) Admissions Method

An Eligible Hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominator of certain Meaningful Use Objectives. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining Meaningful Use. Select the methods that will be used for ALL Meaningful Use Objectives:

Observation Service Method:

- The patient is admitted to the inpatient setting (POS 21) through the ED. In this situation, the orders in the ED using Certified EHR Technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use.
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 21 and POS 23 should be included in the denominator.

All ED Visits Method: An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions.

Complete the following information:

***Choose your ED Admissions Method:**

Observation Service Method
 All ED Visits Method

EHR Meaningful Use Reporting Period

If the Program Year requires a full year attestation, the Meaningful Use reporting period will be pre-populated for you. Otherwise, please select a 90-day MU reporting period within the program year.

Scheduled MU Stage: 1

* EHR Reporting Period Start Date:

* EHR Reporting Period End Date:

Percentage of Patient Records Maintained in EHR Solution

An Eligible Hospital must attest to the percentage of patient records maintained in the EHR Solution. Complete the following information:

Numerator Number of patients in the denominator that have a patient record in the EHR Solution.

Denominator Number of unique patients seen by the Eligible Hospital during the EHR reporting period.

* Numerator * Denominator

Actual

Select the MU Summary button to return without saving or Save & Return button to save and return.



Step 3 – after completing EHR MU General Information attestation:

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Not Completed ⊕	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⊕	

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to EHR Meaningful Use information in addition to Meaningful Use Objectives. All attestation topics must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation

Section 2: Meaningful Use Objectives 1-8

Meaningful Use Objectives 1-8 Summary

- Click **Start/Modify Objectives 1-8 Attestation**.
- Read the overview and click **Save & Continue**.
- Attest to all Meaningful Use Objectives 1-8 Measures.
- Click the expand symbol "+" next to the Meaningful Use Objectives 1-8 Summary bar at any time to review or edit the measures. Use the collapse symbol "-" to make the display shorter.



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Meaningful Use Objectives 1-8

Eligible Hospitals must report on all Meaningful Use Objectives in this section. Enter whole numbers for the denominator and numerator (if applicable) for all Measures. The numerator must not exceed the denominator where applicable. Eligible Hospitals can be excluded from meeting some of the objectives if they meet the requirements of the applicable exclusion and answer "Yes" to the exclusion question.

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary Save & Continue

Protect Patient Health Information

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Protect Patient Health Information

(*) Red asterisk indicates a required field.

Objective

Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measure

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 in 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 EH's or CAH's risk management process.

Attestation

Complete the following information:

Have you conducted or reviewed 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 in 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 hospital's or CAH's risk management process? The security risk analysis or review must be conducted between the start of the program year and the date of this attestation.

Yes No

*Date Security Risk Analysis Conducted or Reviewed: 02/14/2015

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Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Clinical Decision Support – Measure 1

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Clinical Decision Support - Measure 1
(* Red asterisk indicates a required field.)

Objective
Objective 2: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. An eligible hospital or CAH must satisfy both measures.

Measure
Measure 1: Implement one clinical decision support rule.

Attestation
Complete the following information:
Has the eligible hospital or CAH implemented one clinical decision support (CDS) rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?
 Yes No

Complete the following information:
***Name and describe one CDS rule implemented:**
Smoking cessation studies

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Clinical Decision Support – Measure 2

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Clinical Decision Support - Measure 2
(* Red asterisk indicates a required field.)

Objective
Objective 2: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. An eligible hospital or CAH must satisfy both measures.

Measure
Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Attestation
Complete the following information:
Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
 Yes No

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CPOE – Measure 1


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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - CPOE - Measure 1

(*) Red asterisk indicates a required field.

Objective

Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 1:

Option 1: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using computerized provider order entry.

OR

Option 2: More than 30% of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry.

Attestation

*** Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Select if you are attesting to Option1 or Option 2.

* Option Selected Option 1

Complete the following information:

Numerator: **Option 1:** The number of patients in the denominator that have at least one medication order entered using CPOE.

OR

Option 2: The number of orders in the denominator that are recorded using CPOE.

Denominator: **Option 1:** Number of unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

OR

Option 2: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:

Please refer to the [CMS EHR Incentive Programs site](#) for additional information.
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CPOE – Measure 2

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - CPOE - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 2: More than 30% of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Attestation

Exclusion: An eligible hospital or CAH scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

***Does this exclusion apply?**

Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of orders in the denominator that are recorded using CPOE.

Denominator: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:

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CPOE – Measure 3


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Objectives 1-8 Questionnaire - CPOE - Measure 3

(*) Red asterisk indicates a required field.

Objective

Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 3: More than 30% of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Attestation

Exclusion: An eligible hospital or CAH scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

***Does this exclusion apply?**

Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of orders in the denominator that are recorded using CPOE.

Denominator: Number of radiology orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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

Please refer to the [CMS EHR Incentive Programs site](#) for additional information.
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Electronic Prescribing

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Electronic Prescribing

(*) Red asterisk indicates a required field.

Objective
Objective 4: Generate and transmit permissible prescriptions electronically (eRx).

Measure
More than 10% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Attestation

Exclusion: An eligible hospital or CAH may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period, may claim an exclusion for this measure.

*Does this exclusion apply?
 Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

* Numerator: * Denominator: Actual:

Complete the following information.

*Name your eRx service and at least one pharmacy that you transmit to: (500 Character Max Limit)

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Health Information Exchange


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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Health Information Exchange

(*) Red asterisk indicates a required field.

Objective

Objective 5: The eligible hospital or CAH 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 eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must:

1. Use CEHRT to create a summary of care record; and
2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.

Attestation

Exclusion: An eligible hospital or CAH may claim an exclusion for the measure of the Stage 2 Summary of Care objective which requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply?

Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

Denominator: The number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

* Numerator: * Denominator: Actual:

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Patient-Specific Education

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Patient-Specific Education
(*) Red asterisk indicates a required field.

Objective
Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

Measure
More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient specific education resources identified by CEHRT.

Attestation
Exclusion: An eligible hospital or CAH may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.
*Does this exclusion apply?
 Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Numerator: The number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.
Denominator: The number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:

Please refer to the [CMS EHR Incentive Programs site](#) for additional information.
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Medication Reconciliation

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Medication Reconciliation

(*) Red asterisk indicates a required field.

Objective
Objective 7: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

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

Attestation

Exclusion: An eligible hospital or CAH may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

***Does this exclusion apply?**
 Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.

Denominator: The number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

* Numerator: * Denominator: Actual:

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Patient Electronic Access – Measure 1

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Patient Electronic Access - Measure 1

(*) Red asterisk indicates a required field.

Objective
Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.

Measure
Measure 1: More than 50% of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

Attestation

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

Complete the following information:

Numerator: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

Denominator: The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:

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Patient Electronic Access – Measure 2

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Lambaster General (NPI-1000000006)

Objectives 1-8 Questionnaire - Patient Electronic Access - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.

Measure

Measure 2: At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Attestation

Exclusion: An eligible hospital or CAH may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

***Does this exclusion apply?**

Yes No

Exclusion: An eligible hospital or CAH that is located in a county that does not have 50% 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 claim an exclusion for this measure.

***Does this exclusion apply?**

Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

Denominator: The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

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

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Step 3 – Summary of MU Measures – Objectives 1-8 expanded

Meaningful Use Objectives 1-8 Summary

Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-8 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Modify Objectives 1-8 Attestation

Objectives 1-8

Objective	Measure	Entered	Result	Action
Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	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 in 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 EH's or CAH's risk management process.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. An eligible hospital or CAH must satisfy both measures.	Measure 1: Implement one clinical decision support rule.	Yes	Passed	
	Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	Yes	Passed	
Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 1: Option 1: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using computerized provider order entry. OR Option 2: More than 30% of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry.	Numerator: 4100 Denominator: 8090 Actual: 50.68%	Passed	
	Measure 2: More than 30% of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 320 Denominator: 760 Actual: 42.11%	Passed	
Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 3: More than 30% of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 2900 Denominator: 7300 Actual: 39.73%	Passed	
	Objective 4: Generate and transmit permissible prescriptions electronically (eRx).	More than 10% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.	Numerator: 1100 Denominator: 8500 Actual: 12.94%	Passed
Objective 5: The eligible hospital or CAH 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.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must: 1. Use CEHRT to create a summary of care record, and 2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.	Numerator: 1315 Denominator: 1400 Actual: 93.93%	Passed	
	Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient specific education resources identified by CEHRT.	Numerator: 985 Denominator: 1115 Actual: 88.34%	Passed
Objective 7: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator: 587 Denominator: 993 Actual: 59.11%	Passed	
	Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.	Measure 1: More than 50% of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.	Numerator: 19000 Denominator: 21000 Actual: 90.48%	Passed
Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.	Measure 2: At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	Numerator: 1867 Denominator: 2100 Actual: 88.90%	Passed	



Section 3: Meaningful Use Objective10 – Public Health

Meaningful Use Objective 10 – Public Health Measures Summary

- Click **Start Objective 10 – Public Health Attestation**.
- Eligible Hospitals who are scheduled to attest to Stage 1 in 2015, are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures.
- Eligible Hospitals who are scheduled to attest to Stage 2 in 2015, are required to attest to at least three Modified Stage 2 Meaningful Use Public Health Measures.
- Click the expand symbol “+” next to the Meaningful Use Menu Measures Summary bar at any time to review or edit the measures. Use the collapse symbol “-” to make the display shorter.

Public Health Measures Selection



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Lambaster General (NPI-1000000006)

Public Health Measures Selection

Instructions:

Eligible Hospitals scheduled to attest to Meaningful Use Stage 1 in 2015 are required to successfully attest to **two** Modified Stage 2 Public Health measures. Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EH must either a) attest to at least two Public Health measures, or b) claim applicable exclusions for all measures.

An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e) (10)(ii)(C).

To begin your Public Health Measure attestation, select at least two measures from the list below.

Objective 10 - Public Health Measures

At least two Public Health Measures must be submitted from the list below, unless the EH can claim exclusions for all, or pass one and claim exclusion for all others.

Objective	Measure	Select
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	<input type="checkbox"/>
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	<input type="checkbox"/>

Objective 10 - Additional Measures

If the EH reports to more than one Specialized Registry, select from the list below to submit the additional registry or registries. Select from this section **ONLY** if you have selected the Specialized Registry Reporting measure above, and are not claiming an exclusion for it.

Objective	Measure	Select
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.	<input type="checkbox"/>
The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.	<input type="checkbox"/>

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary
Save & Continue

Immunization Registry Reporting – Measure 1



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Objective 10 - Public Health Questionnaire - Immunization Registry Reporting - Measure 1
(*) Red asterisk indicates a required field.

Objective
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure
Measure 1: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

Attestation

Exclusion: An eligible hospital or CAH may claim THIS ALTERNATE exclusion for the Immunization Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, and did not intend to select the Immunization Reporting menu measure.
Note: EHS may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that 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 would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAHs at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

The eligible hospital or CAH must select one of the active engagement options for Immunization Registry Reporting:

Active Engagement Option 1 - Completed Registration to Submit Data: The provider has registered to submit data with the immunization registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of immunization data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production immunization data to the PHA.

Complete the following information.
Select the immunization registry. If the registry is not in the list below, please enter it in the text box provided.

* Immunization registry: (500 Character Max Limit)

* If Other selected, name the agency:

*Enter date of active engagement activity: x

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous MU Summary Save & Return Save & Continue



Syndromic Surveillance Reporting – Measure 2


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Objective 10 - Public Health Questionnaire - Syndromic Surveillance Reporting - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 2: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Attestation

Exclusion: An eligible hospital or CAH may claim **THIS ALTERNATE** exclusion for the Syndromic Surveillance Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, and did not intend to select the Syndromic Surveillance Reporting menu measure.
Note: EHS may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that does not have an emergency or urgent care department would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

The eligible hospital or CAH must select one of the active engagement options for Syndromic Surveillance Reporting:

Active Engagement Option 1 - Completed Registration to Submit Data: The provider has registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of syndromic surveillance data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production syndromic surveillance data to the PHA.

Complete the following information.

Select the public health agency that you have submitted Syndromic Surveillance data to, and describe the data submitted. If the registry is not in the list below, please enter it in the text box provided.

* **Public Health Agency:** (500 Character Max Limit)

* **If Other selected, name the agency:**

Syndromic Surveillance reporting

*Enter date of active engagement activity:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.

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Specialized Registry Data Reporting – Measure 3


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Objective 10 - Public Health Questionnaire - Specialized Registry Data Reporting - Measure 3

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 3: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

Attestation

Exclusion: An eligible hospital or CAH may claim **THIS ALTERNATE** exclusion for the Specialized Registry Reporting Measure for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Note: EHS may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

***Does this exclusion apply?**
 Yes No

Exclusion: An eligible hospital or CAH that does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period would be excluded from this requirement a specialized registry in their jurisdiction during the EHR reporting period would be excluded from this requirement.
***Does this exclusion apply?**
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
***Does this exclusion apply?**
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period would be excluded from this requirement.
***Does this exclusion apply?**
 Yes No

The eligible hospital or CAH must select one of the active engagement options for Specialized Registry Reporting:

Active Engagement Option 1 - Completed Registration to Submit Data: The provider has registered to submit data with the specialized registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the specialized registry to begin testing and validation. This option allows providers to meet the measure when the specialized registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of specialized reporting data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production specialized reporting data to the PHA.

Complete the following information.

Select the Specialized Registry. If the registry is not in the list below, please enter it in the text box provided.

*** Specialized Registry:** (500 Character Max Limit)

***If Other selected, name the agency:**

***Enter date of active engagement activity:**

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Electronic Reportable Laboratory Reporting – Measure 4


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Objective 10 - Public Health Questionnaire - Electronic Reportable Laboratory Reporting - Measure 4

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 4: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

Attestation

Exclusion: An eligible hospital or CAH may claim **THIS ALTERNATE** exclusion for the Electronic Reportable Lab Result Reporting Measure for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Note: EHS may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An eligible hospital or CAH that operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

The eligible hospital or CAH must select one of the active engagement options for Public Health Reporting Registry:

Active Engagement Option 1 - Completed Registration to Submit Data: The provider has registered to submit electronic laboratory results with the PHA to which the information is being submitted, registration was completed within 60 days after the start of the EHR reporting period, and the provider is awaiting an invitation from the PHA to begin testing and validation. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of electronic laboratory results. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production electronic laboratory results to the PHA.

Complete the following information.

Select the public health agency you have submitted Electronic Laboratory Results to. If the registry is not in the list below, please enter it in the text box provided.

* **Public Health Registry:** Minnesota Electronic Disease Surveillance System (MEDSS) (500 Character Max Limit)

* **If Other selected, name the agency:**

* **Enter date of active engagement activity:** 02/15/2015 (MM/DD/YYYY)

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Specialized Registry Data Reporting – Measure 3 – Second Specialized Registry

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Objective 10 - Public Health Questionnaire - Specialized Registry Data Reporting - Measure 3 - Second Specialized Registry

(*) Red asterisk indicates a required field.

Objective
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure
Measure 3 - Second Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.

Attestation
The eligible hospital or CAH must select one of the active engagement options for Specialized Registry 2:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The provider has registered to submit data with the specialized registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period, and the provider is awaiting an invitation from the specialized registry to begin testing and validation. This option allows providers to meet the measure when the specialized registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The provider is in the process of testing and validation of the electronic submission of specialized reporting data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The provider has completed testing and validation of the electronic submission and is electronically submitting production specialized reporting data to the PHA.

Complete the following information.

Select Specialized Registry 2. This must be different than the previously selected registry. If the registry is not in the list below, please enter it in the text box provided.

* **Specialized Registry 2:** National Hospital Care Survey (NHCS) (500 Character Max Limit)

* **If Other selected, name the agency:** (500 Character Max Limit)

* **Enter date of active engagement activity:** 02/16/2015

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Specialized Registry Data Reporting – Measure 3 – Third Specialized Registry

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Objective 10 - Public Health Questionnaire - Specialized Registry Data Reporting - Measure 3 - Third Specialized Registry

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 3 - Third Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.

Attestation

The eligible hospital or CAH must select one of the active engagement options for Specialized Registry 3:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The provider has registered to submit data with the specialized registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the specialized registry to begin testing and validation. This option allows providers to meet the measure when the specialized registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The provider is in the process of testing and validation of the electronic submission of specialized reporting data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The provider has completed testing and validation of the electronic submission and is electronically submitting production specialized reporting data to the PHA.

Complete the following information.

Select Specialized Registry 3. This must be a different registry than other Specialized Registries chosen. If the registry is not in the list below, please enter it in the text box provided.

* **Specialized Registry 3:** (500 Character Max Limit)

*If Other selected, name the agency:

*Enter date of active engagement activity:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Meaningful Use Objective 10 – Public Health Summary – expanded

Meaningful Use Objective 10 - Public Health Summary

Eligible Hospitals who are scheduled to be in Stage 1 in 2015 are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an eligible hospital or CAH would need to meet two of the total number of measures available to them. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than two, the eligible hospital or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. If no measures remain available, the eligible hospital or CAH can meet the objective by claiming applicable exclusions for all measures.

[Modify Objective 10 - Public Health Attestation](#)

Objective 10 - Public Health Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 1: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 2: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 4: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		Passed	

Objective 10 - Additional Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Second Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Third Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.		Passed	

Section 4: Meaningful Use Clinical Quality Measures

Meaningful Use Clinical Quality Measures (CQMs) Summary

- Click **Start Clinical Quality Attestation**.
- Read the overview, select the appropriate CQMs and click **Save & Continue**.
- Eligible hospitals must report on 16 out of 29 CQMs.
- Click the expand symbol “+” next to the Meaningful Use Clinical Quality Measures Summary bar at any time to review or edit the measures. Use the collapse symbol “-” to make the display shorter.
- Click the **Save & Continue** button.



Clinical Quality Measures Selection (1 of 2):


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Clinical Quality Measures Selection

Instructions:

Eligible Hospitals must report calculated Clinical Quality Measures (CQMs) directly from their EHR technology as a requirement of the EHR Incentive Program. Eligible Hospitals must report on 16 out of 29 CQMs, unless the Eligible Hospital qualifies for an exemption of 13 or more. In that case, all remaining CQMs must be completed. If less than 13 CQMs are exempted, 16 still must be reported on. Additionally, at least one CQM from three out of the six National Quality Strategy (NQS) domains must be completed.

If you are attesting to a 90-day EHR reporting period which is different than CQM reporting period please enter the CQM start and end dates.

Scheduled MU Stage: 1

CQM Reporting Period Start Date:

CQM Reporting Period End Date:

Enter whole numbers for the denominator, numerator, the performance rate, exclusions, and exceptions (if applicable) for all of the Clinical Quality Measures. Zero is an acceptable CQM denominator value provided that this value was produced by CEHRT. To begin your CQM attestation click the Save & Continue button below.

Patient and Family Engagement CQMs

Title	Description	Select
CMS 55: Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	<input checked="" type="checkbox"/>
CMS 111: ED-2 Emergency Department Throughput – Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.	<input type="checkbox"/>
CMS 107: Stroke Education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	<input checked="" type="checkbox"/>
CMS 110: Venous Thromboembolism Discharge Instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.	<input type="checkbox"/>
CMS 26: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.	<input checked="" type="checkbox"/>

Patient Safety CQMs

Title	Description	Select
CMS 108: Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	<input checked="" type="checkbox"/>
CMS 190: Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	<input checked="" type="checkbox"/>
CMS 114: Incidence of Potentially-Preventable Venous Thromboembolism	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission.	<input checked="" type="checkbox"/>
CMS 171: Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.	<input type="checkbox"/>



Clinical Quality Measures Selection (2 of 2):

CMS 178: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	<input type="checkbox"/>
CMS 185: Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.	<input checked="" type="checkbox"/>
Care Coordination CQMs		
Title	Description	Select
CMS 102: Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	<input checked="" type="checkbox"/>
CMS 32: Median Time from ED Arrival to ED Departure for Discharged ED Patient	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	<input checked="" type="checkbox"/>
Efficient Use of Healthcare Resources CQMs		
Title	Description	Select
CMS 188: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	(PN6) Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.	<input checked="" type="checkbox"/>
CMS 172: Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	<input type="checkbox"/>
Clinical Processes/Effectiveness CQMs		
Title	Description	Select
CMS 104: Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	<input checked="" type="checkbox"/>
CMS 71: Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	<input type="checkbox"/>
CMS 91: Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	<input checked="" type="checkbox"/>
CMS 72: Antithrombotic Therapy by End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.	<input type="checkbox"/>
CMS 105: Discharged on Statin Medication	Ischemic stroke patients with LDL >= 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	<input checked="" type="checkbox"/>
CMS 73: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy.	<input type="checkbox"/>
CMS 109: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	<input checked="" type="checkbox"/>
CMS 100: Aspirin Prescribed at Discharge	AMI patients who are prescribed aspirin at hospital discharge.	<input checked="" type="checkbox"/>
CMS 113: Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections between 37 and 39 weeks of gestation completed.	<input type="checkbox"/>
CMS 60: Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	<input type="checkbox"/>
CMS 53: Primary PCI Received within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	<input type="checkbox"/>
CMS 30: AMI-10 Statin Prescribed at Discharge	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.	<input type="checkbox"/>
CMS 9: Exclusive Breast Milk Feeding	PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization.	<input type="checkbox"/>
CMS 31: Hearing Screening Before Hospital Discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	<input checked="" type="checkbox"/>

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary

Save & Continue



Clinical Quality Measure Questionnaire – CMS 55:


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Lambaster General (NPI-1000000006)

Clinical Quality Measure Questionnaire - CMS 55

(*) Red asterisk indicates a required field.

Title
 CMS 55: Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED Arrival to ED Departure for Admitted ED Patients

Description
 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Attestation

Exemption: Eligible Hospitals and CAHs with 5 or fewer discharges during 90-day MU reporting periods, or 20 or fewer discharges for full year MU reporting periods, are eligible to take an exemption from reporting on this CQM. If you take this exemption, please submit aggregate population and sample size data in the same manner as required by the National Hospital Inpatient Quality Measures Reporting Program for each CQM for which you take this exemption.

***Does this exemption apply?**

NO, the EH has more than 5 qualified discharges for 90-day MU reporting periods, or 20 qualified discharges for full year MU reporting periods.

YES, the EH has fewer than 5 qualified discharges for 90-day MU reporting periods, or 20 qualified discharges for full year MU reporting periods.

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Denominator: Any ED patient from the facility's emergency department.

Stratum 1 - All patients seen in the ED and admitted to the facility as an inpatient:

* Numerator 1: * Denominator 1:

Stratum 2 – All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders:

* Numerator 2: * Denominator 2:

Stratum 3 – All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders:

* Numerator 3: * Denominator 3:

Please refer to the [CMS eCQM Library](#) for additional information.
 Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

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Clinical Quality Measure Questionnaire – CMS 31:



Minnesota Department of **Human Services**

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Lambaster General (NPI-1000000006)

Clinical Quality Measure Questionnaire - CMS 31

(*) Red asterisk indicates a required field.

Title
CMS 31: Hearing Screening Before Hospital Discharge (EHDI-1a)

Description
This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.

Attestation

Exemption: Eligible Hospitals and CAHs with 5 or fewer discharges during 90-day MU reporting periods, or 20 or fewer discharges for full year MU reporting periods, are eligible to take an exemption from reporting on this CQM. If you take this exemption, please submit aggregate population and sample size data in the same manner as required by the National Hospital Inpatient Quality Measures Reporting Program for each CQM for which you take this exemption.

***Does this exemption apply?**

NO, the EH has more than 5 qualified discharges for 90-day MU reporting periods, or 20 qualified discharges for full year MU reporting periods.

YES, the EH has fewer than 5 qualified discharges for 90-day MU reporting periods, or 20 qualified discharges for full year MU reporting periods.

Complete the following information:

Numerator: All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or screened but still not discharged; or not screened due to medical reasons or medical exclusions.

Denominator: All live births during the measurement time period born at a facility and, discharged without being screened, or screened prior to discharge, or screened but still not discharged.

Performance Rate: The performance rate of the measure.

Exclusions: A whole number.

*Numerator: *Denominator: *Performance Rate: % *Exclusions:

Please refer to the [CMS eCQM Library](#) for additional information.
Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Step 3 – Summary of MU Measures – CQMs Expanded (1 of 4)


Minnesota Department of **Human Services**

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Not Completed ⚠	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⚠	

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to EHR Meaningful Use information in addition to Meaningful Use Objectives. All attestation topics must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Meaningful Use Objectives 1-8 Summary

Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-8 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Meaningful Use Objective 10 - Public Health Summary

Eligible Hospitals who are scheduled to be in Stage 1 in 2015 are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an eligible hospital or CAH would need to meet two of the total number of measures available to them. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than two, the eligible hospital or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. If no measures remain available, the eligible hospital or CAH can meet the objective by claiming applicable exclusions for all measures.

Meaningful Use Clinical Quality Measure Summary

Eligible Hospitals are required to attest to at least 16 out of 29 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

CQM Reporting Period: 01/01/2015 - 03/31/2015



Step 3 – Summary of MU Measures – CQMs Expanded (2 of 4)

Patient and Family Engagement CQMs				
Title	Description	Entered	Result	Action
CMS 55: Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Numerator 1: 111 Denominator 1: 189 Numerator 2: 4 Denominator 2: 13 Numerator 3: 3 Denominator 3: 21	Completed	
CMS 111: ED-2 Emergency Department Throughput – Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.		Deferred	
CMS 107: Stroke Education	Stroke-8: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	Numerator: 44 Denominator: 235 Performance Rate: 18.88% Exclusions: 2	Completed	
CMS 110: Venous Thromboembolism Discharge Instructions	VTE - 5: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.		Deferred	
CMS 26: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.	Numerator: 25 Denominator: 48 Performance Rate: 52.08%	Completed	
Patient Safety CQMs				
Title	Description	Entered	Result	Action
CMS 108: Venous Thromboembolism Prophylaxis	VTE - 1: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	Numerator: 12 Denominator: 55 Performance Rate: 22.64% Exclusions: 2	Completed	
CMS 190: Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE - 2: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	Numerator: 14 Denominator: 81 Performance Rate: 17.95% Exclusions: 2 Exception: 1	Completed	
CMS 114: Incidence of Potentially-Preventable Venous Thromboembolism	VTE - 6: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission.	Numerator: 3 Denominator: 21 Performance Rate: 15.00% Exclusions: 1	Completed	
CMS 171: Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.		Deferred	



Step 3 – Summary of MU Measures – CQMs Expanded (3 of 4)

CMS 178: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.		Deferred	
CMS 185: Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.	Numerator: 489 Denominator: 501 Performance Rate: 97.60% Exclusions: 0	Completed	
Care Coordination CQMs				
Title	Description	Entered	Result	Action
CMS 102: Assessed for Rehabilitation	Stroke-10: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Numerator: 89 Denominator: 94 Performance Rate: 95.70% Exclusions: 1	Completed	
CMS 32: Median Time from ED Arrival to ED Departure for Discharged ED Patient	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Numerator 1: 14 Denominator 1: 54 Numerator 2: 16 Denominator 2: 43 Numerator 3: 12 Denominator 3: 67 Numerator 4: 16 Denominator 4: 43	Completed	
Efficient Use of Healthcare Resources CQMs				
Title	Description	Entered	Result	Action
CMS 188: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	(PN6) Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.	Numerator 1: 210 Denominator 1: 760 Performance Rate 1: 27.78% Exclusion 1: 4 Numerator 2: 224 Denominator 2: 843 Performance Rate 2: 26.70% Exclusion 2: 4	Completed	
CMS 172: Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).		Deferred	
Clinical Processes/Effectiveness CQMs				
Title	Description	Entered	Result	Action
CMS 104: Discharged on Antithrombotic Therapy	Stroke-2: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Numerator: 44 Denominator: 82 Performance Rate: 56.41% Exclusions: 1 Exception: 3	Completed	
CMS 71: Anticoagulation Therapy for Atrial Fibrillation/Flutter	Stroke-3: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.		Deferred	
CMS 91: Thrombolytic Therapy	Stroke-4: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	Numerator: 64 Denominator: 789 Performance Rate: 8.13% Exclusions: 2	Completed	



Step 3 – Summary of MU Measures – CQMs Expanded (4 of 4)

CMS 72: Antithrombotic Therapy by End of Hospital Day 2	Stroke-5: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.		Deferred
CMS 105: Discharged on Statin Medication	Stroke-6: Ischemic stroke patients with LDL >= 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Numerator: 42 Denominator: 83 Performance Rate: 51.85% Exclusions: 1 Exception: 1	Completed 
CMS 73: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	VTE - 3: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy.		Deferred
CMS 109: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	VTE - 4: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	Numerator: 12 Denominator: 198 Performance Rate: 6.12% Exclusions: 2	Completed 
CMS 100: Aspirin Prescribed at Discharge	AMI patients who are prescribed aspirin at hospital discharge.	Numerator: 22 Denominator: 67 Performance Rate: 32.84% Exclusions: 0	Completed 
CMS 113: Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections between 37 and 39 weeks of gestation completed.		Deferred
CMS 60: Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.		Deferred
CMS 53: Primary PCI Received within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.		Deferred
CMS 30: AMI-10 Statin Prescribed at Discharge	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.		Deferred
CMS 9: Exclusive Breast Milk Feeding	PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization.		Deferred
CMS 31: Hearing Screening Before Hospital Discharge (EHD1-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Numerator: 43 Denominator: 726 Performance Rate: 5.95% Exclusions: 3	Completed 

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

Previous Save & Continue



Step 5: Payment Status for an EH in Payment Year 1

Initial Display – The following pages and processes are required for an EH when first enrolling. Once the payment schedule has been established and the provider paid for the first year, Step 4 for subsequent years includes one page. An example of Step 4 – Verify Incentive Payment Amounts for a hospital in a subsequent year is included below the year 1 example pages.

The screenshot displays the Minnesota Department of Human Services' MEIP portal. The user is logged in as 'Lambaster General (NPI-1000000006)'. The navigation menu includes Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The 'Current Enrollment Status' section shows: Hospital: Lambaster General(CCN 010006), Program Year: 2015, Payment Year: 1. Step 1 - Registration Verification Status: Completed ✓, Step 2 - Volume Determination Status: Completed ✓, Step 3 - Meaningful Use Status: Completed ✓, and Step 4 - Payment Determination Status: Not Completed ⚠.

Step 4 - Medicaid Incentive Program Payment Status Introduction

The system will perform the payment calculation of the Medicaid Incentive Program incentive payment for you. To begin this calculation, you will be required to provide details for your participation in the Medicaid Program. Your aggregate Medicaid Incentive Program payment will be distributed on the following payment schedule:

- Year 1 - 50%
- Year 2 - 40%
- Year 3 - 10%

Aggregate EHR Incentive Payment Calculation

The Base Amount of your EHR Incentive Payment is calculated as the product of two factors:

- Overall EHR Amount:**
 - Sum of:
 - Year 1 - (Base Amount of \$2,000,000 + [(Year 1 Discharges - 1149)*200]*Transition Factor(1.0)
 - Year 2 - (Base Amount of \$2,000,000 + [(Year 1 Discharges * Annual Growth Rate) - 1149]*200)*Transition Factor(.75)
 - Year 3 - (Base Amount of \$2,000,000 + [(Year 2 Discharges * Annual Growth Rate) - 1149]*200)*Transition Factor(.50)
 - Year 4 - (Base Amount of \$2,000,000 + [(Year 3 Discharges * Annual Growth Rate) - 1149]*200)*Transition Factor(.25)
- Medicaid Share:**
 - Sum of:
 - Estimated number of Medicaid inpatient-bed-days
 - Estimated number of Medicaid managed care inpatient-bed-days
 - Divided by the product of:
 - Estimated total number of inpatient-bed-days during the period
 - Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period
- Aggregate EHR Incentive Amount=Overall EHR Amount * Medicaid Share**

Buttons for 'Previous' and 'Save & Continue' are visible at the bottom of the page.



Hospital EHR Incentive Calculation Example


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Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ❌	

Step 4 - Medicaid Incentive

The system will perform the Medicaid Incentive calculation for the following years:

- Year 1 - 50%
- Year 2 - 40%
- Year 3 - 10%

Aggregate EHR Incentive

The Base Amount

1. Overall EHR Amount

Sum of:

- Year 1 -
- Year 2 -
- Year 3 -
- Year 4 -

2. Medicaid Share

Sum of:

- Estimate
- Estimate

Divided by the percentage of the period

- Estimate
- Estimate

3. Aggregate EHR Incentive

Hospital EHR Incentive Calculation Example

Hospital A, an acute care hospital, meets the Medicaid patient volumes threshold; becomes a meaningful user of Certified EHR Technology; and, is eligible for incentive payments beginning in FY 2012. Hospital A had 2,000 discharges in FY 2011. Assume that for the four-year period of participation Hospital A had 5,000 Medicaid inpatient-bed-days and 2,000 Medicaid managed care inpatient-bed-days. Its total inpatient-bed-days in FY 2011 were 21,000. Hospital A's total charges excluding charity care were \$8,700,000, and its total charges for the period were \$10,000,000. The annual growth data for the last three years of available data are:

FY 2010 - 1,558 discharges - for a 28.37% annual growth rate
FY 2009 - 1,158 discharges - for a 34.54% annual growth rate
FY 2008 - 970 discharges - for a 19.38% annual growth rate

This means that the average annual growth rate that will be applied to the subsequent three years is 27.43%. Based on this information, Hospital A's aggregate EHR amount would be **\$2,198,840.76**. It was calculated as follows:

Initial Amount (with annual growth rate factored in to the number of discharges)*Transition Factor

Year 1 - \$2,170,200.00=(\$ 2,000,000 + [(2,000-1,149) * 200]) * 1.00
 Year 2 - \$1,710,000.00=(\$ 2,000,000 + [(2,549-1,149) * 200]) * 0.75
 Year 3 - \$1,209,900.00=(\$ 2,000,000 + [(3,248-1,149) * 200]) * 0.50
 Year 4 - \$649,500.00=(\$ 2,000,000 + [(4,139-1,149) * 200]) * 0.25

Overall EHR Amount=\$5,739,600.00

Medicaid Share 38.31%=[(5,000 + 2,000) divided by (21,000 * (\$ 8,700,000/10,000,000))]

Aggregate EHR Amount=\$5,739,600.00 x 0.3831=\$2,198,840.76

Payment Schedule:

Year 1 - 50% of Aggregate EHR Incentive Payment=\$1,099,420.38
 Year 2 - 40% of Aggregate EHR Incentive Payment=\$879,536.30
 Year 3 - 10% of Aggregate EHR Incentive Payment=\$219,884.08
Total Aggregate EHR Incentive Payment=\$2,198,840.76

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Section 1 – Part 1 Overall EHR Amount


Minnesota Department of **Human Services**

Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-100000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⚠	

Step 4 - EHR Payment Determination Part 1 - Overall EHR Amount

To begin the calculation of your EHR Incentive payment, you will be required to provide details for your participation in the Medicaid Incentive Program. You are required to enter the following to determine your initial incentive amount:

- Annual Growth Rate
- Discharge Amount

Annual Growth Rate

To determine the discharge-related amount for the three subsequent payment years that are included in determining the overall EHR amount, the number of discharges will be based on the average annual growth rate for the hospital over the most recent three years of available data. Discharges must come only from the acute-inpatient portion of the hospital and must exclude discharges from nursery, observation, SNF swing bed, substitute service (e.g. sub-acute wing or skilled nursing wing), psych, and rehab units. The hospital total discharges for the most recent year should be from the most recent continuous 12-month period for which data are available prior to the payment year. Please enter your Annual Growth Rates Below.

Year	Discharges	Growth Rate
*Most Recent Year Discharges: 2014 <input type="text" value="2014"/>	<input type="text" value="9500"/>	5.56%
*Year 2 Discharges: 2013	<input type="text" value="9000"/>	7.14%
*Year 3 Discharges: 2012	<input type="text" value="8400"/>	-5.62%
*Year 4 Discharges: 2011	<input type="text" value="8900"/>	
Average Annual Growth Rate: 2.36%		

Medicaid Discharge Amount

For the first payment year, the total hospital discharges from the most recent continuous 12-month period for which data are available prior to the payment year serve as the basis for calculating the next three years' discharges, based on the Average Annual Growth Rate determined above. For your yearly allowable discharges (those equal to or above 1,150 and a maximum of 23,000), you will receive an additional \$200 for each discharge towards your total amount. For example, if you enter 20,000 as your First Year Discharges, the First Year Allowable Discharges will be set to 18,851 (20,000-1,149). If 25,000 is entered, it will be set to 21,851 (23,000 max - 1,149).

*First Year Discharges: 9500	First Year Allowable Discharges: 8351
Second Year Discharges: 9724	Second Year Allowable Discharges: 8575
Third Year Discharges: 9953	Third Year Allowable Discharges: 8804
Fourth Year Discharges: 10188	Fourth Year Allowable Discharges: 9039

Overall EHR Amount Calculation

Year	Base Amount	+ Discharge Amount	* Transition Factor	= Total Amount
1	\$2,000,000	\$1,670,200.00 (8351 * \$200.00)	1.00	\$3,670,200.00
2	\$2,000,000	\$1,715,000.00 (8575 * \$200.00)	0.75	\$2,788,250.00
3	\$2,000,000	\$1,780,800.00 (8804 * \$200.00)	0.50	\$1,830,400.00
4	\$2,000,000	\$1,807,800.00 (9039 * \$200.00)	0.25	\$951,950.00
Overall EHR Amount:				\$9,288,800.00

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Section 2 – Part 2 Medicaid Share


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 Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⚠	

Step 4 - EHR Payment Determination Part 2 - Medicaid Share

Calculation of your Medicaid Incentive payment also requires that you enter details for your Medicaid Share. You are required to enter the following:

- Estimated number of Medicaid inpatient-bed-days
- Estimated number of Medicaid managed care inpatient-bed-days
- Estimated total number of inpatient-bed-days during the period
- Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period

Inpatient-bed-day Volume

A factor in determining the Medicaid Factor is collection of inpatient-bed-day volumes. You are required to enter the Medicaid, Medicaid Managed Care, and Total Inpatient-bed-days. If this is your first payment year, you must include Inpatient-bed-day volumes from the hospital fiscal year that ends during the last completed federal fiscal year. The Inpatient-bed-days figures you enter must exclude nursery bed days.

*Medicaid FFS Inpatient-bed-days:	1200
*Medicaid Managed Care Inpatient-bed-days:	900
*Total Inpatient-bed-days:	18000

Hospital Charges

Total Hospital charges are collected to determine the Medicaid Factor. You are required to enter the total charges and total charges excluding charity care. If this is your first payment year, you must also provide charges from the hospital fiscal year that ends during the last completed federal fiscal year.

*Total Charges Excluding Charity Care:	\$28000000
*Total Charges:	\$32000000

Medicaid Share Calculation

Medicaid Inpatient-bed-days:	1200	+ Medicaid Managed Care Inpatient-bed-days:	900	
Total Inpatient-bed-days:	18000	* (Total Charges Excluding Charity Care:	\$28,000,000.00	/ Total Charges:
			\$32,000,000.00	

Medicaid Share: 13.33%

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Section 3 – Part 3 Payment Schedule

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Lambaster General (NPI-1000000006)

Step 4 - EHR Payment Determination Part 3 - Payment Schedule

Aggregate EHR Amount

Overall EHR Amount: \$9,288,800.00
 X Medicaid Share: 13.33%

Aggregate EHR Amount: \$1,238,197.04

EHR Incentive Payment Schedule

Based on your Aggregate EHR Amount your payments will be disbursed based on the following payment schedule:

Year	Yearly Payment Percentage	Payment Amount
1	50%	\$619,098.52
2	40%	\$495,278.82
3	10%	\$123,819.70

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Step 5: Payment Status for an EH in Payment Year 2 and Beyond

Initial Display – This page presents an example of Step 4 – Verify Incentive Payment Amount for a hospital in payment year 3. The user completes the Payment Schedule Questionnaire, reviews the payment schedule and amounts and clicks Save & Continue.


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Mutton Medical #2 (NPI-1000000005)

Current Enrollment Status

Hospital: Mutton Medical #2(CCN 010005)	Program Year: 2015	Payment Year: 3
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Completed ✓	

Step 4 - Verify Incentive Payment Amount

Verify the following Eligible Hospital EHR incentive payment information as determined during the first payment year and attest to all the questions in the Payment Schedule Questionnaire below.

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

*Has the Hospital expanded capacity (increased number of beds) since the last reporting year?
 Yes No

*Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?
 Yes No

*Has the Hospital been in operation for less than 4 years?
 Yes No

*Has the Hospital amended or corrected data in the cost report for the initial year of participation?
 Yes No

Payment Schedule

Payment Year	Payment Percentage	Payment Amount	Program Year	Date Paid
1	50%	\$ 282,000.00	2012	01/21/2013
2	40%	\$ 225,600.00	2013	12/20/2013
3	10%	\$ 56,400.00	2015	

Overall EHR Amount

2011 Discharges:	434
2010 Discharges:	466
2009 Discharges:	482
2008 Discharges:	469
Average Annual Growth Rate:	-2.47%
Overall EHR Amount:	\$5,000,000.00

Medicaid Share

Medicaid Inpatient-bed-days:	25
Medicaid Managed Care Inpatient-bed-days:	106
Total Inpatient-bed-days:	1,167
Total Charges Excluding Charity Care:	\$34,705,316.00
Total Charges:	\$34,867,739.00
Medicaid Share:	11.28%

Aggregate EHR Amount

Aggregate EHR Amount: \$564,000.00

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Documents for Program Year

Documents for Program Year – initial display (1 of 2). Where a document is required, the user clicks Upload Document. The document upload process is presented below, following are two pages of example Document Upload Policy for Program Year.

The screenshot shows the Minnesota Department of Human Services website for the Minnesota EHR Incentive Program (MEIP). The user is logged in as 'Lambaster General (NPI-1000000006)'. The navigation menu includes Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The main content area displays 'Documents for Program Year' for 'Program Year: 2015', 'Payment Year: 1', and 'Scheduled MU Stage: 1'. Below this is the 'Document Upload Policy for Program Year', which states that the page contains document requirements for attestation and that users should ensure documents do not contain protected health information (PHI). A section titled 'Supporting Documentation – Upload Requirements' provides instructions on uploading necessary information. A table below lists the required documents, their requirements, and the status of each document.

Required Document	Document Requirements	Document Status	Action
State Cost Report and/or Hospital Annual Report (HAR)	<p>Eligible hospitals are required to use an auditable data source, such as the latest Medicare Cost Report or Hospital Annual Report (HAR) to complete the EHR Incentive Payment Calculation attestation. Hospitals are to use their MN HAR when necessary.</p> <p>The Medicare Cost Report or Hospital Annual Report provides the following data:</p> <ul style="list-style-type: none"> Total Discharges Total Charges Charity Care Charges Total Inpatient Days Medicaid Inpatient Days - Fee-For-Service Medicaid Inpatient Days - Managed Care <p>Minnesota EH's have three options for calculating Charity Care Charges:</p> <ul style="list-style-type: none"> Option 1: HAR line 0762, OR Option 2: CMS-2552-10 Medicare Cost Report Worksheet S-10, column 3, line 20, OR Option 3: CMS-2552-96 Medicare Cost Report Worksheet S-10, line 30 minus HAR line 0621 <p>If the HAR is used to calculate Charity Care Charges, please upload the HAR page(s) showing the relevant line item(s).</p>	Document Required	Upload Document



Documents for Program Year – initial display (2 of 2).

Electronic Reportable Laboratory Result Reporting Public Health Measure	<p>An eligible hospitals or CAH attesting to the Public Health Objective Electronic Reportable Laboratory Result Reporting Measure are required to upload documentation to support testing or actual data transmission conducted with the registry.</p> <p>Acceptable Electronic Reportable Laboratory Result Reporting Registry documentation must validate the provider has successfully met the selected active engagement option:</p> <ul style="list-style-type: none"> • Active Engagement Option 1–Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. • Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. • Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Document Required	<input type="button" value="Upload Document"/>
Syndromic Surveillance Registry Test or Submission Document	<p>Providers attesting to the Public Health Objective Syndromic Surveillance Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry.</p> <p>Acceptable Syndromic Surveillance Registry documentation must validate the provider has successfully met the selected active engagement option:</p> <ul style="list-style-type: none"> • Active Engagement Option 1–Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. • Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. • Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Document Required	<input type="button" value="Upload Document"/>
Additional Documentation - Optional			
This section contains the optional document categories you may upload.			
Document Upload History			
Below is a history of all documents you have uploaded for the program year.			
<input type="button" value="Previous"/>		<input type="button" value="Save & Continue"/>	



The user selects a document for upload, indicates the PHI requirements are understood and clicks Upload.

The screenshot shows the Minnesota Department of Human Services' MEIP interface. The user is logged in as 'Lambaster General (NPI-1000000006)'. The interface includes a navigation menu with options like Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The main content area displays 'Documents for Program Year' with details for Program Year: 2015, Payment Year: 1, and Scheduled MU Stage: 1. A 'Document Upload Policy for Program Year' section explains that documents should not contain PHI unless specifically requested. Below this is a 'Supporting Documentation - Upload Requirements' section with instructions and a 'Download Document Requirements to PDF' link. A table lists required documents, including 'State Cost Report and/or Hospital Annual Report (HAR)'. A modal dialog box titled 'Document Upload' is open, providing instructions on how to upload a document, listing acceptable file formats (DOC, XLS, WPS, WPD, RTF, TIF, TIFF, PDF, TXT, PPT), and a note that red asterisks indicate required fields. The dialog contains the following information:

- *Program year:** 2015
- *Type:** State Cost Report and/or Hospital Annual Report (HAR)
- *File:** C:\David.Trotter\MI360\00 UPLOAD MI360 (with a 'Browse...' button)

The dialog also includes a 'Document Upload Policy' section with a checkbox that is checked, indicating the user's understanding and adherence to the policy. The checkbox text reads: 'Checking this box indicates your understanding of and adherence to this policy. Contact Business Services if you have any questions.' At the bottom of the dialog are 'Upload' and 'Cancel' buttons.



After each document is uploaded, the provider receives a confirmation message.

The screenshot shows the Minnesota Department of Human Services website for the Minnesota EHR Incentive Program (MEIP). The user is logged in as 'Lambaster General (NPI-1000000006)'. A message box displays 'Document uploaded successfully.' Below this, the 'Documents for Program Year' section shows 'Program Year: 2015', 'Payment Year: 1', and 'Scheduled MU Stage: 1'. A 'Document Upload Policy for Program Year' section provides instructions on PHI. A 'Supporting Documentation - Upload Requirements' section explains the upload process and includes a 'Download Document Requirements to PDF' link.

The provider clicks Save & Continue when all required documents have been uploaded (1 of 2).

This screenshot shows the 'Supporting Documentation - Upload Requirements' section of the MEIP interface. It contains a table with the following data:

Required Document	Document Requirements	Document Status	Action
State Cost Report and/or Hospital Annual Report (HAR)	<p>Eligible hospitals are required to use an auditable data source, such as the latest Medicare Cost Report or Hospital Annual Report (HAR) to complete the EHR Incentive Payment Calculation attestation. Hospitals are to use their MN HAR when necessary.</p> <p>The Medicare Cost Report or Hospital Annual Report provides the following data:</p> <ul style="list-style-type: none"> Total Discharges Total Charges Charity Care Charges Total Inpatient Days Medicaid Inpatient Days - Fee-For-Service Medicaid Inpatient Days - Managed Care <p>Minnesota EH's have three options for calculating Charity Care Charges:</p> <ul style="list-style-type: none"> Option 1: HAR line 0762, OR Option 2: CMS-2552-10 Medicare Cost Report Worksheet S-10, column 3, line 20, OR Option 3: CMS-2552-96 Medicare Cost Report Worksheet S-10, line 30 minus HAR line 0621 <p>If the HAR is used to calculate Charity Care Charges, please upload the HAR page(s) showing the relevant line item(s).</p>	Complete - Pending Review	Upload Document

The interface also includes a 'Download Document Requirements to PDF' link.



All required documents have been uploaded (2 of 2).

Electronic Reportable Laboratory Result Reporting Public Health Measure	<p>An eligible hospitals or CAH attesting to the Public Health Objective Electronic Reportable Laboratory Result Reporting Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Electronic Reportable Laboratory Result Reporting Registry documentation must validate the provider has successfully met the selected active engagement option.</p> <ul style="list-style-type: none"> • Active Engagement Option 1—Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. • Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. • Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Complete – Pending Review	<input type="button" value="Upload Document"/>
Syndromic Surveillance Registry Test or Submission Document	<p>Providers attesting to the Public Health Objective Syndromic Surveillance Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Syndromic Surveillance Registry documentation must validate the provider has successfully met the selected active engagement option.</p> <ul style="list-style-type: none"> • Active Engagement Option 1—Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. • Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. • Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Complete – Pending Review	<input type="button" value="Upload Document"/>
<input type="button" value="Additional Documentation - Optional"/>			
This section contains the optional document categories you may upload.			
<input type="button" value="Document Upload History"/>			
Below is a history of all documents you have uploaded for the program year.			
<input type="button" value="Previous"/>		<input type="button" value="Save & Continue"/>	



Here, the bottom sections of the Documents page are shown expanded.

Additional Documentation - Optional

This section contains the optional document categories you may upload.

Additional Document	Document Status	Action
Select <input type="checkbox"/>	On Demand	Upload Document

Document Upload History

Below is a history of all documents you have uploaded for the program year.

Document	Document ID	Upload User	Upload Date	Document Status	Action
Syndromic Surveillance Registry Test or Submission Document	48964	Provider	03/21/2016 10:49:08 AM EDT	Complete – Pending Review	View Document
Immunization Registries Test or Submission Document	48963	Provider	03/21/2016 10:48:51 AM EDT	Complete – Pending Review	View Document
Security Risk Analysis	48962	Provider	03/21/2016 10:48:34 AM EDT	Complete – Pending Review	View Document
MU Year 1 - Verify CEHRT	48961	Provider	03/21/2016 10:48:19 AM EDT	Complete – Pending Review	View Document
MU Summary Report 90 Day Reporting Period	48960	Provider	03/21/2016 10:47:54 AM EDT	Complete – Pending Review	View Document
Additional Specialized Registry 3 Reporting Document	48959	Provider	03/21/2016 10:47:34 AM EDT	Complete – Pending Review	View Document
Additional Specialized Registry 2 Reporting Document	48958	Provider	03/21/2016 10:47:21 AM EDT	Complete – Pending Review	View Document
Specialized Registry Test or Submission Document	48957	Provider	03/21/2016 10:47:09 AM EDT	Complete – Pending Review	View Document
Electronic Reportable Laboratory Result Reporting Public Health Measure	48956	Provider	03/21/2016 10:46:56 AM EDT	Complete – Pending Review	View Document
State Cost Report and/or Hospital Annual Report (HAR)	48955	Provider	03/21/2016 10:45:02 AM EDT	Complete – Pending Review	View Document

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Enrollment Summary

Enrollment Summary – Review all information entered. Each of the individual sections on the Enrollment Summary page can be expanded for further review. Examples of the expanded pages are shown below.


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Lambaster General (NPI-1000000006)

Enrollment Summary

Program Year: 2015 Payment Year: 1 [Download Enrollment Data to PDF](#)

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

Step 1 - Provider Registration Verification

National Provider Information

Legal Business Name: Lambaster General
 Hospital Type: Childrens Hospitals
 CCN: 010006
 Business Address: 6 EH Lane, Suite 1000000006
 Minneapolis, MN 50006
 Phone #: (543) 543-5432 Ext: 6
 Tax ID: *****0006
 NPI: 1000000006
 CMS Confirmation #: *****0006
 Dual Eligible Hospital: No

Payment Assignment

Payee ID: 939420000
 Payee Name: Lambaster General
 Payee Address: 6 EH Lane, Suite 1000000006
 Minneapolis, MN 50049

Step 2 - Medicaid Patient Volume Determination

Medicaid Patient Volume Reporting Period:
 Reporting Period: -

Out-Of-State Encounters Attestation:
 Out-Of-State Encounters: No
 OOS Selected States/Territories:

Patient Volume Attestation:
 Medicaid Patient Encounters:
 Total OOS Encounters:
 Total Patient Encounters:
 Medicaid Patient Volumes: %

Step 3 - Meaningful Use

Eligible Hospitals (EHs) are required to attest to additional EHR Meaningful Use information as well as meet all required objectives. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

EHR Certification Number: A014E01F4H5EAB

Are you using the same EHR solution as attested in your previous payment year?
 Yes No

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Meaningful Use Objectives 1-8 Summary

Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Modified Stage 2 Objective result below. Click the View Objective Icon to view all attestation details.

Meaningful Use Objective 10 - Public Health Summary

Eligible Hospitals are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.

Meaningful Use Clinical Quality Measure Summary

Eligible Hospitals are required to attest to at least 16 out of 29 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

Step 4 - EHR Payment Determination

Overall EHR Amount: \$ 9,288,800.00
 X Medicaid Share: 13.33%

Aggregate EHR Amount: \$1,238,197.04

Year	Yearly Payment Percentage	Payment Amount Status
1	50%	\$ 619,098.52
2	40%	\$ 495,278.82
3	10%	\$ 123,819.70

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EHR Meaningful Use Information – section expanded

Step 3 - Meaningful Use

Eligible Hospitals (EHs) are required to attest to additional EHR Meaningful Use information as well as meet all required objectives. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

EHR Certification Number: A014E011F4H5EAB

Are you using the same EHR solution as attested in your previous payment year?

Yes No

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

ED Admissions Method:	All ED Visits Method
Scheduled MU Stage:	1
EHR Reporting Period Start Date:	01/01/2015
EHR Reporting Period End Date:	03/31/2015
Numerator - Patients in EHR:	25000
Denominator - Total Patients:	30000
% of Patients in EHR:	83.3%



Objectives 1-8 – section expanded

Meaningful Use Objectives 1-8 Summary				
Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Modified Stage 2 Objective result below. Click the View Objective Icon to view all attestation details.				
Objectives 1-8				
Objective	Measure	Entered	Result	Action
Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	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 in 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 EH's or CAH's risk management process.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. An eligible hospital or CAH must satisfy both measures.	Measure 1: Implement one clinical decision support rule.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule. An eligible hospital or CAH must satisfy both measures.	Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	Yes	Passed	
Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 1: Option 1: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using computerized provider order entry. OR Option 2: More than 30% of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry.	Numerator: 4100 Denominator: 8090 Actual: 50.68%	Passed	
Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 2: More than 30% of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 320 Denominator: 760 Actual: 42.11%	Passed	
Objective 3: 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. An eligible hospital or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 3: More than 30% of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 2900 Denominator: 7300 Actual: 39.73%	Passed	
Objective 4: Generate and transmit permissible prescriptions electronically (eRx).	More than 10% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.	Numerator: 1100 Denominator: 8500 Actual: 12.94%	Passed	
Objective 5: The eligible hospital or CAH 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.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must: 1. Use CEHRT to create a summary of care record; and 2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.	Numerator: 1315 Denominator: 1400 Actual: 93.93%	Passed	
Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient specific education resources identified by CEHRT.	Numerator: 985 Denominator: 1115 Actual: 88.34%	Passed	
Objective 7: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator: 587 Denominator: 993 Actual: 59.11%	Passed	
Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.	Measure 1: More than 50% of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.	Numerator: 19000 Denominator: 21000 Actual: 90.48%	Passed	
Objective 8: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. An eligible hospital or CAH must satisfy both measures.	Measure 2: At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	Numerator: 1867 Denominator: 2100 Actual: 88.90%	Passed	



Objective 10 Public Health Measures – section expanded

Meaningful Use Objective 10 - Public Health Summary				
Eligible Hospitals are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.				
Objective 10 - Public Health Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 1: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 2: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 4: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.		Passed	
Objective 10 - Additional Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Second Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.		Passed	
Objective 10: The Eligible Hospital or CAH is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Third Specialized Registry: The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.		Passed	



CQMs – section expanded (1 of 2):

Meaningful Use Clinical Quality Measure Summary				
Eligible Hospitals are required to attest to at least 16 out of 29 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.				
CQM Reporting Period: 01/01/2015 - 03/31/2015				
Patient and Family Engagement CQMs				
Title	Description	Entered	Result	Action
CMS 55: Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Numerator 1: 111 Denominator 1: 189 Numerator 2: 4 Denominator 2: 13 Numerator 3: 3 Denominator 3: 21	Completed	
CMS 111: ED-2 Emergency Department Throughput – Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.		Deferred	
CMS 107: Stroke Education	Stroke-8: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	Numerator: 44 Denominator: 235 Performance Rate: 18.88% Exclusions: 2	Completed	
CMS 110: Venous Thromboembolism Discharge Instructions	VTE - 5: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.		Deferred	
CMS 26: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.	Numerator: 25 Denominator: 48 Performance Rate: 52.08%	Completed	
Patient Safety CQMs				
Title	Description	Entered	Result	Action
CMS 108: Venous Thromboembolism Prophylaxis	VTE - 1: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	Numerator: 12 Denominator: 55 Performance Rate: 22.64% Exclusions: 2	Completed	
CMS 190: Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE - 2: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	Numerator: 14 Denominator: 81 Performance Rate: 17.95% Exclusions: 2 Exception: 1	Completed	
CMS 114: Incidence of Potentially-Preventable Venous Thromboembolism	VTE - 6: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission.	Numerator: 3 Denominator: 21 Performance Rate: 15.00% Exclusions: 1	Completed	
CMS 171: Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.		Deferred	
CMS 178: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.		Deferred	
CMS 185: Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.	Numerator: 489 Denominator: 501 Performance Rate: 97.60% Exclusions: 0	Completed	
Care Coordination CQMs				
Title	Description	Entered	Result	Action
CMS 102: Assessed for Rehabilitation	Stroke-10: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Numerator: 89 Denominator: 94 Performance Rate: 95.70% Exclusions: 1	Completed	



CQMs – section expanded (2 of 2):

CMS 32: Median Time from ED Arrival to ED Departure for Discharged ED Patient	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Numerator 1: 14 Denominator 1: 54 Numerator 2: 16 Denominator 2: 43 Numerator 3: 12 Denominator 3: 67 Numerator 4: 16 Denominator 4: 43	Completed	
Efficient Use of Healthcare Resources CQMs				
Title	Description	Entered	Result	Action
CMS 188: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	(PN6) Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.	Numerator 1: 210 Denominator 1: 760 Performance Rate 1: 27.78% Exclusion 1: 4 Numerator 2: 224 Denominator 2: 843 Performance Rate 2: 26.70% Exclusion 2: 4	Completed	
CMS 172: Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).		Deferred	
Clinical Processes/Effectiveness CQMs				
Title	Description	Entered	Result	Action
CMS 104: Discharged on Antithrombotic Therapy	Stroke-2: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Numerator: 44 Denominator: 82 Performance Rate: 56.41% Exclusions: 1 Exception: 3	Completed	
CMS 71: Anticoagulation Therapy for Atrial Fibrillation/Flutter	Stroke-3: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.		Deferred	
CMS 91: Thrombolytic Therapy	Stroke-4: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	Numerator: 64 Denominator: 789 Performance Rate: 8.13% Exclusions: 2	Completed	
CMS 72: Antithrombotic Therapy by End of Hospital Day 2	Stroke-5: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.		Deferred	
CMS 105: Discharged on Statin Medication	Stroke-6: Ischemic stroke patients with LDL >= 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Numerator: 42 Denominator: 83 Performance Rate: 51.85% Exclusions: 1 Exception: 1	Completed	
CMS 73: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	VTE - 3: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy.		Deferred	
CMS 109: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	VTE - 4: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	Numerator: 12 Denominator: 198 Performance Rate: 6.12% Exclusions: 2	Completed	
CMS 100: Aspirin Prescribed at Discharge	AMI patients who are prescribed aspirin at hospital discharge.	Numerator: 22 Denominator: 67 Performance Rate: 32.84% Exclusions: 0	Completed	
CMS 113: Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections between 37 and 39 weeks of gestation completed.		Deferred	
CMS 60: Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.		Deferred	
CMS 53: Primary PCI Received within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.		Deferred	
CMS 30: AMI-10 Statin Prescribed at Discharge	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.		Deferred	
CMS 9: Exclusive Breast Milk Feeding	PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization.		Deferred	
CMS 31: Hearing Screening Before Hospital Discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Numerator: 43 Denominator: 726 Performance Rate: 5.95% Exclusions: 3	Completed	



Agree to Attestation Statements

Attestation Statements page – Click Agree & Continue.

MN DHS :: CMS.GOV :: Help/FAQ

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP) Logout

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Lambaster General (NPI-1000000006)

Attestation Statements

Review each attestation statement below and select the Agree button to attest & continue the enrollment submission process. If you Disagree, the enrollment submission process will stop and you will be navigated to the Home Page.

- The information submitted for clinical Quality Measures (CQMs) was generated as output from an identified EHR technology.
- The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the Eligible Hospital (EH).
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the Eligible Hospitals (EH).
- The information submitted includes information on all patients to whom the measures apply.
- For Clinical Quality Measures (CQMs): If zero was reported in the denominator of a measure, then an Eligible Hospital (EH) did not care for any patients in the denominator or population during the EHR reporting period.

Previous Agree & Continue Disagree



Legal Notice Review

Review the legal notice:

- Enter the user's Electronic Signature. Note that the signature must be the **full name** of the person completing the attestation.
- Click **Agree & Continue** (unless the user does not agree to the terms).


Minnesota Department of **Human Services**

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Lambaster General (NPI-1000000006)

Current Enrollment Status

Hospital: Lambaster General(CCN 010006)	Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Completed ✓	

Legal Notice

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the Minnesota EHR Incentive Program incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I have not requested additional Medicaid EHR Incentive Program incentive payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my EHR system and all records that are necessary to demonstrate that I met the Minnesota EHR Incentive Program requirements including federal requirements 42 CFR Part 495.204(e)(3), for no less than six years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff as requested by the Minnesota Department of Human Services, or other agents working on their behalf.

Eligible Professionals Only: I hereby agree that, if applicable, any assignment of payment, where permissible under law, must be made to an active Minnesota Health Care Programs (MHCP) Provider in good standing with an active Provider Agreement and who is an employer or entity with which I have a valid contractual arrangement allowing the employer or entity to bill and receive payment for my covered professional services.

No Minnesota EHR Incentive Program payment may be issued unless this registration form is completed as required by existing law and regulations and payment is authorized by the state, or an agent of the state.

I understand that this application is subject to audit and that the payment calculation amount shown to me in this application is subject to change based upon audit findings. I will comply with all audit recoveries within 30 days of written notification from the state of a final audit recovery.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, on conviction, be subject to fine(s) and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Minnesota EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Minnesota EHR Incentive Program.

DISCLOSURES: Failure to provide information will result in delay in payment or may result in denial of the Minnesota EHR Incentive payment. Failure to furnish information will prevent the Minnesota EHR Incentive Program payment from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of the Minnesota EHR Incentive Program payments indicate by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Department of Human Services within 60 days of its discovery.

I agree that the Minnesota Department of Human Services can through offsets, recoupment, adjustments, or other collection methods apply Minnesota EHR Incentive Program payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Minnesota Department of Human Services, state, county or local governments, Department of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Minnesota Department of Human Services in its collection efforts, including executing any documents to effect or implement such offsets, recoupment, adjustments, or other collection methods.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

I hereby certify that I have the legal authority to sign this Legal Notice.

If you agree, electronically sign your name below, enter your CMS Registration ID and click the Agree and Continue button to proceed.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. (42 CFR 495.368 (b)(1)).

Roger Applebee, Administrator
*Electronic Signature - Full Name of Authorizing Official

●●●●●●●●
*CMS Registration ID

Previous
Agree & Continue
Disagree



Submit the Eligible Hospital's Enrollment

To submit the hospital's enrollment, click the **Confirm & Submit** button.

Note: It is *essential* to click the Confirm & Submit button in order to process the enrollment and avoid payment delays.

The screenshot shows the Minnesota Department of Human Services' MEIP enrollment interface. The page title is "Lambaster General (NPI-1000000006)". The main content area is titled "Submit Enrollment" and contains an important notice: "IMPORTANT NOTICE: To complete your enrollment, please select the Confirm & Submit button. Upon selection of Confirm & Submit, the system will perform a series of program validations to verify the completeness of your attestation. This process may take up to a few minutes to complete due to verification with external systems." Below the notice, a red warning states: "Please remain patient and DO NOT use any browser navigation functions (refresh, back arrow or forward arrow) after selection of the Confirm & Submit button." The enrollment details are listed as follows:

Legal Business Name:	Lambaster General
Hospital Type:	Childrens Hospitals
CCN:	010006
Business Address:	6 EH Lane, Suite 1000000006 Minneapolis, MN 50006
Tax ID:	*****0006(EIN)
NPI:	1000000006
Dually-Eligible Hospital:	No
Program Year:	2015
Payment Year:	1
CMS Certification ID:	A014E01F4H5EAB

At the bottom of the form, there are two buttons: "Previous" on the left and "Confirm & Submit" on the right.

All information is subject to audit at any time and the Eligible Hospital must maintain supporting documentation for six years. If selected for an audit, the hospital must be able to supply supporting documentation for AIU and MU.



Submit Enrollment – Congratulations! The hospital’s enrollment has been completed and submitted for review. Click Enrollment Home to review the enrollment status.

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Congratulations - Your Hospital has successfully completed enrollment for the payment year!

Enrollment Confirmation

The Eligible Hospital (EH) demonstrates Meaningful Use of Certified EHR Technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume met enrollment minimum standards.
- The certified EHR Solution met MU minimum standards.
- The Meaningful Use (MU) Core Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Menu Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Clinical Quality Measures (CQMs) were completed with data sufficient to meet MU minimum standards.

Note: Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

Enrollment Tracking Information

Enrollment Confirmation ID: MN-2015-1000000006
 Submission Date: 03/21/2016
 Legal Business Name: Lambaster General
 Hospital Type: Childrens Hospitals
 CCN: 010006
 Business Address: 6 EH Lane, Suite 1000000006
 Minneapolis, MN 50006
 Tax ID: *****0006 (EIN)
 NPI: 1000000006
 Dually-Eligible Hospital: No
 Program Year: 2015
 Payment Year: 1
 CMS Certification ID: A014E011F4H5EAB

[Enrollment Home](#)

Enrollment Home – Submitted for Review

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

Enroll • Enroll for the Minnesota EHR Incentive program
Modify • Modify or continue an existing enrollment
View Status • Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform for each Hospital. Eligible Hospital's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
****0006	Lambaster General	010006	1000000006	*****0006	2015	1	Submitted for Review	View Status
****0006	Lambaster General	010006	1000000006	*****0006	2014	1	Expired	View Status
****0006	Lambaster General	010006	1000000006	*****0006	2013	1	Expired	View Status
****0006	Lambaster General	010006	1000000006	*****0006	2012	1	Expired	View Status



Entering and Reviewing Reconsiderations

To enter or review reconsiderations:

- Click the **Reconsiderations** tab.
- Click **Request Reconsideration** to enter a new Reconsideration.

Reconsiderations – The hospital has not previously entered a Reconsideration. Click Request Reconsideration.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Reconsiderations

The following table lists the current and historical Requests for Reconsiderations initiated for your Minnesota EHR Incentive Program. From this Home page, you can perform the following:

- Click the "Request Reconsideration" button to initiate a request for reconsideration. From the next screen, you will be able to choose the Category, Type, provide a description, and upload any necessary documentation to support the Request for Reconsideration.
- Click the "View Details" button to view the reconsideration details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your Request for Reconsideration. You can only withdraw a Request for Reconsideration when the status is "In-Progress" or "Unassigned".

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
Request Reconsideration								

New Reconsideration – Select and enter Reconsideration Information, then click Submit.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

New Reconsideration

Please enter the required information below to process your Request for Reconsideration.

Reconsideration Information

* Category: Eligibility Determination

* Type: Patient Volume

* Program Year: 2015

Payment Year: 1

* Description:
(3000 characters Max)

Please evaluate patient volume qualifications for eligibility determination for the 2015 enrollment for Lambaster General hospital.

Cancel Submit



Reconsideration Status – Review the Reconsideration. Click Upload Document if the user has documentation to substantiate the requested Reconsideration. Click Previous to return to the Reconsiderations home page.

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Lambaster General (NPI-1000000006)

Reconsideration Status
The details for your Request for Reconsideration are listed below. You may upload additional supporting documentation by clicking the 'Upload Document' button below.

Reconsideration Information

- Reconsideration ID: 8
- Category: Eligibility Determination
- Type: Patient Volume
- Program Year: 2015
- Payment Year: 1
- Status: Unassigned
- Date Initiated: 03/21/2016
- Description: Please evaluate patient volume qualifications for eligibility determination for the 2015 enrollment for Lambaster General hospital.
- Escalated:
- Escalation Description:
- Resolved:

Resolution Information

- Decision:
- Date of Decision:
- Decision Summary:
- State Disposition:
- State Disposition Date:
- State Summary:

Previous | Upload Document

Reconsiderations Upload Document – The hospital may have to upload documentation supporting the requested Reconsideration.

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Lambaster General (NPI-1000000006)

Reconsideration Status
The details for your Request for Reconsideration are listed below. You may upload additional supporting documentation by clicking the 'Upload Document' button below.

Reconsideration Information

- Reconsideration ID: 8
- Category: Eligibility Determination
- Type: Patient Volume
- Program Year: 2015
- Payment Year: 1
- Status: Unassigned
- Date Initiated: 03/21/2016
- Description: Please evaluate patient volume qualifications for eligibility determination for the 2015 enrollment for Lambaster General hospital.
- Escalated:
- Escalation Description:
- Resolved:

Resolution Information

- Decision:
- Date of Decision:
- Decision Summary:
- State Disposition:
- State Disposition Date:
- State Summary:

Previous | Upload Document

Document Upload

To upload a document, choose your document, click Browse, then locate and select your file. Once selected, click Upload to complete the upload.

Acceptable File Formats: Microsoft Word (DOC), Microsoft Excel (XLS), Microsoft Works Word Processing (WPS), WordPerfect Document (WPD), Rich Text Format (RTF), Tagged Image File (TIF, TIFF), Portable Document Format (PDF), Text (TXT), Microsoft PowerPoint (PPT).

(*)Red asterisk indicates a required field.

*Program year: 2015

*Type: Reconsideration/Appeal Supporting Documentation

*File: C:\David.Trotter\MI360\00 UPLOAD MI360 Browse... 200 characters maximum

*Document Description: Supporting documentation for this Reconsideration.

Document Upload Policy
Do not upload any documents containing PHI unless expressly requested by program administrators or auditors to support payment verification activities. When uploading documents with PHI as requested with our secure file upload, the file name should begin with "PHI_".

Checking this box indicates your understanding of and adherence to this policy. Contact Business Services if you have any questions.

Upload | Cancel



Reconsiderations – This examples shows the newly requested Reconsideration. Note that at this time, the Reconsideration has not yet been processed so it shows a Reconsideration Status of Unassigned and a blank Reconsideration Decision.

The screenshot shows the Minnesota Department of Human Services MEIP interface. The user is logged in as 'Lambaster General (NPI-1000000006)'. The 'Reconsiderations' tab is selected. A message explains that the table lists current and historical requests for reconsideration. Below the message is a table with the following data:

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
8	2015	1	Eligibility Determination	Patient Volume	03/21/2016		Unassigned	Withdraw View Details

Below the table is a 'Request Reconsideration' button.

Reconsiderations – Example shows that the Reconsideration is In-Progress (Reconsideration Decision remains blank). Notice that the Withdraw command is still visible, indicating that the provider still has the option to withdraw the Reconsideration.

The screenshot shows the same Minnesota Department of Human Services MEIP interface. The user is still logged in as 'Lambaster General (NPI-1000000006)'. The 'Reconsiderations' tab is selected. The message and table are identical to the previous screenshot, but the status of the reconsideration is now 'In-Progress'.

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
8	2015	1	Eligibility Determination	Patient Volume	03/21/2016		In-Progress	Withdraw View Details

The 'Request Reconsideration' button is still visible below the table.



Reconsiderations – Example shows that the Reconsideration has been resolved (Reconsideration Decision showing Approved). Notice that the Withdraw command is no longer available as a provider option. Click View Details.

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Lambaster General (NPI-1000000006)

Reconsiderations

The following table lists the current and historical Requests for Reconsiderations initiated for your Minnesota EHR Incentive Program. From this Home page, you can perform the following:

- Click the "Request Reconsideration" button to initiate a request for reconsideration. From the next screen, you will be able to choose the Category, Type, provide a description, and upload any necessary documentation to support the Request for Reconsideration.
- Click the "View Details" button to view the reconsideration details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your Request for Reconsideration. You can only withdraw a Request for Reconsideration when the status is "In-Progress" or "Unassigned".

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
8	2015	1	Eligibility Determination	Patient Volume	03/21/2016	03/21/2016	Resolved	Approved View Details

[Request Reconsideration](#)

Reconsiderations Status – Example shows the details of the Reconsideration and the Approval.

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Lambaster General (NPI-1000000006)

Reconsideration Status

The details for your Request for Reconsideration are listed below. You may upload additional supporting documentation by clicking the 'Upload Document' button below.

Reconsideration Information

Reconsideration ID: 8
Category: Eligibility Determination
Type: Patient Volume
Program Year: 2015
Payment Year: 1
Status: Resolved
Date Initiated: 03/21/2016
Description: Please evaluate patient volume qualifications for eligibility determination for the 2015 enrollment for Lambaster General hospital.
Escalated:
Escalation Description:
Resolved: 03/21/2016

Resolution Information

Decision: Approved
Date of Decision: 03/21/2016
Decision Summary: After careful review of the patient volume data, this Reconsideration is approved.
State Disposition:
State Disposition Date:
State Summary:

[Previous](#) [Upload Document](#)



Reconsiderations – Documents – If the provider uploaded supporting documentation during the submission of the Reconsideration, it would be listed in the Documents section. Here the provider has clicked on the Documents tab and listed the documents for Program Year 2015. The Reconsideration document is the first one listed.

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Lambaster General (NPI-1000000006)

Documents for Program Year

Program Year: 2015 | Payment Year: 1 | Scheduled MU Stage: 1

Documents

The table below provides all of the documents that have been uploaded on behalf of your attestation for the selected program year, along with the associated status. Note that documents for the current year enrollment can be uploaded from this tab only if you have completed your attestation.

Click View Document to see the contents of the uploaded document.

Document	Document ID	Required?	Upload User	Upload Date	Document Status	Action
Reconsideration/Appeal Supporting Documentation	48966	No	1000000006	03/21/2016 01:58:24 PM EDT	Complete – Pending Review	View Document
EH Signed Legal Page	48965	No	System	03/21/2016 11:03:52 AM EDT	System Accepted	View Document
Syndromic Surveillance Registry Test or Submission Document	48964	Yes	1000000006	03/21/2016 10:49:08 AM EDT	Complete – Pending Review	View Document
Immunization Registries Test or Submission Document	48963	Yes	1000000006	03/21/2016 10:48:51 AM EDT	Complete – Pending Review	View Document
Security Risk Analysis	48962	Yes	1000000006	03/21/2016 10:48:34 AM EDT	Complete – Pending Review	View Document
MU Year 1 - Verify CEHRT	48961	Yes	1000000006	03/21/2016 10:48:19 AM EDT	Complete – Pending Review	View Document
MU Summary Report 90 Day Reporting Period	48960	Yes	1000000006	03/21/2016 10:47:54 AM EDT	Complete – Pending Review	View Document
Additional Specialized Registry 3 Reporting Document	48959	Yes	1000000006	03/21/2016 10:47:34 AM EDT	Complete – Pending Review	View Document
Additional Specialized Registry 2 Reporting Document	48958	Yes	1000000006	03/21/2016 10:47:21 AM EDT	Complete – Pending Review	View Document
Specialized Registry Test or Submission Document	48957	Yes	1000000006	03/21/2016 10:47:09 AM EDT	Complete – Pending Review	View Document
Electronic Reportable Laboratory Result Reporting Public Health Measure	48956	Yes	1000000006	03/21/2016 10:46:56 AM EDT	Complete – Pending Review	View Document
State Cost Report and/or Hospital Annual Report (HAR)	48955	Yes	1000000006	03/21/2016 10:45:02 AM EDT	Complete – Pending Review	View Document

[Previous](#) | [Upload New Document](#)



Review the Eligible Hospital's Enrollment Status

To review the enrollment status, click the **Status** tab.

Status Summary Home – To review the Enrollment Summary for any program year, click View Details for that Program Year. The result will be the Enrollment Summary page as shown below in Enrollment Summary.

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Lambaster General (NPI-1000000006)

Status Summary Home
The following sections outline the current and historical events in the Minnesota EHR Incentive Program. Please select your hospital below to view enrollment details.

Provider Information

Name: Lambaster General
 Provider Type: Childrens Hospitals
 Provider Specialty: ACUTE CARE, CHILDRENS HOSPITAL, OTHER
 Address: 6 EH Lane, Suite 1000000006
 Minneapolis, MN 50006
 Phone #: (888) 555-0006 Ext:
 Tax ID: *****0006
 NPI: 1000000006
 CMS Registration ID: *****0006
 CCN: 010006
 Dually-Eligible Hospital: No

Status Summary
Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year	Status	Submitted Date	Patient Volume	AIU/MU Met	Payment Issued Date	Payment Amount	Action
2015	1	Submitted for Review	03/21/2016	N/A%	Yes	N/A	N/A	View Details
2014	1	Expired		N/A%	No	N/A	N/A	View Details
2013	1	Expired		N/A%	No	N/A	N/A	View Details
2012	1	Expired		N/A%	No	N/A	N/A	View Details

Total Amount Paid: \$0.00

You can begin or continue the enrollment process via the [Enrollment](#) home page.



Enrollment Summary (1 of 2) –The provider can expand any of the pertinent sections for further review.


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Lambaster General (NPI-1000000006)

Enrollment Summary

Program Year: 2015	Enrollment Confirmation Number: MN-2015-1000000006	Ineligibility Reason:
Payment Year: 1	Enrollment Status: Submitted for Review	Enrollment Submission Date: 03/21/2016

[Download Enrollment Data to PDF](#)

Step 1 - Provider Registration Verification

National Provider Information

Legal Business Name: Lambaster General
Hospital Type: Childrens Hospitals
CCN: 010006
Business Address: 6 EH Lane, Suite 1000000006
Minneapolis, MN 50006
Phone #: (543) 543-5432 Ext: 6
Tax ID: *****0006
NPI: 1000000006
CMS Registration ID: *****0006
Dual Eligible Hospital: No

Payment Assignment

Payee ID: 939420000
Payee Name: Lambaster General
Payee Address: 6 EH Lane, Suite 1000000006
Minneapolis, MN 50049

Step 2 - Medicaid Patient Volume Determination

Medicaid Patient Volume Reporting Period:
Reporting Period: -

Out-Of-State Encounters Attestation:
Out-Of-State Encounters: No
OOS Selected States/Territories:

Patient Volume Attestation:
Medicaid Patient Encounters:
Total OOS Encounters:
Total Patient Encounters:
Medicaid Patient Volumes: 0%

Step 3 - Meaningful Use

Eligible Hospitals (EHs) are required to attest to additional EHR Meaningful Use information as well as meet all required objectives. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

EHR Certification Number: A014E011F4H5EAB

Are you using the same EHR solution as attested in your previous payment year?

Yes
 No



Enrollment Summary (2 of 2)

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Meaningful Use Objectives 1-8 Summary

Eligible Hospitals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Modified Stage 2 Objective result below. Click the View Objective Icon to view all attestation details.

Meaningful Use Objective 10 - Public Health Summary

Eligible Hospitals are required to attest to at least two Modified Stage 2 Meaningful Use Public Health Measures. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.

Meaningful Use Clinical Quality Measure Summary

Eligible Hospitals are required to attest to at least 16 out of 29 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

Step 4 - EHR Payment Determination

Overall EHR Amount
 Average Annual Growth Rate: 2.36%
 2014 Discharges: 9,500
 2013 Discharges: 9,000
 2012 Discharges: 8,400
 2011 Discharges: 8,900

 Overall EHR Amount: \$9,288,800.00

Aggregate EHR Amount
 Overall EHR Amount: \$9,288,800.00
 X Medicaid Share: 13.33%

 Aggregate EHR Amount: \$1,238,197.04

Medicaid Share
 Medicaid Inpatient-bed-days: 1,200
 Medicaid Managed Care Inpatient-bed-days: 900
 Total Inpatient-bed-days: 18,000
 Total Charges Excluding Charity Care: \$28,000,000.00
 Total Charges: \$32,000,000.00

 Medicaid Share: 13.33%

Payment Schedule

Yearly Payment			
Year	Percentage	Payment Amount	Status
1	50%	\$619,098.52	
2	40%	\$495,278.82	
3	10%	\$123,819.70	

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

Has the Hospital expanded capacity (increased number of beds) since the last reporting year?
 Yes No

Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?
 Yes No

Has the Hospital been in operation for less than 4 years?
 Yes No

Has the Hospital amended or corrected data in the cost report for the initial year of participation?
 Yes No

EHR Incentive Payment Details

Payment Method	Payment Address	Payment Issued Date	Payment Amount
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Manage the Eligible Hospital's Account

To manage the hospital's account:

- Click the **Manage Account** tab.
- Click **Update** to change contact information.

Update Contact Information – Click Update to modify the current email address, alternative phone number or extension for the hospital's point of contact.

The screenshot shows the 'Update Contact Information' page in the MEIP system. The header includes the Minnesota Department of Human Services logo and the text 'Minnesota EHR Incentive Program (MEIP)'. A navigation bar contains tabs for Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The user is logged in as 'Lambaster General (NPI-1000000006)'. The main content area has a heading 'Update Contact Information' and a sub-heading 'Update Contact Information'. Below this, there is a paragraph: 'To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Update button below.' The current information is displayed: 'Current Email Address: john.smithers@lambaster.org', 'Alternate Phone#: (543) 543-5432', and 'Extension: 6'. An 'Update' button is located at the bottom right of this section. Below this section are two other sections: 'Update CMS Account Information' and 'Reset Password', each with a brief instruction and a link to the relevant page.

Update Contact Information – Enter the new email address, alternate phone number or extension and click Save.

The screenshot shows the 'Update Contact Information' page with input fields. The header and navigation bar are the same as in the previous screenshot. The main content area has a heading 'Update Contact Information' and a sub-heading 'Update Contact Information'. Below this, there is a paragraph: 'To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Save button below.' The input fields are: 'Current Email Address: roger.applebee@lambaster.org', 'Confirm New Email Address: roger.applebee@lambaster.org', 'Alternate Phone#: 123123231234', and 'Extension: 5'. 'Save' and 'Cancel' buttons are located at the bottom right of this section.



Update Contact Information section – Example shows updated email address and alternative phone number and extension.

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Lambaster General (NPI-1000000006)

Update Contact Information

To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Update button below.

Current Email Address: roger.applebee@lambaster.org
Alternate Phone#: (123) 123-1234 Extension: 5

Update

Contact Us – Secure Communications

To contact us using secure communications:

- Click the **Contact Us** tab.
- Click **Create New Message** to create the message.

The user will be able to view current messages and the responses to them that are transmitted from the Minnesota EHR Incentive Program Business Services Program Specialists.

Contact Us Home – Click Create New Message

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Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

Contact Us

Welcome to the Secure Communication Home page.

If you have any questions please contact us at 1-855-676-0366 or email us at MN.Support@MN-MEIP.com

Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.

To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication

Create New Message



Create New Secure Communication – Select and enter communications information and click Submit.

The screenshot shows the 'Create New Secure Communication' form within the Minnesota EHR Incentive Program (MEIP) interface. The form is titled 'Create New Secure Communication' and includes the following fields:

- *Type:** A dropdown menu with 'General' selected.
- *Subject:** A text box containing 'Meaningful Use Attestations'.
- *Message:** A text area containing 'The hospital administrator has a question concerning Objectives 1-8 attestation.'
- *Name of Sender:** A text box containing 'Roger Applebee, Administrator'.

Buttons for 'Submit' and 'Cancel' are located at the bottom of the form. A note on the right side of the form states: 'Note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.'

Contact Us Home – Example shows the message collapsed. Click the expand symbol “+” adjacent to the message title to show the message’s text.

The screenshot shows the 'Contact Us Home' page within the Minnesota EHR Incentive Program (MEIP) interface. The page includes the following content:

- Welcome to the Secure Communication Home page.
- If you have any questions please contact us at 1-855-676-0366 or email us at MN.Support@MN-MEIP.com
- Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.
- To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.
- To view or respond to a message strand, select which message you wish to respond to and click Respond.

The page features a 'Secure Communication' section with a collapsed message titled 'Meaningful Use Attestation'. A 'Create New Message' button is located at the bottom of the page.



Contact Us Home – Example shows the message fully displayed; awaiting response from a Program Specialist member of the Minnesota EHR Incentive Program Business Services team.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Lambaster General (NPI-1000000006)

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To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication

Meaningful Use Attestations

Type	Message	From	Date/Time
General	The hospital administrator has a question concerning Objectives 1-8 attestation.	Roger Applebee, Administrator	03/21/2016 02:26:52 PM EDT

Respond

Create New Message

Contact Us Home – Response received from Business Services Program Specialist

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Contact Us

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To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication

Meaningful Use Attestations

Type	Message	From	Date/Time
General	Please send all your questions to the Business Services team. We have the answers you need.	David Trotter	03/21/2016 02:28:57 PM EDT
General	The hospital administrator has a question concerning Objectives 1-8 attestation.	Roger Applebee, Administrator	03/21/2016 02:26:52 PM EDT

Respond

Create New Message



Additional Information

For additional information:

- For Eligible Providers, the Minnesota EHR Incentive Program website is: <https://meip.dhs.mn.gov/MN/enroll/logon>.
- Email: mn.support@mn-meip.com.
- Phone number to the Minnesota EHR Incentive Program Business Service Center: 855-676-0366

