**EHR Integration Readiness Document**

**Completed forms must be submitted via email to** **PMP.EHR@massmail.state.ma.us**

Commonwealth of Massachusetts, Department of Public Health,
Office of Prescription Monitoring and Drug Control Program,
250 Washington Street, Boston, MA 02108

Telephone 617-753-7310 Fax 617-973-0985

## Purpose

This document defines the measurable criteria to be assessed prior to MA PMP activating production credentials for a health care entity to connect to the PMP Gateway. The undersigned acknowledge that they have reviewed and completed the items under the Project Acceptance Criteria section, agree with the information presented within this document, and are ready to have their organization’s production credentials approved.

**Please send all completed forms to** **PMP.EHR@massmail.state.ma.us** **with the subject of “[Organization Name] - EHR Testing”.**

## Project Owners

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |

## Project Acceptance Criteria

|  |  |  |
| --- | --- | --- |
| **Item** | **Complete?** | **Approved By** |
| Reviewed Welcome Packet |  |  |
| Able to connect to PMP Gateway |  |  |
| Able to view Prescription Report |  |  |
| End users registered in MassPAT |  |  |
| End users trained on proper usage and workflow |  |  |
| All outstanding issues resolved |  |  |
| Ready for Production Approval |  |  |

## Proof of Testing

Please include a screenshot of a successful patient search as displayed within your system below.