



MaineCare Medicaid Promoting Interoperability Program (formerly The Medicaid EHR Incentive Program)

2021 Stage 3 MU/PI Wizard Guide

[Click here to go directly to the 2021 MU/PI instructions if you have the 2021 MU wizard already installed on your computer.](#)

The information for the 2021 MU/PI submission can be found below the wizard installation instructions.

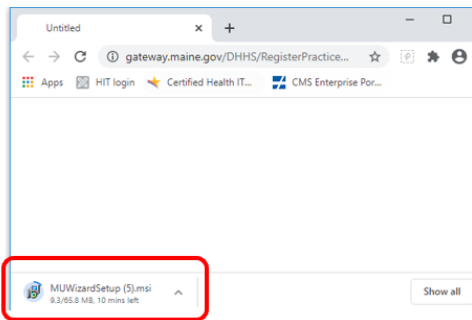
MU Wizard Installation Instructions

Before You Begin:

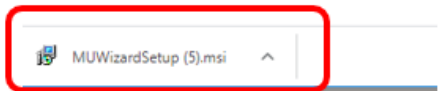
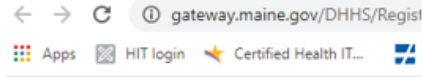
- Be sure your computer is running **Windows** operating system (Windows 7 or higher). The wizard does not run on a Mac or any other operating system. Please contact us if you do not have access to a windows system.
- The wizard is sent to the professional (by email) or to an individual who is authorized to apply on behalf of the professional.
- **Please do not give the wizard or the link for the wizard to an unauthorized person.**
- Data must be entered for each individual provider.
- The wizard will maintain the provider(s) that you enter MU/PI data for until they are submitted for payment.
- If we notify you that it is necessary to update any MU/PI data, you can correct that data in the wizard and resubmit to the state. All data previously entered remains intact and you only need to update the data that was indicated as unacceptable.
- Once the submitted MU/PI data has been accepted and the provider is submitted for payment; the provider will drop out of the wizard as no changes can be made to the accepted data after payment.
- If you did **not** participate in the 2019 or 2020 program years, you will need to remove all previous versions of the MU/PI wizard from your computer. Once removed you will need to **re-install** the 2021 wizard application for the 2021 program year. You may need to work with your internal IT department when uninstalling/re-installing the wizard versions.
- If you **did** participate in the 2019 or 2020 program year, the wizard should automatically update to the newer version when you launch the application.
- The wizard will accept a provider's NPI after we have marked the provider eligible in the system.

Install the wizard application to your desktop:

- Click [here](#) for the link to download the 2021 MU/PI wizard application
- Click the link above to download the wizard, a browser window will open, and the file will download in the lower left corner. The file may take a few minutes to download.



- If you receive a prompt telling you to download a higher version of the .NET Framework you must follow the on-screen directions. This is required to run the wizard and is a safe action.
- Once the file has fully downloaded, click the file to launch, some browsers may ask you to click ‘run’ to open the file.



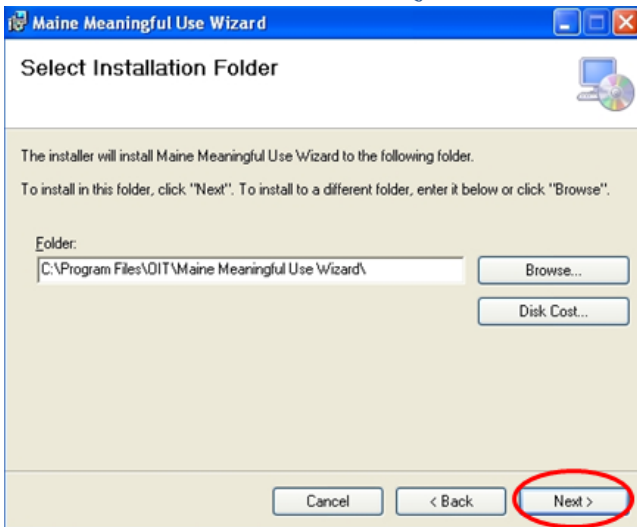
- If using Internet Explorer, you will find the wizard downloaded to your downloads folder. You will see a “MUwizardSetup.msi” icon in your “downloads folder.”
- Click on this setup file to run the wizard installer.
- Other browsers may look different than the screen shots we have provided below.

The screen will open asking you to proceed with the installation.



Click “Next >” to continue.

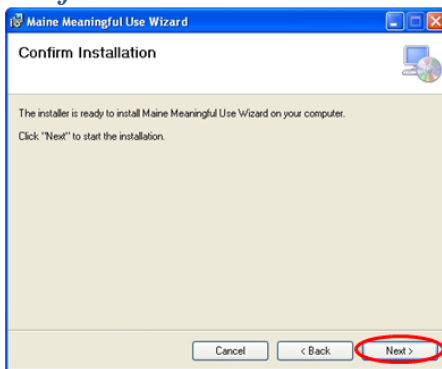
Select where to install the wizard.



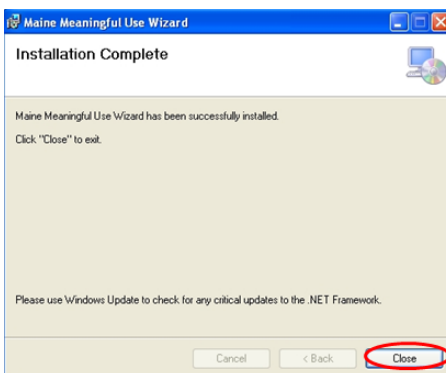
Click “Next >” to continue

- We recommend you leave everything as default.

Confirm Installation

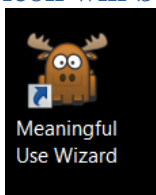


- The program will run through the installation and then ask you to close the installer.
- If a pop up asks if you want to make changes click yes.



Click the **Close** button. The wizard is installed and ready for use.

An icon will be located on your desktop that looks like the image below: a moose icon!



- Double click the icon to open and run the wizard.

Please note– There is an overnight delay from when we send out the wizard application email before the wizard will recognize a provider’s NPI and allow data to be entered.

- The wizard will not recognize a provider’s NPI until the provider has been marked eligible in the Maine system.
- Submission of the 2021 Medicaid Eligibility Worksheet is required for the provider to be entered into the system. The wizard email is sent out for each provider after they are deemed eligible for the program year.
- When you receive the wizard email for each provider with the wizard link in the body of the email and this guide attached, you’ll know that the provider has been marked eligible in the Maine system and the wizard will recognize the provider’s NPI **one day after** the arrival of the wizard email.
- If you are applying for multiple providers, you will receive a wizard email for each provider after they have been deemed eligible.
- You only need to download the wizard once to the computer of the person(s) that will submit MU data.
- We send out the individual emails as a check for you to be sure we have not missed marking any of your providers eligible.
- Large groups can request we not send out individual provider emails for the MU wizard.
- This guide is attached to the email, but it is also available within the wizard application.

2021 Stage 3 Requirements

Program Year 2021 Reporting Period

- Objectives and CQMs - a continuous 90-day period within CY 2021.

Stage 3 - Program Year 2021

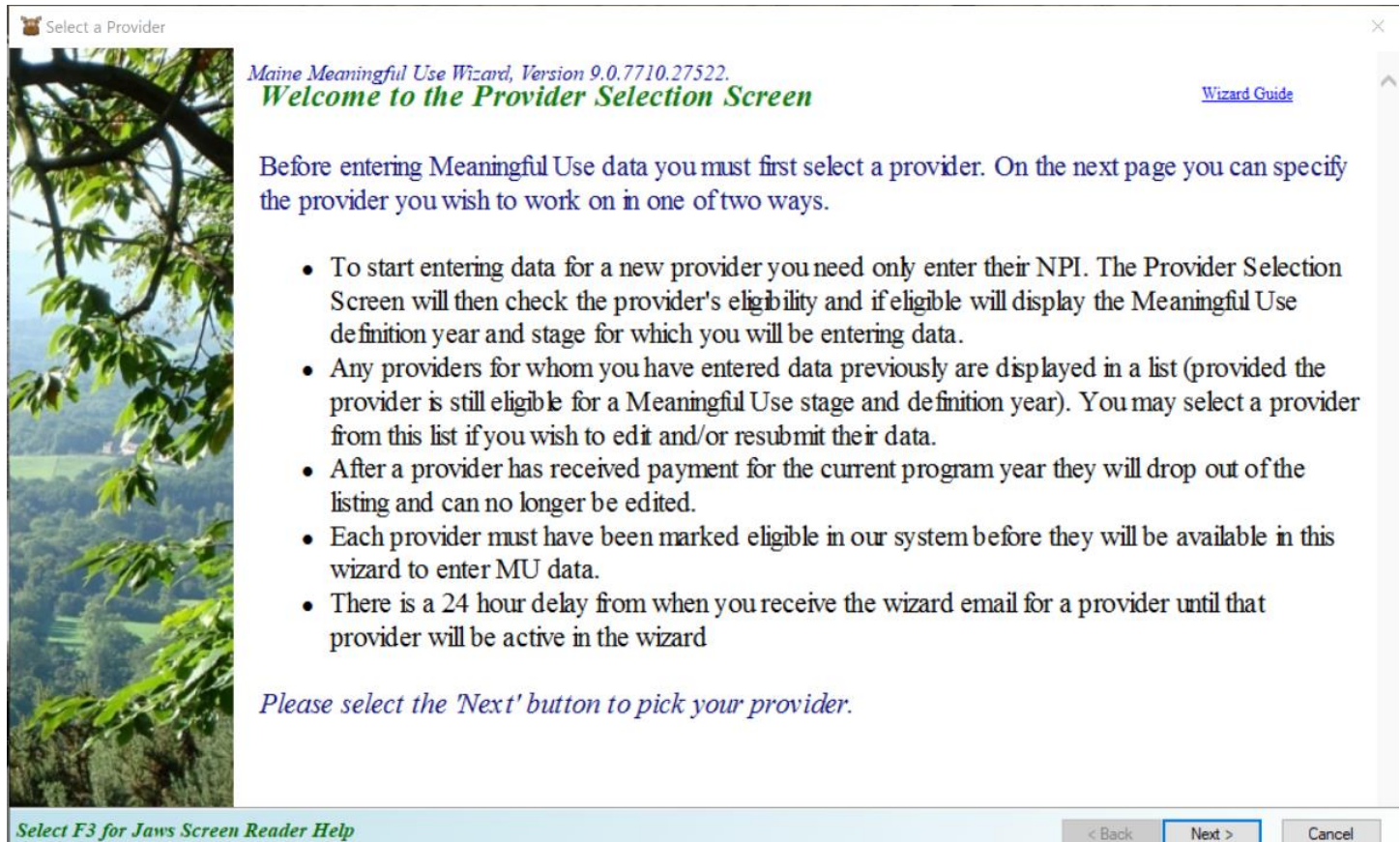
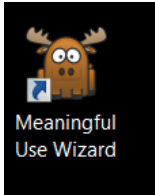
- Stage 3 is mandatory for program year 2021.
- Stage 3 requires a 2015 Edition CEHRT
- For providers, there are 8 MU/PI objectives required and a minimum of 6 CQMs.
- If you have more CQM data available, please submit the additional data as that is where the most useable data is found.
- [2020 & 2021 Stage 3 Objectives](#) - Objective Table of Contents – click to open file, then click each objective for detailed spec sheets.
 - **Please Note:** The objectives for PY 2021 are the same as PY 2020.
- [2021 CQM Table](#) - click to open file

Actions that can occur outside of the 90-day MU/PI reporting period

- Stage 3 has objectives that require action that can occur before, during or after the reporting period of 90 days but within the calendar year of 2021. Each objectives specification sheet lists the information under the ‘Additional Information’ section of any objective that allows this.
 - Objective 5 – Patient Electronic Access to Health Information – (measure 2 only)
 - Objective 6 – Coordination of Care through Patient Engagement – (measures 1 & 2)
 - Objective 7 - Health Information Exchange – (measure 1 only)
 - [2021 Numerator Action That Can Occur Outside of Reporting Period](#)

To Enter Data into the MU/PI Wizard:

- Double click the Moose icon on your desktop to launch the application. If there are any updates available, you will be prompted to accept them. You must accept the updates to continue.



- There is a copy of this guide available in the upper right corner of this page.
- The Jaws Screen Reader Help is available for sight impaired persons that have the Jaws Screen Reader. It is labeled on every screen, in the lower left corner.
- Select Next to proceed.

Provider Selection Screen

- The screen (above) will be empty if you are entering a provider for the first time into the wizard.
- If you have entered providers previously the information will be pre-populated with their name, personal NPI, MU/PI reporting period date range and if the MU/PI data has been submitted to the State of Maine, the date it was sent.

Action: click the drop down to choose one option:

1. Enter measure data for a new Provider or,
2. Edit existing measure data

Enter measure data for a new Provider:

1. Enter the provider's personal NPI into the NPI field, then, click Next in the lower right corner to proceed.
2. The wizard will recognize the NPI if the provider has been marked eligible in the Maine program.
3. When the provider's name is populated in the box you can click Next to begin entering data.

Please Note: There is an overnight lag time for the provider's NPI to be activated in the wizard after they have been marked eligible in the Maine program.

The wizard does not recognize the provider's NPI, what do we do?

- You will see the message below if the provider has **not** been marked eligible in the Maine program **or** the provider was marked eligible, but 24 hours have not passed before attempting to enter the provider's NPI in the wizard. Wait one day and try the NPI again.
- The Medicaid Eligibility Worksheet must be submitted and approved before you can enter MU/PI data for a provider.
 - If you have not submitted a worksheet to start the application process you will not be able to enter MU/PI data into the wizard.
 - Please notify the [EHR helpdesk](#) when you are ready for the worksheet to be sent to you or, you can download the worksheet from our website.

- If the Medicaid eligibility worksheet was submitted and approved, and the wizard still cannot recognize the provider's NPI after 24 hours, please contact us: [EHR helpdesk](#)

Select a Provider

Specify Provider
Edit or begin entry for a provider.

Action: Select this option if you wish to enter CMS measure data for a new provider. Then fill in the NPI of the provider for whom you will be entering measure data in the NPI field below. If the NPI entered is currently eligible to submit Meaningful Use data, the provider's name will appear in the 'Provider Name' field, and you may proceed to the next steps.

NPI:

ProviderName:

Either this provider is not currently eligible to apply for any Meaningful Use Stage at this time or the NPI was not entered correctly.

Continue to enter data for a provider previously started in the wizard:

- To access a provider's record that was started previously:
 1. Select "Edit existing measure data" from the Action drop down, then
 2. Click the row with the provider's name; then
 3. Click Next.

Select a Provider

Specify Provider
Edit or begin entry for a provider.

Action: Select this option if you wish to edit and/or resubmit a provider's data. Then select the desired provider from the list below. You may then proceed to the next steps.

NPI:

ProviderName: If you would like to edit and/or resubmit Meaningful Use Definition Year 2017 Stage 3 data for this provider, select 'Next' to continue.

Provider Name	NPI	Date Range	Sent	Date Sent
Applecraps, Addie	2727272727	2/14/2017 12:00:00 AM - 5/14/2017 11:59:59 PM	Y	11/10/2017
Applesauce, Ashley	2626262626	7/22/2016 12:00:00 AM - 10/19/2016 11:59:59 PM	Y	01/17/2017
Applejuice, Amanda	1616161616	7/22/2016 12:00:00 AM - 10/19/2016 11:59:59 PM	N	10/10/2016
Mnestrone, Miles	1137373737	1/1/2017 12:00:00 AM - 3/31/2017 11:59:59 PM	N	N/A

Select F3 for Jaws Screen Reader Help

< Back **Next >** Cancel

Congratulations. You have successfully selected your provider!

Your provider information appears below. If you are satisfied with your choice, select the Finish button to proceed to the Meaningful Use Wizard.

Name:

NPI:

Payment Year: 6

MU Definition Year: 2021

Stage: 3

Obj Reporting Period: 90 days

CQM Reporting Period: 90 days

Select F3 for Jaws Screen Reader Help

< Back Next > Cancel

- Review the information on this page for accuracy:

Provider Name

Provider NPI

Payment Year: Payment year number in the incentive program - 2, 3, 4, 5 or 6 (year 1 is no longer available).

MU definition year: 2021 is the MU/PI Definition year for all providers.

Stage: Stage 3

Reporting period 2021: - All providers will submit a minimum **90-day** reporting period for objectives and CQMs.

- Reporting dates must be within calendar year 2021.
- Click next to begin or continue entering the provider's data.

Instructional Welcome Page

Scroll through the Welcome Page for descriptions of all areas in the wizard; as well as links to resources.

Maine Meaningful Use Wizard

Maine Meaningful Use Wizard, Version 9.0.7710.27522. [Wizard Guide 2020 Stage 3](#)

Start your 2021 MU Submission with the Maine OIT Meaningful Use Wizard

This wizard will walk you through the required number of CMS measures that demonstrate Meaningful Use of your Electronic Health Record system. Your responses to the measures are stored in the wizard and when it is completed and you are satisfied with your responses, you will send the information to the State of Maine where it will be processed by a Health Information Technology (HIT) specialist.

This wizard is divided into five sections. They are:

- **Date Range**
- **Objectives**
- **Clinical Quality Measures**
- **Summary**
- **File Send**

These sections are briefly described below.

Date Range

Program year 2021 is a 90-day reporting period for Stage 3 objectives and CQM measures. Enter the start date for the 90-day reporting period and the wizard will auto calculate the end date. The reporting period periods for objectives and CQMs may be the same or they can be different periods.

Objectives

In this section you will enter your data for the base Objectives. One Wizard page is devoted to each measure. Each Wizard page has a help link to the CMS document (specification sheet) pertaining to that measure. This link is located in the upper right hand corner of each page.

Clinical Quality Measures (CQM)

In this section you will enter your data for the Clinical Quality Measures. One Wizard page is devoted to each measure. Each Wizard page has a help link to the CMS document (specification sheet) pertaining to that measure. This link is located in the upper right hand corner of each page. Additional help on choosing CQMs and CQM Domains is also available in this section.

Summary

In this section you will be presented with a summary of your Objective and CQM attestations. One page of summary information is supplied for each category. Summaries may be saved to a file, printed or displayed in a browser.

File Send

On the last page of the wizard you may either send your completed information to the State of Maine, or you may save the information and send it at a later time.

Note that in the Provider Selection section of the wizard, which you encounter immediately after starting the application, the listing of providers you have previously edited includes a column that displays whether the provider's Meaningful Use attestations have been sent to the State, and if so, the last date the information was sent.

Note:

- The Meaningful Use Wizard saves your entries as you proceed; if you do not complete the Wizard in one sitting you will not lose any information that has been entered.
- ALL exclusion fields must be set to a valid value (either 'Yes' or 'No') before you can proceed to the next measure.

Your Responsibilities

- EPs are responsible for maintaining adequate documentation to substantiate any responses given for any and all Meaningful Use Measures.

Links:

- [Maine HIT/EHR Page](#)
- [EHR Promoting Interoperability program \(formally Incentive Program\)](#)
- [2020 Objectives and Measures](#)
- [2020 CQM Table-PDF](#)
- [Certified EHR Technology](#)
- [EHR FAQ](#)

Select F3 for Jaws Screen Reader Help

< Back **Next >** Cancel

Maine Meaningful Use Wizard

Enter Date Range

Enter the date range for measure data.

Provider:

Provider Information

Provider Name:

Provider NPI:

Payment Year: 5

MU Definition Year: 2021

Stage: 3

Objective Reporting Period: 90 days

CQM Reporting Period: 90 days

Objective Reporting Date Range: MU Definition Year: 2021 (90 day reporting)

Start Date: Tuesday, February 16, 2021

End Date: Sunday, May 16, 2021

CQM Reporting Date Range: MU Definition Year: 2021 (90 day reporting)

- **Verify the information is correct for the provider you are entering data for.**
 - Name, NPI, payment year, MU/PI definition year, stage and reporting period.
 - Enter the start date for the provider's objective reporting period.
 - The wizard will populate the end date based on what program year, stage and reporting period requirement the provider is eligible to apply for. That is set at the time we enter the provider's eligibility in our system from the Medicaid Eligibility Worksheet.
 - All objective and CQM data must be a minimum 90-day period from calendar year 2021. Data for the objectives and CQMs are not required to be the same reporting period.
 - Select Next to continue.

- **Tips:**
 - If you are entering MU/PI data for a provider and need to stop for any reason, click the X in the upper right corner of the wizard, or click cancel to close the application.
 - The wizard will auto-save the data you've entered, then close out.
 - To enter data later, launch the wizard and select the provider you are ready to continue entering data for.
 - The system has retained the data previously entered and you can now continue to enter data.
 - The provider will remain active in the wizard database until the MU has been accepted by the State of Maine.
 - Once the data is accepted the provider's record will drop out of the wizard as the data can no longer be changed. If you realize that data needs to be changed after it has been accepted, please notify us as soon as possible.

Section 1 - Stage 3 Objectives



- Click [here](#) for the 2021 Objectives and Measures for EPs which contains detailed descriptions of the objectives as well as other FAQs.
- Click [here](#) for the 2021 CQM measure list

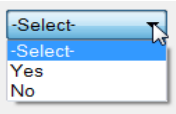
In addition to the resources above, each objective page in the wizard contains links to resources specific to that objective. These links can be found in the upper right-hand corner of each objective page.

Select the 'Next' button to continue to the Objectives.

- The following links are available in the wizard for you to download
- [2020 & 2021 Stage 3 Objectives](#) Link to all Objective specification sheets.
 - The specification sheets are available by clicking on each measure within the table of contents.
 - [2021 CQM Table](#) – listing of all CQM measures.

Features in the Stage 3 MU Wizard

1. For details of each objective, there is a link in the upper right corner of the screen “CMS Specification Sheet for this Objective.” A new window will open with the CMS specification sheet for that objective.
2. The Pass/Fail  will change to Pass/Fail  when you’ve completed the required section(s).
3. To see the options available to answer a measure, click the drop-down arrow and select your answer.



4. Measures that require a yes/no answer have a reminder that pops up when you click on the ‘Note for Documentation’

Note for Documentation

All yes/no answers require a screen shot of your program having the described capabilities for your records. A date needs to be added to show the required measure requirement was active during the reporting period.

2021 Stage 3 Objectives – Eight Objectives

Objective 1: Protect Patient Health Information

The screenshot shows the 'Maine Meaningful Use Wizard' interface. At the top, it says 'Meaningful Use Wizard' and 'Objective 1 (Protect Patient Health Information)'. There is a 'Pass/Fail' status indicator with a green checkmark. The 'Objective' section states: 'Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.' Below this, the 'Measure' is described: 'Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.' There is a 'Yes' dropdown menu. A date field is labeled 'Please enter the date of your most recent security risk analysis or review:' with a date of '6/1/2020' entered. A note at the bottom states: 'Note: You cannot use a Security Risk Analysis for more than one program year. Each program year requires a review or full SRA. You must retain documentation of the SRA.' Below the note, there are links for 'Security Risk Assessment Resources':

- [CMS Stage 3 Security Risk Analysis Tip Sheet](#)
- [Myers and Stauffer Auditor for Maine Program – Tips for Completing a Security Risk Analysis](#)
- Office of the National Coordinator for Health Information Technology (ONC) is offering its security risk assessment tool free to all industry stakeholders
 - [Download Version 3.1 of the SRA Tool \(.msi - 102.6 MB\)](#)
 - [Download the SRA Tool 3.1 User Guide \(PDF - 4.9 MB\)](#)

At the bottom, there are navigation buttons: '< Back', 'Next >', and 'Cancel'. A link for 'Select F3 for Jaws Screen Reader Help' is also present.

- Providers must conduct or review a security risk analysis (SRA) for each program year to ensure the privacy and security of their patients protected health information (PHI). Select yes/no using the drop-down arrow if you have completed or reviewed an SRA for 2021.
- You must enter the date the SRA was completed or reviewed for this program year.
 - The date of the SRA or review is not limited to the 90-day reporting period. It can occur outside the reporting period dates but can be used for only one program year.
 - You must submit a copy of the SRA to be eligible for a 2021 program year payment. You can submit the SRA at the same time you submit the worksheet or at the time the MU/PI data is submitted. You will also be required to submit a copy of the MU/PI data report prior to receiving payment for 2021. The copy of the SRA and the MU/PI report should be sent to: EhrHelpdesk.DHHS@maine.gov

Security Risk Assessment Resources

The Office of the National Coordinator for Health Information Technology is offering its security risk assessment tool free to all industry stakeholders.

- Newly released Security Risk assessment tool from ONC
 - [HHS Free Security Risk Assessment Tool](#)
- To download the Security Risk Assessment tool
 - [Download Version 3.2 of the SRA Tool \[.msi - 94 MB\]](#)
- To download the Security Risk Assessment Tool Guide
 - [Download the SRA Tool 3.2 User Guide \[PDF - 4.8 MB\]*](#)
- Stage 3 SRA tip sheet from CMS
 - [Stage 3-Security Risk Analysis Tip Sheet](#)
- Tip sheets from Maine and the audit firm of Myers and Stauffer
 - [Tips for Completing a Security Risk Analysis](#)

Objective 2: Electronic Prescribing (eRx)

Maine Meaningful Use Wizard
Meaningful Use Wizard

Objective 2 (Electronic Prescribing (eRx))

Provider: [1] Target: >50% Provider Percentage: 56.67% Pass/Fail [2]

Objective
Generate and transmit permissible prescriptions electronically (eRx).

Please indicate if the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. CEHRT [2]

The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).

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

Numerator
The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT. [3] 10

Denominator
Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period, or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period. [4] 15

Exclusion 1
Writes fewer than 100 permissible prescriptions during the EHR reporting period. [5] No

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

Select F3 for Jaws Screen Reader Help

< Back Next > Cancel

1. When there is a percentage threshold that must be met, the top panel will show the target threshold and your status.
2. Objectives 2 requires you to identify if the data for the measure was extracted from all patient records (data from a combination of CEHRT, non-certified EHR, paper records, etc.) **or** only patient records maintained using CEHRT. Click the drop-down arrow to choose from CEHRT or all patient records.
3. Enter the data from your MU/PI report for the numerator and the denominator.
4. When you find that you have data that meets the requirement, but you are also eligible for the exclusion we prefer that the data be entered and that you select no for the exclusion. In the screen shot above the provider writes 15 prescriptions. They could take the exclusion but instead they enter the data that meets the objective and select no for the exclusion.
5. If you decide to take the exclusion because you write less than 100 you will select 'yes' for the exclusion and enter the number of prescriptions written that document eligibility for the exclusion.

All items must be answered, including exclusions, to proceed.

Objective 3: Clinical Decision Support

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 3 (Clinical Decision Support)

Provider: _____ Pass/Fail:

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

Measures
An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.

Measure 1 [Note for Documentation](#)
EPs must attest YES to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Yes

Measure 2 [Note for Documentation](#)
EPs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. No

Exclusion
Any EP who writes fewer than 100 medication orders during the EHR reporting period. Does the exclusion apply to you? Yes

Number of medication orders written: 15

- Objective 3 has two measures and one exclusion (for measure 2) that require an answer of yes/no.
- When you find that you have data that meets the requirement, but you are also eligible for the exclusion we prefer that the data be entered and that you select no for the exclusion.
- If you decide to take the exclusion because you write less than 100 medication orders you will enter the number of orders written that documents eligibility for the exclusion. In the example above, we answered no to measure 2 and yes to the exclusion, then entered the number of orders – 15. That indicates we are eligible for the exclusion. The MU/PI report should have numerator/denominator data where indicated.
- All items must be answered, including exclusions, to proceed.

Objective 4: Computerized Provider Order Entry (CPOE)

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 4 (Computerized Provider Order Entry (CPOE))

Provider: _____ Target: >60 >60% Provider Percentage: 0 - 0 - 100% Pass/Fail:

Objective 04
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Requirements
An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective. Each measure may be selected in the tree view to the left of this page.

Who can enter CPOE orders?

Objective 04, Computerized Provider Order Entry (CPOE).

Objective
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Stage 3 requirements to meet objective

Measure 1
More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Denominator: Number of medication orders created by the EP during the EHR reporting period.
Numerator: The number of orders in the denominator recorded using CPOE.

- Objective 4 has three measures that must be completed to continue.
- Click on **each** measure in the upper left listing and you will go to the page to input the measure requirements.
- Continue to click and answer each measure until all three are completed.
- Once the three measures have been answered, the green check will show next to the measure.

Objective 4: Measures 1, 2 and 3

Maine Meaningful Use Wizard
Meaningful Use Wizard
Objective 4 (Computerized Provider Order Entry (CPOE))
Target: >60 >60 >60%
Provider Percentage: 80 - 0 - 100%
Pass/Fail 3

Overview
Measure 1
Measure 2
Measure 3

Objective 04
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a healthcare professional.

Requirements
An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective. Each measure may be selected in the tree view to the left of this page.

Who can enter CPOE orders?

Measure 1
More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Please indicate if the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology (CEHRT).
1 CEHRT

The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).

Numerator
The number of orders in the denominator recorded using CPOE.
2 72

Denominator
Number of medication orders created by the EP during the EHR reporting period.
3 90

Exclusion
Any EP who writes fewer than 100 medication orders during the EHR reporting period.
4 No

Number of medication orders written: 0

Select F3 for Jaws Screen Reader Help
< Back Next > Cancel

- Objective 4 requires you to identify if the data for the measure was extracted from **all patient records** (data from a combination of CEHRT, non-certified EHR, paper records, etc.) **or only patient records maintained using CEHRT**. Click the drop-down arrow to choose from CEHRT or all patient records.
- When you find that you have data that meets the requirement, but you are also eligible for the exclusion we prefer that the data be entered and that you select no for the exclusion.
- If you decide to take the exclusion because you write less than 100 of the measure requirements you will enter the number that documents eligibility for the exclusion. In the example above the provider writes 90 medication orders. He is eligible to take the exclusion but instead entered the data from the MU report and answered no for the exclusion.
- Note that the 'Next' button is not active. There are two more measures to be answered for this objective to be completed. Click on Measure 2 in the upper left, complete and then select Measure 3, complete.
 - Measure 1 is for medication orders, measure 2 is for laboratory orders and measure 3 is for radiology orders.
 - The threshold for Stage 3 for these measures is 60% for each measure.

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 4 (Computerized Provider Order Entry (CPOE))

Provider: _____

Target: >60 >60 >60% Provider Percentage: 80 - 83.33 - 100% Pass/Fail ☒

Overview

- Measure 1
- Measure 2
- Measure 3

Objective 04

Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a

Requirements

An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective. Each measure may be selected in the tree view to the left of this page.

Who can enter CPOE orders?

Measure 3

More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Please indicate if the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology: CEHRT

The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT)

Numerator

The number of orders in the denominator recorded using CPOE: 10

Denominator

Number of radiology orders created by the EP during the EHR reporting period: 10

Exclusion

Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period: No

Number of radiology orders written: 0

Select F3 for Jaws Screen Reader Help

< Back Next > Cancel

- Note the tracking of the percentage requirements are recorded for the multiple measures.
- The next button is now active as the three measures have all been addressed.

Objective 5: Patient Electronic Access to Health Information

Maine Meaningful Use Wizard
Meaningful Use Wizard

Objective 5 (Patient Electronic Access to Health Information)

Provider: _____ Target: >80 & >35% Provider Percentage: 83.33% - 50% Pass/Fail

Overview
Measure 1
Measure 2

Objective 05
The EP provides patients (or patient authorized representative) with timely electronic access to their health information and patient specific education.

Requirements
An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy both measures for this objective. Each measure may be selected in the tree view to the left of this page.

[Click here to view the Stage 3 Patient Electronic Access Tip Sheet.](#)

Objective 5 Patient Electronic Access to Health Information:

Additional Information on this objective:

- To implement an API, the provider would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API. Providers may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. Providers are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.
- Similar to how providers support patient access to VDT capabilities, providers should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- In circumstances where there is no information available to populate one or more of the fields previously listed, either because the EP can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the EP may have an indication that the information is not available and still meet the objective and its associated measure.
- The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR) or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through VDT, the measure does not replace the covered entity's responsibilities to meet the broader requirements under HIPAA to provide an individual, upon request, with access to PHI in a designated record set.
- Providers should also be aware that while meaningful use is limited to the capabilities of CEHRT to provide online access there

Select F3 for Jaws Screen Reader Help

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- Like objective 4, objective 5 has multiple measures.
- Please take the time to read the information on this page and in the specification sheets if you have any questions concerning this measure.
- [API Educational Tool eLearning](#) - This is a series of videos from ONC on APIs and how to understand the requirements. Click [here](#) for a PDF of the transcript for the video.
- [Stage 3 Patient Electronic Access Tip Sheet PDF](#)
- In Stage 3, objective 5 has combined patient electronic access and patient-specific educational resources that were reported separately in Modified Stage 2.

Objective 5- Measures 1 and 2

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 5 (Patient Electronic Access to Health Information)

Provider: _____ Target: >80 & >35% Provider Percentage: 83.33% - 100% Pass/Fail

[CMS Specification Sheet for this objective](#)

Overview
Measure 1
Measure 2

Objective 05
The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Requirements
An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy both measures for this objective. Each measure may be selected in the tree view to the left of this page.
[Click here to view the Stage 3 Patient Electronic Access Tip Sheet.](#)

Measure 1
For more than 80 percent of all unique patients seen by the EP:
1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.

Numerator
The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the

10

Denominator
The number of unique patients seen by the EP during the EHR reporting period.

12

Exclusion 1
An EP may exclude from the measure if they have no office visits during the EHR reporting period.

No

Note: The exclusion for this measures is for providers that had no office visits during the EHR reporting period. If you are eligible for this exclusion, we will require further documentation that explains why you had no office visits during the reporting period. This is usually because of the providers practice type.

➤ Objective 5 – measure 1

- The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
- The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.
- The threshold for measure 1 is **>80%** for Stage 3.
- **API or Application Programming Interface** – A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.” Contact your vendor if you have any questions about this requirement.
- For more information on APIs click the links below for videos and a transcript of the videos from ONC:
 - [API Educational Tool eLearning](#)
 - [API transcript.pdf](#)

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 5 (Patient Electronic Access to Health Information)

Provider: Target: >80 & >35% Provider Percentage: 83.33% - 100% Pass/Fail

Overview
Measure 1
Measure 2

Objective 05
The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Requirements
An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy both measures for this objective. Each measure may be selected in the tree view to the left of this page.

[Click here to view the Stage 3 Patient Electronic Access Tip Sheet.](#)

Measure 2
The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Numerator
The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.

Denominator
The number of unique patients seen by the EP during the EHR reporting period.

Exclusion 1
An EP may exclude from the measure if they have no office visits during the EHR reporting period.

Note: The exclusion for this measure is for providers that had no office visits during the EHR reporting period. If you are eligible for this exclusion, we will require further documentation that explains why you had no office visits during the reporting period. This is usually because of the providers practice type.

➤ Objective 5 – measure 2

- The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.
 - The threshold for measure 2 is > **35%**
- The exclusion for both measures is for a provider that has no office visits during the EHR reporting period. If you are eligible for this exclusion, we will require further documentation that explains why you have no office visits during the EHR. This is usually because of the provider's practice type.
- ****Maine does not include the second exclusion for this measure as it is not applicable in Maine per the FCC. See the specification sheet for details. ****

Objective 6- Coordination of Care through Patient Engagement

Objective 6 (Coordination of Care through Patient Engagement)

The screenshot shows the 'Objective 06' screen of the Maine Meaningful Use Wizard. The left sidebar has 'Overview', 'Measure 1', 'Measure 2', and 'Measure 3' with 'Overview' selected. The main content area shows the objective description: 'Use CEHRT to engage with patients or their authorized representatives about the patient's care.' Below this are requirements and stage 3 requirements. The 'Requirements' section lists three bullet points: 'You must enter data for all three measures.', 'You must pass the >5% threshold for two of the measures.', and 'You may enter data that shows less than 5% for one measure and still pass the objective.' An example follows: 'Example: You meet two of the measures with >5% but the third measure you are only meeting 1%. You pass because you enter data for all three measures, and you meet two measures.' The 'Stage 3 requirements to meet objective' section refers to the specification sheet. Below that, 'Measures 1, 2 and 3' are listed with a threshold of 'must be more than 5 percent.' and a note that the numerator action must occur within the 90-day MU reporting period. 'Measure 2' is detailed with a bullet point: 'Measure 2 includes provider-initiated communications (when a provider sends a message to a patient or the patient's authorized representatives), and provider-to-provider communications if the patient is included. A provider can only count messages in the numerator when the provider participates in the communication (e.g. any patient-initiated communication only if the provider responds to the patient. Note: Providers are not required to respond to every message received if no response is necessary.' The bottom of the screen has a 'Select F3 for Jaws Screen Reader Help' link and navigation buttons: '< Back', 'Next >', and 'Cancel'.

Objective: Use CEHRT to engage with patients or their authorized representatives about the patient's care.

- Threshold for measures 1, 2 and 3 is **greater than 5%** of the number of unique patients seen by the EP during the EHR reporting period.
- The numerator action for measures 1, 2 and 3 can occur anytime within the calendar year and is not limited to the 90-day MU reporting period used for other objectives.
- Review the specification sheet for more details on this objective and its measures. (upper right corner in w

Objective 6 Measures 1, 2 and 3

The screenshot shows the 'Measure 1' screen of the Maine Meaningful Use Wizard. The left sidebar has 'Overview', 'Measure 1', 'Measure 2', and 'Measure 3' with 'Measure 1' selected. The main content area shows the measure description: 'For an EHR reporting period in more than 5 percent of all unique patients seen by the eligible professional (EP) actively engage with the EHR made accessible by the provider and either (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) A combination of (1) and (2)'. Below this are the 'Numerator' and 'Denominator' fields. The 'Numerator' field is labeled 'The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.' and has a value of '5'. The 'Denominator' field is labeled 'Number of unique patients seen by the EP during the EHR reporting period.' and has a value of '20'. There is also an 'Exclusion 1' field labeled 'An EP may exclude from the measure if he or she has no office visits during the EHR reporting period' with a value of 'No'. The bottom of the screen has a 'Select F3 for Jaws Screen Reader Help' link and navigation buttons: '< Back', 'Next >', and 'Cancel'.

- Providers must attest to all three measures and must meet the threshold for two measures to meet the objective, the data for one measure must be entered but it is not required to meet the threshold.
 - **Example #1:** The report shows data for all three measures of objective 6. Two of the measures data pass the threshold of >5% but the data for one measure does not exceed 5%. You must enter the data

as shown on your report. You pass the objective because you entered data for all three measures, and you pass two out of the three thresholds.

- **Example #2:** The report shows data for all three measures. Only one measure meets the threshold. Two measures do not meet the threshold and the provider does not qualify for the exclusion. You do not pass objective 6.
- **Example #3:** The report shows data for all three measures. You pass all three thresholds. You pass the objective.
- The exclusion for these measures is for a provider that has no office visits during the EHR reporting period. If you are eligible for this exclusion, we will require further documentation that explains why you have no office visits during the EHR. This is usually because of the providers practice type.
- If you find that you have data that meets the requirement, but you are also eligible for the exclusion, we prefer that the data be entered and that you select no for the exclusion.
- If the 'Next' button is not active in wizard be sure that all three measures have been selected and data has been entered for each measure.
- When all three measures have been addressed the next button will become active and you'll move to the next objective.

Objective 7 Health Information Exchange

Maine Meaningful Use Wizard

Meaningful Use Wizard

Objective 7 (Health Information Exchange)

Provider: Target: >50 >40 >80% Provider Percentage: N/A/N/A/N/A Pass: Fail

Overview

- Measure 1
- Measure 2
- Measure 3

Objective 07

The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

Requirements

- You must enter data for all three measures.
- You must pass the threshold for two of the measures.
- You may enter data that shows less than the threshold for one measure and still pass the objective.
- Example: You meet the threshold of two of the measures but the third measure you are only meeting 1%. You pass because you enter data for all three measures, and you meet two measures.

Objective 07, Health Information Exchange

Stage 3 requirements to meet objective

Resources and Requirements:

- CMS: [Health Information Exchange Objective Stage 3 Fact Sheet](#)
- Measure 1: Refers to transitions of care sent out by the provider electronically.
- Measure 2: Refers to new patient data or referred patient data is received by the provider electronically.
- Measure 3: Refers to new patients or referred patients to the provider that receive a medication review, a medication allergy review and a current problem list that are incorporated into the EHR.
- Exclusions: A provider that either does not receive or does not refer out greater than 100 patients is eligible to take the exclusion and pass the measure.

Please refer to the specification Sheet (upper right side of wizard screen) for details regarding this objective

Select F3 for Jaws Screen Reader Help

< Back Next > Cancel

Objective: The provider provides a summary of care record when transitioning or referring their patient to another setting of care (referring out), receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient (new patient or a referral in to the provider), and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

- This measure has the same requirements of Objective 6 of meeting two measures but entering data for all three measures.

- Providers must attest to all three measures and must meet the threshold for two measures to meet the objective, the data for one measure must be entered but it is not required to meet the threshold.
 - **Example #1:** The report shows data for all three measures of objective 6. Two of the measures data pass the threshold, but the data for one measure does not. You must enter the data as shown on your report. You pass the objective because you answered all three measures and you pass two out of the three thresholds.
 - **Example #2:** The report shows data for all three measures. Only one measure meets the threshold. Two measures do not meet the threshold and the provider does not qualify for the exclusion. You do not pass objective 7.
 - **Example #3:** The report shows data for all three measures. You pass all three thresholds. You pass the objective.
 - **Example #4:** A provider meets the exclusions for all 3 measures as they do less than 100 in each category. The provider passes the objective. If the provider meets the measure with the data from your CEHRT report, we prefer you enter the data and select no for the exclusion.
- Objective 7 has multiple measures, click each measure in the upper left. Answer each measure and exclusion to move to the next measure. When all 3 measures have been completed you will be able to move to the next objective.
- [Stage 3 Health Information Exchange Tip Sheet](#)
- Each measure has a different threshold. You can see the requirements and your % met in the heading (circled in red in screen shot above).

Measure 1: For more than **50%** of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:

1) Creates a summary of care record using CEHRT; **and** 2) Electronically exchanges the summary of care record.

- If you have data that meets the measure, but you also meet the exclusion, we prefer you enter the data and select “no” for the exclusion.

Measure 1 Exclusion:

Any provider who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

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

- If you have data that meets the measure, but you also meet the exclusion, we prefer you enter the data and select “no” for the exclusion.

Measure 2 Exclusion: Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.

Measure 3: For more than 80% of transitions or referrals received and patient encounters in which the provider has never encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:

- 1) Medication - Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
 - 2) Medication allergy - Review of the patient's known medication allergies.
 - 3) Current Problem list - Review of the patient's current and active diagnoses.
- If you have data that meets the measure, but you also meet the exclusion, we prefer you enter the data and select "no" for the exclusion.

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

Objective 8 Public Health and Clinical Data Registry Reporting

- [Stage 3 Objective 8 Public Health Reporting Specification Sheet \(PDF\)](#)
- [Stage 3 Public Health Reporting Tip Sheet](#)

Objective: The provider is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Public Health Registries

- All providers must attest for two or more public health measures.
- If you can answer yes (you meet the requirement) for two of the five public health measures, you will continue to the CQMs in the wizard.

- If a provider is eligible for an exclusion for any of the measures, then the provider will need to answer all public health measures and meet the requirement through attestation and/or exclusion.

Maine Registries available for registrations for Stage 3:

- **Measure 1:** Immunization Registry Reporting - ImmPact, the Maine Immunization Registry, operated by Maine CDC.
 - **Contact:** MIP-DES.DHHS@maine.gov
- **Measure 2:** Maine CDC Syndromic Surveillance. Registration of intent to onboard is available for providers.
 - **Contact:** syndromic@maine.gov
- **Measure 3:** Electronic Case Reporting (ECR) - available for the 2020 program year.
 - **Contact:** NEDSS@maine.gov
- **Measure 4:** Public Health Registry Reporting: Maine Cancer Registry and all specialized registries are now included in the Public Health Registry.
 - **Contact:** Carolyn.Bancroft@maine.gov

Stage 3 Registry not yet available in Maine:

- **Measure 5:** Clinical Data Registry Reporting – presently not available in Maine – providers are automatically eligible for the exclusion - Operates in a jurisdiction where no clinical data registry for which the eligible provider is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Active Engagement - The active engagement options have not changed for Stage 3

Active engagement means that the provider is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR) or is sending production data to a PHA or CDR.

Active Engagement Option 1—Complete Registration with Maine CDC (Public Health) to Submit Data: The provider/practice site has registered their intent to submit data with the PHA. The registration was completed **any time prior to or within 60 days** after the start of the EHR reporting period and the provider/practice site is awaiting an invitation from the PHA to begin testing and validation. The provider meets the active engagement requirement by having registered with the PHA. If a provider has registered in a previous program year that registration does not need to be done again; the practices site registration remains active.

Active Engagement Option 2 - Testing and Validation:

- The provider/practice site is in the process of testing and validation of the electronic submission of data. Providers (or the practice) 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/practice site has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. Production data refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Maine CDC Registration Date

- The practice site is registered and all providers at the practice site are listed in that registration.
- If a practice registration was completed in a previous program year that registration remains valid.
- The practice site should update their registration when providers join a practice.

- When a new provider is added to an existing practice site registration the provider will use the original registration date of the practice site as a proxy for MU/PI purposes.
- The original practice registration date is what should be listed on your Medicaid eligibility worksheet and in the wizard for each provider.
- If you are not sure of the original date the practice was registered, please contact:
EhrHelpdesk.DHHS@maine.gov
- If none of the PH registries apply to a provider's scope of practice leave the date field blank and select any/all exclusion that the provider is eligible for.
- After the Public Health registration is completed you will receive an email acknowledgement. Retain that email as documentation of the date the practice was registered.

Clinical Quality Measures (CQMs)

- For 2021 all providers will report a minimum of 6 CQM measures for a 90-day reporting period.
- CQMs are grouped under the National Quality Strategy Domains.
- The selection of CQM measures is where the greatest impact of the Meaningful Use/Promoting Interoperability program is demonstrated. As the program matures and more data can be gathered and analyzed, this is the area that will give the information that will lead to the goal of improved healthcare for patients.
- As you review your meaningful use reports, choose CQMs that reflect your practice data. You must answer a required minimal number of CQMs, but you are not restricted in the number you can enter. If you have data for more CQMs than the required number, please enter as many CQMs as you can. The more data collected, the more useful the Meaningful Use program will ultimately be.
- CMS has recommendations for adult and pediatric CQMs. We have identified them in the wizard, you are not required to report on those specific measures unless they are applicable to your practice type and your CEHRT has data for the measures.



- A listing of the 2021 CQMs is available by clicking the link in the upper right corner of this page.
- **Please note that in program year 2021 the available CQMs has been decreased to 47.**

Meaningful Use Wizard

Select measures from the Person and Caregiver-Centered Experience and Outcomes domain

2

Person and Caregiver-Centered Experience and Outcomes

Please select any Clinical Quality Measures you wish to answer from the Person and Caregiver-Centered Experience and Outcomes domain or select 'Next' to continue to the next category.

1

Select	eMeasure Id	NQF Id	Title	Description	Recommended CQM (Adult)	Recommended CQM (Pediatric)	Recommended CQM (Maine)
3	CMS157v5	NQF 0384	Oncology Medical and Radiation - Pain Intensity Quantified.	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.			
	CMS56v5	<none>	Functional Status Assessment for Hip Replacement.	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.			
	CMS66v5	<none>	Functional Status Assessment for Knee Replacement.	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.			
	CMS90v6	<none>	Functional Status Assessments for Congestive Heart Failure.	Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.			

1. CQMs are identified by the eMeasure ID and the NQF ID (when applicable) as well as the title.
2. The Wizard sorts the CQMs by the six domains. Each domain has varying numbers of selections available.
3. To select a CQM click in the check box to the left of each measure.
4. If you click the eMeasure ID that will open a pdf with the specifications for that measure.
5. If you find you do not have data for six CQMs you can enter zeros and the wizard will accept the zero entry after it prompts you to select any measure for which you have data.

Maine Meaningful Use Wizard

Meaningful Use Wizard

Clinical Quality Measure CMS157v5 (NQF 0384)

Provider:

[CMS Specification Sheet for this measure](#)

Dms Req: 1 Dms Sctd: 4 Mns Req: 6 Mns Sctd: 6

Title
Oncology Medical and Radiation - Pain Intensity Quantified.

Description
Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

1. Each individual CQM specification sheet is available on the measure screen. Click the link in the upper right corner.
2. As you move through the screens you will see a listing of what you have met for CQM requirements at the top of the screen.

Maine Meaningful Use Wizard

Meaningful Use Wizard

Clinical Quality Measure CMS164v5 (NQF 0063)

Provider:

Dms Req: 3 Dms Sctd: 4 Mns Req: 9

Title
Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic

Description
Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) during the measurement period, and who had documentation of use of antiplatelet during the measurement period.

Complete the following information:

Numerator: 10

Denominator: 10

3

Number of patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period.

3. Hover your cursor over the area where you enter data and a tool tip will come up to show you the description of that data point.
- Continue to select all CQM measures you have data for and enter the data.

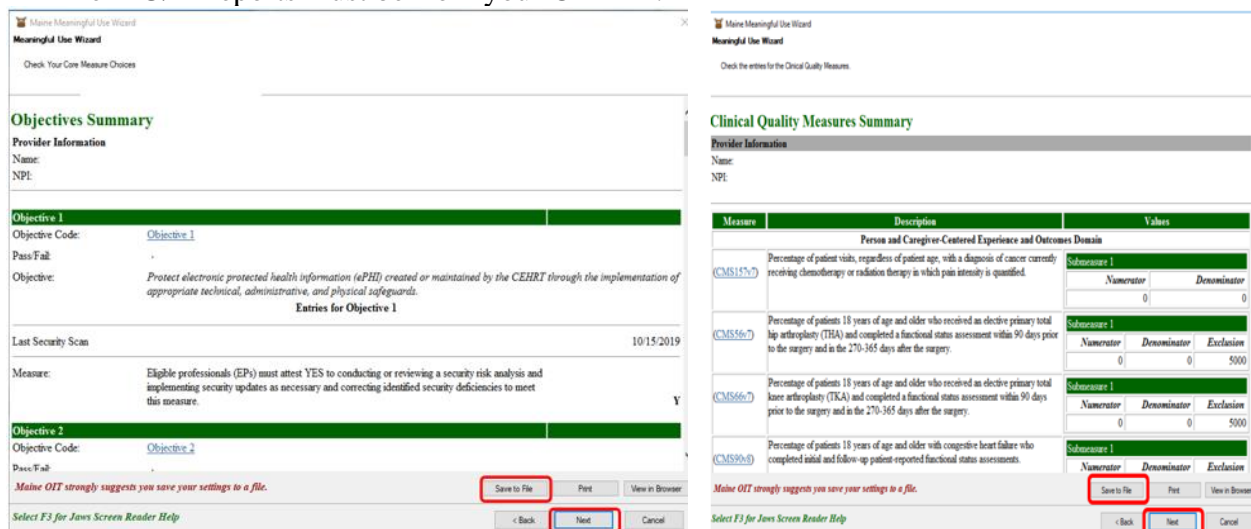
Note: We encourage you to enter data for more than the required 6 CQMs if you have more data available.



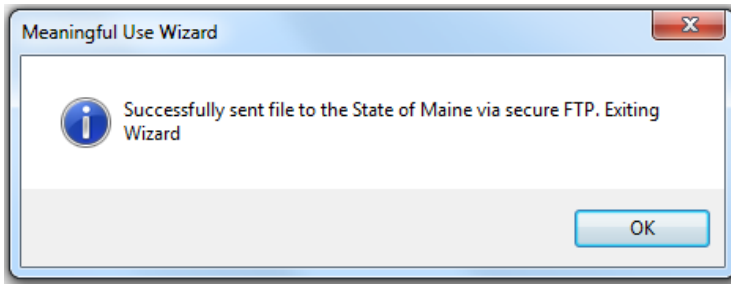
Summary & Submission:

When you have completed entry for all the MU data, you will see the summary screens. There is one summary screen for the MU objectives and a separate summary screen for the CQMs.

- **Note: You must save these files for documentation of your submission.**
- You are required to keep copies of all MU/PI reports that you have pulled from your system as well as all back up documentation such as screen shots to show that certain actions were enabled for each program year. Many issues have occurred with providers having payments recuperated due to lack of retaining documentation. If you change vendors, you may lose access to these reports.
- The MU/PI reports must be from your CEHRT.



- Click Next to proceed to the submission page
- When your information is complete the Send button will be accessible
- Click the “Send” button to complete the submission to the State of Maine.
- The box below will pop up onto the wizard screen when the file has been sent.
- The Meaningful Use data is sent by secure FTP.



Congratulations, you have completed your submission of Meaningful Use.

- This data will be reviewed by our team and you will receive the attestation statement by email when the data is accepted.
- The attestation statement must be signed and returned by email to complete the application.
- If the data cannot be accepted for any reason, you will be contacted for a resubmission.

The final date for submission of data for the 2021 program year is 10/31/2021. All payments will be disbursed by 12/31/2021. The 2021 program year is the final year of the Medicaid Incentive Program.

Thank you for your participation in the Medicaid EHR Incentive Program.

David Jorgenson
Patti Chubbuck
April Smith
Heather Dorr
MaineCare E H R Program Team

If you have any questions, please email the helpdesk:

EhrHelpdesk.DHHS@maine.gov

Wizard FAQ

Q: What is the reporting period for 2021?

- **A:** All submissions in 2021 will be for a 90-day reporting period for objective data and 90 days of CQM data. The latest end date that can be used is October 31, 2021.

Q: Can I submit data for my providers whenever I am ready?

- **A:** Before submitting your MU/PI data you need to submit the Medicaid Eligibility Worksheet. You will need to complete the worksheet and return it via email. After the worksheet is accepted, we will mark

the provider(s) eligible in the database which automatically sends out the wizard email that contains a link to the current version of the MU/PI wizard

Q: Does the wizard support Mac or Linux operating systems?

- **A:** No, the wizard requires Microsoft .NET framework to run and therefore professionals must enter their data on a Microsoft operating system (Windows XP or higher).

Q: Can I save my data and come back to work on it later?

- **A:** Yes - The wizard will save the data entered until the submission has been marked approved in our system. The provider's name will then fall out of the wizard as you cannot edit the MU/PI submission after it has been accepted. If you find you need to update the MU/PI data after it has been accepted please contact us and we will open the record for the new submission.

Q: Is there any way to enter multiple professionals at one time?

- **A:** There is currently no way to enter more than one professional's MU/PI data at a time.

Q: Why should I save and/or print my data from the 2 summary screens?

- **A:** This will give you a copy of the information you have submitted to MaineCare which is your only documentation of this event.
- You will want to have copies of all data sent to the program previously as well as any updated information.
- Once the submission of meaningful use is accepted the provider's data will no longer be available in the wizard.
- Our system retains copies of all submitted MU data.
- You are required to keep copies of all MU/PI reports that you have pulled from your system as well as all back up documentation such as screen shots to show that certain actions were enabled. The MU/PI reports must be from your CEHRT.

Stay up to date with the CMS program requirements

Sign up for the [CMS EHR Incentive Programs listserv](#) for program updates and new resources if you have not done so previously.

Email us at: EhrHelpdesk.DHHS@maine.gov and we will gladly help you with any questions or problems.