



Medical Assistance HIT Initiative

Medical Assistance

EHR Provider Incentive Program

Eligible Professional Provider Manual v.3.1

Medical Assistance EHR Incentive Program MAPIR Application

This guide contains screen shots and some helpful hints on how to complete each screen component within seven electronic MAPIR application tabs that comprise the registration document:

Get Started
R&A and Contact Info
Eligibility
Patient Volume
Attestation
Review
Submit

As applicants move through the various screens, MAPIR will display key information about completing each tab through information pages which display information needed to complete the fields in the tab and guidance on what to include in the response. More information to help you with the application will be available in “hover bubbles” which are indicated by a question mark. To view this information, simply move your mouse over the symbol shown in the example below.

HOVER BUBBLES

Many MAPIR screens contain help icons  to give the provider additional details about the information being requested. Moving your cursor over the  will reveal additional text providing more details. Below is and example of a Hover Bubble

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	1	Program Year	2012

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

Eligibility Questions (Part 1 of 3)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Are you a Hospital based eligible professional? Yes No 

* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Pennsylvania? Yes No 

A hospital based Eligible Professional (EP) such as a pathologist, anesthesiologist, or emergency physician, who furnishes 90 percent or more of his or her covered professional services in a hospital setting (Inpatient - Place of Service 21 or Emergency Room - Place of Service 23)

Previous **Reset** **Save & Continue**

DASHBOARD

This dashboard will show the options for the EP Incentive program.

Medicaid EHR Incentive Program Participation Dashboard

NPI 1881640274

TIN 169583428

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input checked="" type="radio"/>	Stage 1 Meaningful Use	Incomplete	1	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	2	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

REMINDERS:

- For 2014 EHR Incentive applications, providers must be utilizing a 2014 certified EHR system. You must enter the 2014 certified EHR ID number into the application.
- To reduce your level of burden in the event of an audit, we encourage you to upload your patient volume and meaningful use reports with your application prior to submission. This will save you time in the future if a clarification is required regarding your incentive application.

Continue

DASHBOARD (cont.)

If you are attempting to abort your application, you will get this message before the application is actually aborted.



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[Print](#) [Contact Us](#) [Exit](#)

Thursday 03/06/2014 12:53:58 PM
EST

MAPIR

Confirm Abort

To submit your request to abort selected application, please select **Confirm**. Select **Cancel** to return to the previous screen.

DASHBOARD (cont.)

After choosing the application you want to complete, you will see this page. Please verify that the Payment Year and Program Year are correct and then choose 'Get Started.'



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[Contact Us](#) [Exit](#)

Friday 03/23/2012 1:17:05 PM EDT

Payment Year

1

Program Year

2012

MAPIR

Name: Ian Mapir

Applicant NPI: 9300002604

Status:

IMPORTANT:

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

Exit

Get Started

GET STARTED

If the applicant elects to start over, MAPIR will display a Confirmation Screen confirming this is how the applicant chooses to proceed.



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Friday 03/23/2012 1:24:13 PM EDT

MAPIR

Confirmation

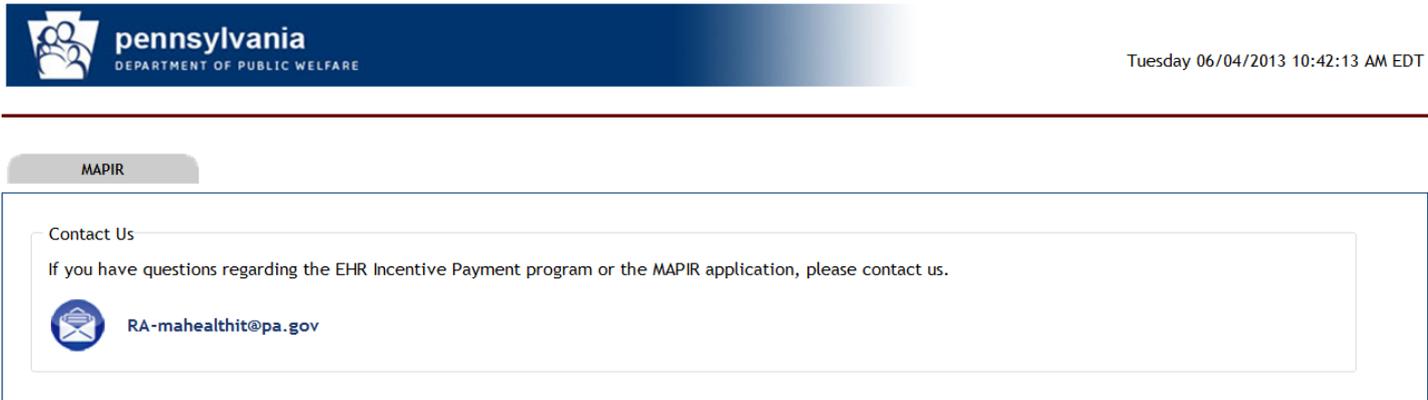
You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

Select the "Cancel" button to return to the start page.

Select "Confirm" to associate the current Internet/Portal account with MAPIR.

GET STARTED (cont.)

Clicking on the “Contact Us” link in the upper right hand corner of most (not all) screens within MAPIR will display the following contact information.



The screenshot shows a web interface for the Pennsylvania Department of Public Welfare. At the top left is the state logo and the text "pennsylvania DEPARTMENT OF PUBLIC WELFARE". At the top right is the date and time: "Tuesday 06/04/2013 10:42:13 AM EDT". Below this is a grey button labeled "MAPIR". The main content area is titled "Contact Us" and contains the text: "If you have questions regarding the EHR Incentive Payment program or the MAPIR application, please contact us." Below the text is an email icon and the address "RA-mahealthit@pa.gov".

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Tuesday 06/04/2013 10:42:13 AM EDT

MAPIR

Contact Us

If you have questions regarding the EHR Incentive Payment program or the MAPIR application, please contact us.

 RA-mahealthit@pa.gov

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

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Name: Adam MAPIR

Applicant NPI: 1881640274

Status: **Incomplete**

[Continue](#)



Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Navigation Keys:

Welcome to Pennsylvania's **Medical Assistance Provider Incentive Repository** or **MAPIR**.

If you have already started your application and are returning to complete it, you may select any completed tab above to go directly to that section. Completed tabs are shown in dark blue. Tabs that must still be completed are gray, and a light blue tab indicates the tab you are currently viewing. You can clear your application by clicking on the link above. Or, you can Exit out of the application, log back into the application and at the Medicaid EHR Incentive Participant Dashboard select 'ABORT' to clear your application.

Here are a few key helpful hints to assist you as you complete the registration process.

- In MAPIR, the term "R&A" refers to the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System.
- The term Medicaid is used in MAPIR and refers to the Medical Assistance program. These terms are used interchangeably throughout MAPIR.
- You will receive correspondence related to your application via email. Please make sure your spam filters do not block emails related to this application. Please refer questions about your spam filters to your network administrator for further assistance.
- The PROMISE Internet Portal User ID used to enter the MAPIR application must be used throughout the entire application process. The eligible provider is responsible for attesting to this application, but an authorized user can complete the application on the eligible provider's behalf.
- When you complete a MAPIR tab, a checkmark will appear in the corner of the tab and it will turn dark blue. The last screen of each section will indicate that you have successfully completed the information and can proceed to the next tab.
- You can refer back to completed application tabs to review or edit content, but you cannot proceed **forward** to tabs you have not yet started. MAPIR will guide you through the process.
- Information to help you with the application is available in "hover bubbles" which are indicated by a question mark symbol throughout MAPIR.
- **Note:** There are data and validation checks in MAPIR. If the information entered does not conform to the data and validation requirements, MAPIR will not allow you to move forward. Validation messages will assist you with errors throughout the application process.

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button at the bottom of each screen or the information will be lost. You may return to a screen or use the Review tab to view (or print) the saved information at any time.
- **Previous:** Allows you to move to the previous screen without saving any information entered on the screen.
- **Reset:** Allows you to reset the values on the current screen. If you have already saved information on the screen, the Reset button will return the data to the last saved information.
- Your MAPIR user session will end if there is no user activity after 30 minutes. You will receive timeout warnings.
- Please use the **Exit** link in the upper right hand corner of the screen to properly exit the MAPIR application and return to the PROMISE portal. Use of your Internet browser exit and back / forward functions may result in unexpected results that will require you to login again.

GET STARTED (cont.)

There are information pages/splash screens (see screen to the left) throughout the MAPIR Application that include guidance on how to complete the MAPIR application.



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

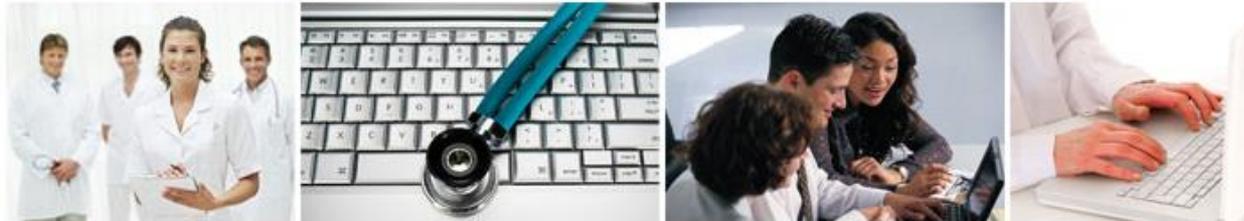
Eligibility

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The information you provided to the R&A will be displayed in this section for verification.

- You will need to verify the accuracy of information transferred from the R&A to MAPIR. If there are any errors in the information, you must return to the R&A to make these updates prior to moving forward with your MAPIR application. R&A changes or updates cannot be made in MAPIR. NOTE: When you make changes at the CMS R&A, please be sure to re-submit the application or you will not be able to continue with your MAPIR application.
- Changes made in the R&A are **not** immediate and will not be displayed in MAPIR for at least two business days. You cannot continue with the MAPIR application process until the updated information is available in MAPIR.
- The following link will direct you to the R&A to make updates or correct any errors:
<https://ehrincentives.cms.gov/hitech/login.action>

Please note that in this section, you will be required to enter a contact name and phone number, along with an email address. All email correspondence regarding your incentive payment application will be sent to this email address and to the email address entered at the R&A.

Begin

R & A CONTACT INFORMATION

This is the information entered at the CMS R&A website. Please confirm that this information is accurate. If so, choose 'Yes.' If there are any discrepancies, then choose 'No' and your registration at the CMS R&A must be updated and re-submitted before you can complete your MAPIR application.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

Get Started

R&A/Contact Info

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Submit

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel back to the starting point.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payee NPI	1881640274		

Business Address

ERIE AVE AT FRONT ST
NELSON PAVILION STE 2045, - SCPA
GASTROENTEROLOGY
PHILADELPHIA, PA 19134- 1043

Business Phone 215-427-6781

Incentive Program MEDICAID **State** PA

Eligible Professional Type Nurse_Practitioner

R&A Registration ID 1881640274

R&A Registration Email Address PROMISEUATMapirRAEmail@hp.com

CMS EHR Certification Number

(* Red asterisk indicates a required field.

Is this information accurate? Yes No

Previous

Reset

Save & Continue

R & A CONTACT INFORMATION

If you choose 'No' at the bottom of the page, you will get the error message listed and we will also not be able to process your application until the information has been updated and the 'No' is changed to 'Yes'.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel back to the starting point.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payee NPI	1881640274		

Business Address

ERIE AVE AT FRONT ST
NELSON PAVILION STE 2045, - SCPA
GASTROENTEROLOGY
PHILADELPHIA, PA 19134-1043

Business Phone 215-427-6781

Incentive Program MEDICAID **State** PA

Eligible Professional Type Nurse_Practitioner

R&A Registration ID 1881640274

R&A Registration Email Address PROMISEUATMapirRAEmail@hp.com

CMS EHR Certification Number

(* Red asterisk indicates a required field.

* Is this information accurate? Yes No

• Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

Previous **Reset** **Save & Continue**

CONTACT INFORMATION

Please note that all correspondence about your application will be sent to the email address entered below.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

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Submit

Contact Information

Please enter your contact information. All email correspondence will go to the email address entered below. The email address, if any, entered at the R&A will be used as secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

*Contact Name

S Moore

*Contact Phone

717

-

780

-

0001

Ext

*Contact Email Address

Enter twice to verify :

samoore@mapir.com

samoore@mapir.com

Previous

Reset

Save & Continue

COMPLETE

Screens like the one below will confirm that you successfully completed the section. You will also see the checkmark in the right hand corner of the R&A/Contact Info tab showing this section is complete.



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[Print](#) [Contact Us](#) [Exit](#)

Wednesday 04/02/2014 1:38:18 PM
EDT

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info 

Eligibility

Patient Volumes

Attestation

Review

Submit



You have now completed the **R&A/Contact Information** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Eligibility** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

[Continue](#)

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

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Submit



To participate in the EHR Incentive Program, you must first provide some basic information to confirm your eligibility for the program. In this tab you will need to confirm that:

- You are not a hospital-based provider.
- You are applying to participate in the Pennsylvania Medical Assistance EHR Incentive Program.
- You are an eligible professional type.
- You do not have current Medicare or Medicaid sanctions in any state.
- You are licensed in all states in which you practice.
- You have obtained a valid CMS EHR Certification ID number for the EHR system your organization has selected/is utilizing.
- In order to complete the MAPIR application process, the Eligible Professional is required to provide documentation verifying that a certified EHR system is being adopted, implemented, upgraded or meaningfully used. A list of accepted documents can be found on the HIT website at http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p_022832.pdf You may upload this documentation into your MAPIR application prior to submitting your application.

Note: Your CMS EHR Certification ID number is a 15-character alphanumeric ID that should be entered without spaces or dashes.

For more detailed information please refer to the *Eligible Professional Provider Manual*:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

Begin



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

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[R&A/Contact Info](#)

[Eligibility](#)

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[Submit](#)

Eligibility Questions (Part 1 of 3)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Are you a Hospital based eligible professional?

Yes No



* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Pennsylvania?

Yes No



[Previous](#)

[Reset](#)

[Save & Continue](#)

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

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Eligibility Questions (Part 2 of 3)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(* Red asterisk indicates a required field.)

* What type of provider are you? *(select one)*



- Physician
- Dentist
- Certified Nurse-Midwife
- Pediatrician
- Nurse Practitioner
- Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?

Yes No



* Are you licensed in all states in which you practice?

Yes No



Previous

Reset

Save & Continue

CMS EHR Certification ID

A CMS EHR Certification ID is required to proceed through the application. A CMS EHR Certification ID can be obtained from the ONC Certified Health IT Product List (CHPL). **NOTE:** For program year 2014 application, you are required to be using a 2014 certified EHR system in order to apply for program year 2014.



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[Print](#) [Contact Us](#) [Exit](#)

Wednesday 04/02/2014 1:49:34 PM EDT

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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[R&A/Contact Info](#)

[Eligibility](#)

[Patient Volumes](#)

[Attestation](#)

[Review](#)

[Submit](#)

Eligibility Questions (Part 3 of 3)

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

A014E01EPAKJEA3

(No dashes or spaces should be entered.)

[Previous](#)

[Reset](#)

[Save & Continue](#)

CMS EHR Certification ID

This screen confirms that you have successfully entered your CMS EHR Certification ID.



[Print](#) [Contact Us](#) [Exit](#)

Wednesday 04/02/2014 1:50:24 PM EDT

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

Get Started

R&A/Contact Info

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Submit

Eligibility Questions (Part 3 of 3)

We have confirmed that you have entered the correct CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

CMS EHR Certification ID: **A014E01EPAKJEA3**

[Previous](#)

[Save & Continue](#)

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

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Review

Submit



You have now completed the **Eligibility** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Patient Volumes** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

[Continue](#)

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

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Submit



The next section of the application will collect data to verify Medicaid patient encounter volume. Eligible professionals must meet the Medicaid patient volume threshold which is typically a minimum of 30 percent, but can be 20 percent or higher for pediatricians.

You have a number of options for reporting your Medicaid patient volume depending on your provider type and service location:

- Individual Practitioner
- FQHC/RHC Individual Practitioner
- Group/Clinic
- FQHC/RHC Group

Medicaid patient volume calculations are based on encounters for which a service is rendered on any one day to an individual where the recipient is/was eligible for Medicaid. Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year or over a continuous 90-day period in the preceding 12 month period from the date of attestation. For example, if completing your attestation on May 5, 2013, the volume can be from calendar year 2012 or from a 90-day period from May 5, 2012 through May 4, 2013. You will enter the start date and MAPIR will calculate the end date.

We encourage eligible professionals to account for their encounter volume as outlined in a sample report available here:

http://www.dpw.state.pa.us/cs/groups/webcontent/documents/report/p_011933.pdf This report can be uploaded with your application.

Once you have determined how you wish to report patient volumes and for what time period, MAPIR will display your practice location(s) on file with PROMISE. You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology. If you wish to report patient volumes for a location or site that is not listed, use the Add Location feature. Please note that a location added in MAPIR does not get added to PROMISE.

Additional guidance on ENTERING patient volume:

- The in-state numerator cannot be greater than the total numerator.
- The numerator cannot be greater than the denominator.
- Patient volume calculators are available on the Department's website:
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincientverepos/eligibleprofessionalvolumecalculator/index.htm>
- For additional information on calculating patient volume, please review the Frequently Asked Questions document that is located at:
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/mahitfaqs/index.htm>

Begin

Patient Volume Options

In the following section, you will choose whether the group is a FQHC/RHC and if individual or group patient volume. Depending on the type of group and the type of volume being used, you will see different screens. There are four options. Below are the options and the page numbers where you will find the screen shots for these options (you can click on the pages to go directly to the page section):

1. Non-FQHC/RHC group using individual patient volume ([pages 23 – 33](#))
2. Non-FQHC/RHC group using group patient volume ([pages 34 – 43](#))
3. FQHC/RHC group using individual patient volume ([pages 44 – 53](#))
4. FQHC/RHC group using group patient volume ([pages 54 – 63](#))

The Attestation Section begins on [page 64](#)

Patient Volume Section

This section will show you the screens you will see if you have chosen that you do not practice in a FQHC/RHC and are using Individual patient volume.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

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Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

Yes No



* Please indicate if you are submitting volumes for:
(Select one)

Individual Practitioner

Group/Clinic



Previous

Reset

Save & Continue

MA PATIENT VOLUME DATES

For MA patient volume calculations, you now have the option to choose a date range from the previous calendar year (for example if you are complete an application for program year 2014, they you would choose a continuous 90 days from 2013) or 12 months preceding attestation date (for example if you complete your application on 9/1/14, then you would chose 90 continuous days from 9/1/13 to 8/31/14).

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

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Eligibility

Patient Volumes

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Patient Volume 90 Day Period (Part 2 of 3)

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year

12 Months Preceding Attestation Date

* **Start Date:**



mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

Previous

Reset

Save & Continue



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

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Review

Submit

Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Start Date: Oct 03, 2013

End Date: Dec 31, 2013

[Previous](#)

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PRACTICE LOCATIONS

The address listed below display the addresses listed in the provider's PROMISe account. If you would like to add another address to the application, choose the 'Add location' tab and then complete the required fields (shown on the next page).

NOTE: by adding an address here, it does not add it to the provider's PROMISe account.

Name Adam MAPIR **Applicant NPI** 1881640274
Personal TIN/SSN 169583428 **Payee TIN** 169583428
Payment Year 1 **Program Year** 2014

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Patient Volume - Individual (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	

PRACTICE LOCATIONS

This is the screen you will see if you choose to add another location to the provider's application.



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EDT

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Patient Volume - Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Location Name: 

* Address Line 1: 

Address Line 2:

Address Line 3:

* City:

* State: Alabama 

* Zip (5+4): -

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Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Patient Volume - Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Location Name:** 

* **Address Line 1:** 

Address Line 2:

Address Line 3:

* **City:**

* **State:** 

* **Zip (5+4):** -

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PRACTICE LOCATIONS

You are able to Edit or Delete the addresses that you add to the application. This will not impact the provider's PROMISE account.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

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Patient Volume - Individual (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

MA PATIENT VOLUME SECTION

The following section includes the screens a provider will see if **NOT** part of a FQHC/RHC and **IS** using **INDIVIDUAL** patient volume for calculating Medical Assistance patient volume.



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Wednesday 04/02/2014 2:06:05 PM
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Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

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This tab is for applicants who wish to calculate and attest to patient volume as an individual.

- This section is not intended for eligible professionals applying as a group.
- This section is not intended for eligible professionals who practice predominantly in an FQHC or RHC.

For more detailed information please refer to the **Eligible Professional Provider Manual:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

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MA PATIENT VOLUME

In the chart below, the column titled 'Medicaid Only Encounter Volume (In State Numerator)' would include your Pennsylvania Medical Assistance patients seen during the chosen 90 day period. The column titled 'Medicaid Encounter Volume (Total Numerator)' would include the number from the previous column in addition to any 'Out of State' Medicaid patients who were seen during the chosen 90 day period. If there are no out-of-state numbers then the number in the 2 columns would be the same.



Name Adam MAPIR **Applicant NPI** 1881640274
Personal TIN/SSN 169583428 **Payee TIN** 169583428
Payment Year 1 **Program Year** 2014

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Patient Volume - Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point

(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	* 100	* 150	* 400
1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	* 90	* 90	* 200
N/A	MAPIR 1	1 Main St Anywhere, PA 17110	* 65	* 65	* 190

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Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

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Patient Volume - Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	Medicaid Only In State: 100 Total Medicaid: 150 Denominator: 400	38%
Yes	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	Medicaid Only In State: 90 Total Medicaid: 90 Denominator: 200	45%
No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	Medicaid Only In State: N/A Total Medicaid: N/A Denominator: N/A	N/A
Yes	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	Medicaid Only In State: 65 Total Medicaid: 65 Denominator: 190	34%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
255	305	790	39%

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Name Adam MAPIR

Applicant NPI 1881640274

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You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

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Patient Volume Section

This section will show you the screens you will see if you have chosen that you do not practice in a FQHC/RHC and are using Group patient volume.



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Name Adam MAPIR
Applicant NPI 1881640274
Personal TIN/SSN 169583428
Payee TIN 169583428
Payment Year 1
Program Year 2014

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Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

Yes No



* Please indicate if you are submitting volumes for:
(Select one)

Individual Practitioner



Group/Clinic



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MA PATIENT VOLUME DATES

For MA patient volume calculations, you now have the option to choose a date range from the previous calendar year (for example if you are complete an application for program year 2014, they you would choose a continuous 90 days from 2013) or 12 months preceding attestation date (for example if you complete your application on 9/1/14, then you would chose 90 continuous days from 9/1/13 to 8/31/14).



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Wednesday 04/02/2014 2:35:34 PM
EDT

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Get Started

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Patient Volume 90 Day Period (Part 2 of 3)

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year

12 Months Preceding Attestation Date

* **Start Date:** 
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

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Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

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Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Start Date: Oct 03, 2013

End Date: Dec 31, 2013

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PRACTICE LOCATIONS

The address listed below display the addresses listed in the provider's PROMISe account. If you would like to add another address to the application, choose the 'Add location' tab and then complete the required fields (shown on the next page).

NOTE: by adding an address here, it does not add it to the provider's PROMISe account.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

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Patient Volume - Group (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

? *Utilizing Certified EHR Technology (Must Select One)	? Provider ID	Location Name	Address	? Available Actions
<input type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="radio"/> Yes <input type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	

Add Location

Refresh

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Save & Continue



Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Patient Volume - Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Location Name:** 

* **Address Line 1:** 

Address Line 2:

Address Line 3:

* **City:**

* **State:** 

* **Zip (5+4):** -

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[Save & Continue](#)

PRACTICE LOCATIONS

You are able to Edit or Delete the addresses that you add to the application. This will not impact the provider's PROMISE account.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Patient Volume - Individual (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add Location

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MA PATIENT VOLUME SECTION

The following section includes the screens a provider will see if **NOT** part of a **FQHC/RHC** and **IS** using **GROUP** patient volume for calculating Medical Assistance patient volume.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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This tab is for applicants who wish to calculate and attest to patient volume as a group. The **group NPI** must define the "group," and all members of the group must apply in an identical manner.

Note: You should enter the group NPI(s) in the group practice provider ID field.

- The group methodology is not appropriate for eligible professionals who see commercial, Medicare, or self-pay patients exclusively.
- You can enter **four (4)** group practice NPIs. **If you have more than four (4) group practice NPIs**, please indicate this by checking the box "*additional group practice provider IDs.*" Please send all additional group practice NPI numbers and group names, along with the applicant's name and NPI, by email to: **RA-mahealthit@state.pa.us**.

For more detailed information please refer to the **Eligible Professional Provider Manual:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

Begin

MA PATIENT VOLUME SECTION

Enter **Group Practice Provider IDs** (also referred to as **Group NPIs**). If you listed four (4) Group NPIs and the patient volume numbers at the bottom reflect more than the four IDs you listed, **please check the box directly below the Group NPIs**.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Patient Volume - Group (Part 3 of 3)

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

* 930000002222

9300001111

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
* 4500	* 4500	* 10000

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Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

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Patient Volume - Group (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983
Yes	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258
No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224-
Yes	N/A	MAPIR 1	1 Main St Anywhere, PA 17110-

Group Practice ID(s) 9300002222 9300001111

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
4500	4500	10000	45%

Previous

Save & Continue



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Get Started

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Submit



You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

[Continue](#)

Patient Volume Section

This section will show you the screens you will see if you have chosen that you **do** practice in a FQHC/RHC and are using Individual patient volume.



Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

Yes No



* Please indicate if you are submitting volumes for:
(Select one)

Individual Practitioner



Group/Clinic



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Save & Continue

MA PATIENT VOLUME DATES

For MA patient volume calculations, you now have the option to choose a date range from the previous calendar year (for example if you are complete an application for program year 2014, they you would choose a continuous 90 days from 2013) or 12 months preceding attestation date (for example if you complete your application on 9/1/14, then you would chose 90 continuous days from 9/1/13 to 8/31/14).



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Wednesday 04/02/2014 2:53:48 PM
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Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

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Patient Volume 90 Day Period (Part 2 of 3)

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year 12 Months Preceding Attestation Date

* **Start Date:**
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

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Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Start Date: Oct 03, 2013

End Date: Dec 31, 2013

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[Save & Continue](#)

PRACTICE LOCATIONS

The address listed below display the addresses listed in the provider's PROMISe account. If you would like to add another address to the application, choose the 'Add location' tab and then complete the required fields (shown on the next page).

NOTE: by adding an address here, it does not add it to the provider's PROMISe account.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	

Add Location

Refresh

Previous

Reset

Save & Continue



Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

- Get Started
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- Review
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Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Location Name:**

* **Address Line 1:**

Address Line 2:

Address Line 3:

* **City:**

* **State:**

* **Zip (5+4):** -

- Previous
- Reset
- Save & Continue

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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Get Started

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Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(* Red asterisk indicates a required field.)

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add Location

Refresh

Previous

Reset

Save & Continue

MA PATIENT VOLUME SECTION

The following section includes the screens a provider will see if he/she **IS** part of a FQHC/RHC and **IS** using **INDIVIDUAL** patient volume for calculating Medical Assistance patient volume.

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Applicant NPI 1881640274

Personal TIN/SSN 169583428

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This tab is for applicants who "practice predominately" in FQHC/RHCs and who wish to calculate and attest to patient volume as an individual practitioner.

- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is **based on a period of 6 months** in the most recent calendar year or **6 months** from the preceding 12 month period from the date of attestation.
- If you are a provider who practices predominantly in an FQHC or RHC, you can include encounters from needy populations as part of your patient volume.
- Needy population encounters can include the following: Medicaid, Children's Health Insurance Program, uncompensated care and sliding scale encounters.
- **Note:** Please consider using the group practice patient methodology since this is the most advantageous method for applying and qualifying for the EHR Incentive Program.

For more detailed information please refer to the *Eligible Professional Provider Manual*:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

Begin

MA PATIENT VOLUME

In the chart below, the column titled 'Medicaid Only Encounter Volume (In State Numerator)' would include your Pennsylvania Medical Assistance patients seen during the chosen 90 day period. The column titled 'Medicaid Encounter Volume (Total Numerator)' would include the number from the previous column in addition to any 'Out of State' Medicaid patients who were seen during the chosen 90 day period. If there are no out-of-state numbers then the number in the 2 columns would be the same.

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Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point

(*) Red asterisk indicates a required field.

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	* 250	* 40	* 290	* 500
1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	* 125	* 75	* 200	* 430
N/A	MAPIR 1	1 Main St Anywhere, PA 17110	* 95	* 15	* 110	* 350

Previous

Reset

Save & Continue

Name Adam MAPIR

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Patient Volume- FQHC/RHC Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	Medicaid and CHIP Numerator: 250 Other Needy Numerator: 40 Total Needy Numerator: 290 Denominator: 500	58%
Yes	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	Medicaid and CHIP Numerator: 125 Other Needy Numerator: 75 Total Needy Numerator: 200 Denominator: 430	47%
No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	Medicaid and CHIP Numerator: N/A Other Needy Numerator: N/A Total Needy Numerator: N/A Denominator: N/A	N/A
Yes	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	Medicaid and CHIP Numerator: 95 Other Needy Numerator: 15 Total Needy Numerator: 110 Denominator: 350	31%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
470	130	600	1280	47%

Previous

Save & Continue



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Payee TIN 169583428

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You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

Continue

Patient Volume Section

This section will show you the screens you will see if you have chosen that you **do** practice in a FQHC/RHC and are using Group patient volume.



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Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

Yes No



* Please indicate if you are submitting volumes for:
(Select one)

Individual Practitioner



Group/Clinic



[Previous](#)

[Reset](#)

[Save & Continue](#)

MA PATIENT VOLUME DATES

For MA patient volume calculations, you now have the option to choose a date range from the previous calendar year (for example if you are complete an application for program year 2014, they you would choose a continuous 90 days from 2013) or 12 months preceding attestation date (for example if you complete your application on 9/1/14, then you would chose 90 continuous days from 9/1/13 to 8/31/14).



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Patient Volume 90 Day Period (Part 2 of 3)

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year

12 Months Preceding Attestation Date

* **Start Date:**
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

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Reset

Save & Continue



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Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Start Date: Oct 03, 2013

End Date: Dec 31, 2013

[Previous](#)

[Save & Continue](#)

PRACTICE LOCATIONS

The address listed below display the addresses listed in the provider's PROMISe account. If you would like to add another address to the application, choose the 'Add location' tab and then complete the required fields (shown on the next page).

NOTE: by adding an address here, it does not add it to the provider's PROMISe account.

Name Adam MAPIR **Applicant NPI** 1881640274
Personal TIN/SSN 169583428 **Payee TIN** 169583428
Payment Year 1 **Program Year** 2014

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Patient Volume - FQHC/RHC Group (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="radio"/> Yes <input type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	



Name	Adam MAPIR	Applicant NPI	1881640274
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Payment Year	1	Program Year	2014

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Patient Volume - FQHC/RHC Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* **Location Name:** 

* **Address Line 1:** 

Address Line 2:

Address Line 3:

* **City:**

* **State:** 

* **Zip (5+4):** -

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Save & Continue

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Applicant NPI 1881640274

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Patient Volume - FQHC/RHC Group (Part 3 of 3)

Pennsylvania has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. You must have at least one location where you have Medicaid patient volume and are utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	
<input type="radio"/> Yes <input type="radio"/> No	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	
<input type="radio"/> Yes <input type="radio"/> No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	
<input type="radio"/> Yes <input type="radio"/> No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

MA PATIENT VOLUME SECTION

The following section includes the screens a provider will see if he/she **IS** part of a **FQHC/RHC** and **IS** using **GROUP** patient volume for calculating Medical Assistance patient volume.

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Payment Year	1	Program Year	2014

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This tab is for applicants who "practice predominately" in FQHCs/RHCs and who wish to calculate and attest to patient volume as a group. The **group NPI** must define the "group", and all members of the group must apply in an identical manner.

Note: You should enter the group NPI(s) in the group practice provider ID field.

- The group methodology is not appropriate for eligible professionals who see commercial, Medicare, or self-pay patients exclusively.
- If you are an eligible professional in a group that practices predominantly in an FQHC or RHC, you can include needy population encounters as part of your patient volume.
- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is based on a **period of 6 months** in the most recent calendar year or **6 months** from the preceding 12 month period from the date of attestation.
- Needy population encounters can include the following: Medicaid, Children's Health Insurance Program, uncompensated care and sliding scale encounters.
- You can enter **four (4) group practice NPIs**. **If you have more than four (4) group practice NPIs**, please indicate this by checking the box "additional group practice provider IDs." Please send all additional group practice NPI numbers and group names, along with applicant's name and NPI, by email to: RA-mahealthit@state.pa.us.

For more detailed information please refer to the **Eligible Professional Provider Manual**:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

Begin

MA PATIENT VOLUME SECTION

Enter **Group Practice Provider IDs** (also referred to as **Group NPIs**). If you listed four (4) Group NPIs and the patient volume numbers at the bottom reflect more than the four IDs you listed, **please check the box directly below the Group NPIs**.

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Patient Volume - FQHC/RHC Group (Part 3 of 3)

Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

*9300002222 9300001111

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

Group Volumes

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
* 2150	* 1200	* 3350	* 7000

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Patient Volume - FQHC/RHC Group (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983
Yes	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258
No	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224-
Yes	N/A	MAPIR 1	1 Main St Anywhere, PA 17110-

Group Practice ID(s) 9300002222 9300001111

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
2150	1200	3350	7000	48%

Previous

Save & Continue



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You have now completed the ***Patient Volumes*** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The ***Attestation*** section of the application is now available.

[Continue](#)

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In this portion of MAPIR, you will need to attest to various incentive program participation requirements including your EHR system adoption phase, payment designation, and provider liability.

EHR System Adoption Phase

You will have the option to choose if you are adopting, implementing, upgrading (AIU) or meaningfully using (MU) a federally-certified EHR technology. If you choose Implement or Upgrade, you will be asked to describe whether these tasks are Planned (to include 'In Progress') or Complete. It is important to know that the information you enter about your Planned (to include 'In Progress') or Complete tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the Department in understanding the implementation process more effectively.

As part of the application process, we require verification of your Certified EHR Technology. We request that providers upload documentation that supports your adoption and use of certified EHR technology. A list of accepted documents can be found on the HIT website at http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/p_022832.pdf

Please refer to the **Eligible Professional Provider Manual** for additional guidance on Adopt, Implement, Upgrade and Meaningful Use:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf

Payment Designations

If you assigned your payment when you registered with the R&A, you will need to confirm that the assignment was voluntary. You will also need to confirm the payment address of the payee that you designated.

Provider Liability

The eligible professional for whom the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. **The eligible professional, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.**

Once your attestation is complete, you will be directed to the Review tab.

Please review all information for accuracy and completeness and revise your application as needed.

Note: once you submit your application, you cannot make any changes.

MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the **Submit tab**.

If you have completed your application and are ready to proceed, you MUST click the Submit tab.

Begin

Attestation Options

In the following section, you will choose which attestation option you wish to complete. Depending on the option chosen, you will see different screens. There are five options. Below are the options and the page numbers where you will find the screen shots for these options (you can click on the pages to go directly to the page section):

1. Adoption ([pages 66 - 68](#))
2. Implementation ([pages 69 – 73](#))
3. Upgrade ([pages 74 – 78](#))
4. Meaningful Use (90 days) ([pages 79 – 230](#))
5. Meaningful Use (full year) ([pages 79 - 230](#))

The Review Section begins on [page 231](#)

ATTESTATION

The following few screens will be completed by providers who are attesting to 'Adopting' a Certified EHR System. This option is only available the first year an EP attests to the Medical Assistance EHR Incentive program.

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Adoption: 

You are acquiring certified EHR Technology.

Implementation: 

You are installing certified EHR Technology.

Upgrade: 

You are expanding functionality of certified EHR Technology.

Meaningful Use: 

You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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Save & Continue

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Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes No



NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact the Pennsylvania MA Health IT Initiative.



*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	1012612470001	Rina Chabra	103 Gamma Drive Pittsburgh, PA 15238	SERVICE LOCATION ADDRESS: 103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470002	Rina Chabra	3937 Butler Street Pittsburgh, PA 15201	SERVICE LOCATION ADDRESS: 3937 Butler St Pittsburgh, PA 15201-3258 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470005	Rina Chabra	Po Box 641695 Pittsburgh, PA 15264-1695	SERVICE LOCATION ADDRESS: 5475 Penn Avenue Pittsburgh, PA 15224- PAYEE TYPE: Physician EFT: No

Previous

Reset

Save & Continue



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

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You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

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ATTESTATION

The following few screens will be completed by providers who are attesting to 'Implementing' a Certified EHR System. This option is only available the first year an EP attests to the Medical Assistance EHR Incentive program.

Name Adam MAPIR

Applicant NPI 1881640274

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Adoption:

You are acquiring certified EHR Technology.

Implementation:

You are installing certified EHR Technology.

Upgrade:

You are expanding functionality of certified EHR Technology.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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Save & Continue

ATTESTATION

Your responses in this section will not impact your eligibility for an incentive payment but helps us to understand your attestation more completely. At least one activity must be selected to proceed.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

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Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(* Red asterisk indicates a required field.)

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input checked="" type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input checked="" type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input checked="" type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input checked="" type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input checked="" type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input checked="" type="radio"/>	<input type="radio"/>
Training	<input checked="" type="radio"/>	<input type="radio"/>

Other (Click to Add)

Previous

Reset

Clear All

Save & Continue



Name Adam MAPIR

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Payee TIN 169583428

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Attestation Phase (Part 2 of 3)

Please review the list of the activities where you have **planned** or **completed** an implementation.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Implementation Activity	Planned	Complete
Workflow Analysis		<input checked="" type="checkbox"/>
Workflow Redesign		<input checked="" type="checkbox"/>
Software Installation		<input checked="" type="checkbox"/>
Hardware Installation		<input checked="" type="checkbox"/>
Peripherals Installation	<input checked="" type="checkbox"/>	
Internet Connectivity / Broadband	<input checked="" type="checkbox"/>	
Uploading Patient Data	<input checked="" type="checkbox"/>	
Electronic Prescribing		<input checked="" type="checkbox"/>
Health Information Exchange (i.e. labs, pharmacy)	<input checked="" type="checkbox"/>	
Physical Redesign of Workspace	<input checked="" type="checkbox"/>	
Training	<input checked="" type="checkbox"/>	

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Name Adam MAPIR

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Personal TIN/SSN 169583428

Payee TIN 169583428

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Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes No



NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact the Pennsylvania MA Health IT Initiative.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	1012612470001	Rina Chabra	103 Gamma Drive Pittsburgh, PA 15238	SERVICE LOCATION ADDRESS: 103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470002	Rina Chabra	3937 Butler Street Pittsburgh, PA 15201	SERVICE LOCATION ADDRESS: 3937 Butler St Pittsburgh, PA 15201-3258 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470005	Rina Chabra	Po Box 641695 Pittsburgh, PA 15264-1695	SERVICE LOCATION ADDRESS: 5475 Penn Avenue Pittsburgh, PA 15224- PAYEE TYPE: Physician EFT: No

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Save & Continue



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You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

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ATTESTATION

The following few screens will be completed by providers who are attesting to 'Upgrading' their Certified EHR System. This option is only available the first year an EP attests to the Medical Assistance EHR Incentive program.

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Applicant NPI 1881640274

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Payee TIN 169583428

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Adoption: 

You are acquiring certified EHR Technology.

Implementation: 

You are installing certified EHR Technology.

Upgrade: 

You are expanding functionality of certified EHR Technology.

Meaningful Use: 

You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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Save & Continue

ATTESTATION

Your responses in this section will not impact your eligibility for an incentive payment but helps us to understand your attestation more completely. At least one activity must be selected to proceed.



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Name Adam MAPIR

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Payee TIN 169583428

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Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input type="radio"/>	<input checked="" type="radio"/>
Upgrading Hardware or Peripherals	<input checked="" type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input checked="" type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input checked="" type="radio"/>	<input type="radio"/>
<input type="button" value="Other (Click to Add)"/>		

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Clear All

Save & Continue



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Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

Upgrade Activity	Planned	Complete
Upgrading Software Version		<input checked="" type="checkbox"/>
Upgrading Hardware or Peripherals	<input checked="" type="checkbox"/>	
Clinical Decision Support	<input checked="" type="checkbox"/>	
Electronic Prescribing		<input checked="" type="checkbox"/>
Computerized Provider Order Entry		<input checked="" type="checkbox"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input checked="" type="checkbox"/>	

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Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes No



NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact the Pennsylvania MA Health IT Initiative.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	1012612470001	Rina Chabra	103 Gamma Drive Pittsburgh, PA 15238	SERVICE LOCATION ADDRESS: 103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470002	Rina Chabra	3937 Butler Street Pittsburgh, PA 15201	SERVICE LOCATION ADDRESS: 3937 Butler St Pittsburgh, PA 15201-3258 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470005	Rina Chabra	Po Box 641695 Pittsburgh, PA 15264-1695	SERVICE LOCATION ADDRESS: 5475 Penn Avenue Pittsburgh, PA 15224- PAYEE TYPE: Physician EFT: No

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Save & Continue



Name Adam MAPIR

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You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

[Continue](#)

ATTESTATION

The following few screens will be completed by providers who are attesting to 'Meaningfully Using' their Certified EHR System. This option is only available the first year an EP attests to the Medical Assistance EHR Incentive program.



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Name Adam MAPIR

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Personal TIN/SSN 169583428

Payee TIN 169583428

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Adoption:

You are acquiring certified EHR Technology.

Implementation:

You are installing certified EHR Technology.

Upgrade:

You are expanding functionality of certified EHR Technology.

Meaningful Use:

You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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MEANINGFUL USE ATTESTATION

The first year you attest to Meaningful Use (MU), you would attest to 90 days. Every year after that, you would attest to a full year **EXCEPT** for program year 2014 where everyone will attest to 90 days regardless of where you are in the attestation process.



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Personal TIN/SSN 169583428

Payee TIN 169583428

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Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Meaningful Use (90 days)

You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

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MEANINGFUL USE ATTESTATION

The Meaningful Use dates need to be in the Program Year you are attesting for, so if you are completing an application for Program Year 2014, your 90 days of MU would need to be from 2014.



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Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* **Start Date:** 
mm/dd/yyyy

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Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Start Date: Jan 01, 2014

End Date: Mar 31, 2014

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MEANINGFUL USE ATTESTATION

This dashboard will display your progress on the various measures as you progress through the application. You may choose which set of measures you wish to begin first as you do not need to go in order.

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements		<input type="button" value="Begin"/>
	Core Measures		<input type="button" value="Begin"/>
	Menu Measures		<input type="button" value="Begin"/>

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
Clinical Quality Measure - Adult Set	
Clinical Quality Measure - Pediatric Set	

Note:

When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Meaningful Use Measures

In the Meaningful Use section, you will need to complete several sets of measures (General, Core, Menu, and Clinical Quality). You can complete these measure sets in any order. The minimum requirements for each measure set must be met before moving on to the Review Section. Below are the different measure sets and the pages where you can find these screen prints (you can click on the pages to go directly to the page section):

1. General Measures ([page 85](#))
2. Core Measures ([pages 87 – 111](#))
3. Menu Measures ([pages 112 – 130](#))
4. Clinical Quality Measures ([pages 131 – 214](#))

The Review Section begins on [page 231](#)

GENERAL MEASURES

These are the general measure questions for 2014. You will notice that the 80% question is no longer a requirement.



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Name Adam MAPIR

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Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.

* Numerator:

* Denominator:

* Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?

Yes No

* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?

Yes No

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MEANINGFUL USE DASHBOARD

The checkmark to the left of the section shows that the section has been completed.
All sections must be completed in order to move to the next part of the application.

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	1	Program Year	2012

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input type="checkbox"/>	Core Measures		<input type="button" value="Begin"/>
<input type="checkbox"/>	Menu Measures		<input type="button" value="Begin"/>

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

Core Clinical Quality Measures	<input type="button" value="Begin"/>
Alternate Core Clinical Quality Measures	<input type="button" value="Begin"/>

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures	<input type="button" value="Begin"/>
--------------------------------------	--------------------------------------

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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MEANINGFUL USE CORE MEASURES

As part of the meaningful use attestation, Eligible Professionals are required to complete **all Core Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all Core measures, you will receive a green checkmark indicating the section is complete.
5. The green checkmark does not mean you passed or failed the Core measures.
6. Evaluation of MU measures are made after the application is submitted.

Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or choosing an exclusion if you meet the requirements for that exclusion. Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators:

1. Denominator is all patients seen during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology.
2. Denominator is actions or subsets of patients seen during the EHR reporting period whose records are kept using certified EHR technology.

Begin

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Meaningful Use Core Measures

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Core Measure List Table

<u>Measure Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
EPCMU01	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	You must choose between two options for this measure. Select the edit button to continue.		<input type="button" value="EDIT"/>
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		<input type="button" value="EDIT"/>
EPCMU03	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.		<input type="button" value="EDIT"/>
EPCMU04	Generate and transmit permissible prescriptions electronically (eRX).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.		<input type="button" value="EDIT"/>

Core Measures List (continued)

EPCMU05	Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.		<input type="button" value="EDIT"/>
EPCMU06	Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.		<input type="button" value="EDIT"/>
EPCMU07	Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.		<input type="button" value="EDIT"/>
EPCMU08	Record and chart changes in the following vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children, including BMI. 	More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.		<input type="button" value="EDIT"/>

Core Measures List (continued)

EPCMU09	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.		EDIT
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.		EDIT
EPCMU12	Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.		EDIT
EPCMU13	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.		EDIT
EPCMU15	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.		EDIT

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MEANINGFUL USE ATTESTATION

This measure has two options. If you choose one and then decide to complete the other one before you have submitted the application, you have the option to go back and change it.

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Measure Selection for Core Measure 1

Please choose from the following options to attest to this measure. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

*When ready click the **Continue** button to review your selection, or click **Previous** to go back.*

(*) Red asterisk indicates a required field.

*Please select from the following options:

- Original Core Measure 1 -
More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

- Optional Core Measure 1 -
More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

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Core Measure 1 - CPOE for Medication Orders Original

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

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

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes
- No

If the exclusion does not apply to you, please complete the following information:

Numerator = The number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator = Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

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MEANINGFUL USE ATTESTATION

This measure has two options. This shows the second option. If you choose one and then decide to complete the other one before you have submitted the application, you have the option to go back and change it.

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Measure Selection for Core Measure 1

Please choose from the following options to attest to this measure. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Please select from the following options:

- Original Core Measure 1 -
More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
- Optional Core Measure 1 -
More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

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Core Measure 1 - CPOE for Medication Orders Optional

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

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

Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you?

- Yes
- No

If the exclusion does not apply to you, please complete the following information:

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

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

* Numerator: * Denominator:

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Core Measure 2 - Drug Interaction Checks

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

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Core Measure 3 - Maintain Problem List

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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

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Core Measure 4 - ePrescribing (eRx)

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

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

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION 1 - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

EXCLUSION 2 - Based on ALL patient records: Any EP who 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/her EHR reporting period.

*Does this exclusion apply to you?

- Yes No

If the exclusions do not apply to you, please complete the following information:

Numerator = Number of prescriptions in the denominator generated and transmitted electronically.

Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

* Numerator: * Denominator:

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Core Measure 5 - Active Medication List

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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Core Measure 6 - Medication Allergy List

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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

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Core Measure 7 - Record Demographics

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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Core Measure 8 - Record Vital Signs

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Record and chart changes in the following vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children, including BMI.

Measure: More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION 1 - Based on ALL patient records: Any EP who sees no patients 3 years or older is excluded from recording blood pressure. **If this exclusion applies to you a numerator and denominator is required.**

*Does this exclusion apply to you?

- Yes No

Core Measure 8 (continued)

EXCLUSION 2 - Based on ALL patient records: Any EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from this requirement. **If this exclusion applies to you a numerator and denominator is not required.**

*Does this exclusion apply to you?

Yes No

EXCLUSION 3 - Based on ALL patient records: Any EP who believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure. **If this exclusion applies to you a numerator and denominator is required.**

*Does this exclusion apply to you?

Yes No

EXCLUSION 4 - Based on ALL patient records: Any EP who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight. **If this exclusion applies to you a numerator and denominator is required.**

*Does this exclusion apply to you?

Yes No

Numerator = Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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Core Measure 9 - Record Smoking Status

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION - Based on ALL patient records: An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of patients in the denominator with smoking status recorded as structured data.

Denominator = Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

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Core Measure 11 - Clinical Decision Support Rule

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.
Complete the following information:

*Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

Yes No

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Core Measure 12 - Patient Electronic Access

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.

Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION: Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for 'Patient name' and 'Provider's name and office contact information'.

*Does this exclusion apply to you?

- Yes No

If the exclusion does not apply to you, please complete the following information:

Numerator = The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Numerator: Denominator:

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Core Measure 13 - Clinical Summaries

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR Technology.

- 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.

EXCLUSION - Based on ALL patient records: An EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of office visits in the denominator for which a clinical summary is provided within three business days.

Denominator = Number of office visits for the EP during the EHR reporting period.

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

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Core Measure 15 - Protect Electronic Health Information

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Complete the following information:

*Have you conducted or reviewed a security risk analysis per 45 CFR 164.308 (a) (1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?

Yes No

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Meaningful Use Core Measures

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.	Numerator = 630 Denominator = 1250	<input type="button" value="EDIT"/>
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
EPCMU03	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 890 Denominator = 1050	<input type="button" value="EDIT"/>

Core Measures Summary (continued)

EPCMU04	Generate and transmit permissible prescriptions electronically (eRX).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Exclusion 1 = No Exclusion 2 = No Numerator = 630 Denominator = 1250	EDIT
EPCMU05	Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 890 Denominator = 1050	EDIT
EPCMU06	Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 890 Denominator = 1050	EDIT
EPCMU07	Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 630 Denominator = 1050	EDIT
EPCMU08	Record and chart changes in the following vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children, including BMI. 	More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 630 Denominator = 1050	EDIT

Core Measures Summary (continued)

EPCMU09	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Numerator = 630 Denominator = 1050	EDIT
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	EDIT
EPCMU12	Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.	Numerator = 630 Denominator = 1050	EDIT
EPCMU13	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	Numerator = 630 Denominator = 1020	EDIT
EPCMU15	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	EDIT

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Core Measures	13/13	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures		<input type="button" value="Begin"/>

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Clinical Quality Measure - General	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
Clinical Quality Measure - Adult Set	
Clinical Quality Measure - Pediatric Set	

Note:

When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

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The instructions below are for Program Year 2014 and beyond.

MEANINGFUL USE MENU SET MEASURES

As part of the meaningful use attestation process, Eligible Professionals are required to complete a set of Menu Measures. Certain objectives do provide **exclusions**. Providers should attest to a minimum number of measures without taking exclusions. If you cannot meet the minimum number of measures without taking an exclusion then you need to complete all the Menu Measures. The requirements for Stage 1 and Stage 2 are different. Below are the requirements for each Stage.

Stage 1

Starting in 2014, meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. Eligible Professionals (EPs) are required to meet the measure criteria for **five (5) out of ten (10) Menu Set Measures without taking any exclusions OR report on all of the menu set objectives through a combination of meeting exclusion and meeting the measure**. As part of this minimum requirement, the EP must select a public health measure. For example, if the EP tested with the Pennsylvania State Immunization Information System (PA SIIS - www.health.state.pa.us/pasiis) the EP can meet the public health immunization requirement. If the EP can report on one (1) of the public health menu objectives but can meet the exclusion criteria for the other, the EP should select and report on the public health menu objective the EP is able to meet and four (4) additional menu objectives from outside the public health menu set without taking any exclusions. If the EP can meet the exclusion criteria for both public health menu objectives, the EP should claim exclusions for **both** public health objectives and report on **five (5)** additional menu objectives from outside the public health menu set without taking any additional exclusions.

Stage 2

Starting in 2014, meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. Eligible Professionals (EPs) are required to meet the measure criteria for **three (3) of the six (6) Meaningful Use Measures without taking any exclusions OR report on all of the menu set objectives through a combination of meeting exclusion and meeting the measure**. For Stage 2, EPs are not required to complete a public health measure in the menu set.

HELPFUL HINTS

1. The Menu Measures can be completed in any order by selecting the 'Begin' button.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. Measure results do not round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **only** displayed in whole numbers.
5. Measures that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80.0% would not pass.
6. After completing the minimum number of measures, you will receive a green checkmark indicating the section is complete.
7. The green checkmark does not mean you passed or failed the minimum number of measures.
8. Evaluation of MU measures are made after the application is electronically signed.
9. To return to the Attestation Meaningful Use Measures selection screen, select the 'Return to Main' button at the bottom of the page.
10. For Stage 1, Menu Set Measures nine and ten (Public Health Measures), not all of the information entered into these measures will be displayed on the MU Menu Measures Worksheet Screen. Also for these two measures, when you select them, they will be at the top of the list, but when you are completing and reviewing all the measures completed, they move to the bottom of the list.

Begin

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Attestation Meaningful Use Measures

Instructions:

For 2014, EPs must pass a minimum of 5 Menu measures without exclusions. Exclusions do not count toward passing the required minimum. If you pass 4 or fewer measures and exclude from 1 or more, you will be required to answer the remaining Menu measures to demonstrate that there are no other Menu measures you can pass.

You must answer at least one of the Public Health measures (9 and 10). If you exclude from one Public Health measure, you must answer both.

If you exclude from both Public Health measures, you must pass 5 of the remaining 7 measures. If you cannot pass 5 Menu measures without excluding, you must answer all 8 of the remaining measures, including those that do not have exclusions.

If you can pass 1 Public Health measure, you must pass 4 of the remaining 7 Menu Measures without exclusions. If you cannot pass 4 without excluding, you must answer all 7 of the remaining Menu measures including those that do not have exclusions.

When ready click the Save & Continue button to review your selection, or click Return to Main to go back. Click Reset to restore this panel to the starting point.

Table with 4 columns: Measure Number, Objective, Public Health Measure, Select. Rows include EPMMU09 and EPMMU10.

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Table with 4 columns: Measure Number, Objective, Measure, Select. Rows include EPMMU01 through EPMMU08.

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Meaningful Use Menu Measure Worksheet

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main measure topic list.

<u>Measure Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.		<input type="button" value="EDIT"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.		<input type="button" value="EDIT"/>
EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.		<input type="button" value="EDIT"/>
EPMMU04	Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.		<input type="button" value="EDIT"/>
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).		<input type="button" value="EDIT"/>



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Menu Measure 1 - Drug Formulary Checks

 Click **HERE** for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Implement drug formulary checks.

Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

If the exclusion does not apply to you, please complete the following information:

*Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period.

Yes No

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Save & Continue

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*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Incorporate clinic lab test results into EHR as structured data.

Measure: More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

EXCLUSION - Based on ALL patient records: Any EP who orders no lab test whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

 Yes No

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.**Denominator** = Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.* **Numerator:** * **Denominator:** [Previous](#)[Reset](#)[Save & Continue](#)

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Menu Measure 3 - Patient List

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- 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:

*Have you generated at least one report listing your patients with a specific condition?

- Yes No

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Menu Measure 4 - Patient Reminders

 Click **HERE** for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Send reminders to patients per patient preference for preventive/follow up care.

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- 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.

EXCLUSION - Based on ALL patient records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of patients in the denominator who were sent the appropriate reminder.

Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

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

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Menu Measure 6 - Patient - Specific Education Resources

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient-specific education resources.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

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

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Menu Measure 7 - Medication Reconciliation

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- 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.

EXCLUSION - Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator = Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

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Menu Measure 8 - Transition of Care Summary

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral.

Measure: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- 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.

EXCLUSION - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**

- Yes
- No

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

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

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Menu Measure 9 - Immunization Registries Data Submission

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Menu Measure 9 (continued)

Note: If you would like to upload additional information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab.

If the exclusions do not apply to you, please answer the following question:

*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

Yes No

Additional Information:

* Enter the name of the immunization registry used:

IF you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful?

Yes
 No

If the test was successful, please enter the date and time of the test:

Date (MM/DD/YYYY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to 'Was the test successful', you must answer the following:

Was a follow up submission done? Yes No

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Menu Measure 10 - Syndromic Surveillance Data

 Click [HERE](#) for additional information on completing this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Menu Measure 10 (continued)

Note: It is advised that you upload an electronic copy of the letter that was received from the public health agency stating why they are not capable of data submission. If you would like to upload additional information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab.

If the exclusions do not apply to you, please complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

Yes No

Additional Information:

* Enter the name of the syndromic surveillance agency:

If you performed at least one test of EHR submission of electronic data to public health agencies:

Was the test successful?

Yes
 No

If the test was successful, please enter the date and time of the test:

Date (MM/DD/YYYY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to 'Was the test successful', you must answer the following:

Was a follow up submission done? Yes No

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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main measure topic list.

<u>Measure Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Numerator = 540 Denominator = 980	<input type="button" value="EDIT"/>

Menu Measure Summary (continued)

EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	EDIT
EPMMU04	Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Numerator = 390 Denominator = 846	EDIT
EPMMU06	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	Numerator = 350 Denominator = 846	EDIT
EPMMU07	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	Numerator = 685 Denominator = 980	EDIT
EPMMU08	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 850 Denominator = 1235	EDIT
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	No No	EDIT
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	Excluded (Reason 1) No	EDIT

[Return to Selection List](#)

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Instructions:

For 2014, EPs must pass a minimum of 5 Menu measures without exclusions. Exclusions do not count toward passing the required minimum. If you pass 4 or fewer measures and exclude from 1 or more, you will be required to answer the remaining Menu measures to demonstrate that there are no other Menu measures you can pass.

You must answer at least one of the Public Health measures (9 and 10). If you exclude from one Public Health measure, you must answer both.

If you exclude from both Public Health measures, you must pass 5 of the remaining 7 measures. If you cannot pass 5 Menu measures without excluding, you must answer all 8 of the remaining measures, including those that do not have exclusions.

If you can pass 1 Public Health measure, you must pass 4 of the remaining 7 Menu Measures without exclusions. If you cannot pass 4 without excluding, you must answer all 7 of the remaining Menu measures including those that do not have exclusions.

When ready click the **Save & Continue** button to review your selection, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

Measure Number	Objective	Public Health Measure	Select
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Menu Measure Summary (continued)

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Measure Number	Objective	Measure	Select
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>
EPMMU04	Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>
EPMMU06	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
EPMMU07	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>
EPMMU08	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	1/1	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
✓	Menu Measures	9/9	EDIT Clear All

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	EDIT Clear All
Clinical Quality Measure - Adult Set	
Clinical Quality Measure - Pediatric Set	

Note:

When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

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MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES

As part of the meaningful use attestation process, Eligible Professionals are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed first by domain name and then by CMS number.

If you wish to select the adult recommended CQMs or the pediatric recommended CQMs after you have started to complete the general set measures, select the "Return to Main" button and then use the **"Clear All"** button on the previously selected CQM set to enable the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

If you choose the pediatric recommended or the adult recommended CQMs you will be required to complete at a minimum all of the preselected measures. If you cannot complete these preselected measures then you should choose the general set measures and choose the measures you can complete.

Please note, you will not be able to proceed with your attestation without selecting a minimum set. You must select nine (9) CQMs from

Begin



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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

You have chosen the general Clinical Quality Measure (CQM) set. Select a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. If you wish to select the adult recommended CQMs or the pediatric recommended CQMs select the **"Return to Main"** button and then choose the recommended CQM option you wish to answer. Please note, as a minimum you must select nine (9) CQMs from three (3) different domains before proceeding to the next screen.

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure General set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected.

Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.

Clinical Quality Measure list Table

Measure#	Title	Domain	Selection
CMS50v2	Closing the referral loop: receipt of specialist report	Care Coordination	<input type="checkbox"/>
CMS52v2	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS61v3	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS62v2	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS64v3	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS65v3	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS74v3	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS75v2	Children who have dental decay or cavities	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS77v2	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS122v2	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS123v2	Diabetes: Foot Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS124v2	Cervical Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS125v2	Breast Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>

Clinical Quality Measures List (continued)

CMS126v2	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS127v2	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS128v2	Anti-depressant Medication Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS130v2	Colorectal Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS131v2	Diabetes: Eye Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS133v2	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS134v2	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS135v2	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS136v3	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS137v2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS140v2	Breast Cancer: Hormonal Therapy for Stage IC-IIIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS141v3	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS142v2	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS143v2	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS144v2	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS145v2	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS148v2	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS149v2	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS158v2	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS159v2	Depression Remission at Twelve Months	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS160v2	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS161v2	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS163v2	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS164v2	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS165v2	Controlling High Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS167v2	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness	<input type="checkbox"/>

Clinical Quality Measures List (continued)

CMS143v2	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS144v2	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS145v2	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS148v2	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS149v2	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS158v2	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS159v2	Depression Remission at Twelve Months	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS160v2	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS161v2	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS163v2	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS164v2	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS165v2	Controlling High Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS167v2	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS169v2	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS182v3	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS129v3	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS146v2	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS154v2	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS166v3	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS56v2	Functional status assessment for hip replacement	Patient and Family Engagement	<input type="checkbox"/>
CMS66v2	Functional status assessment for knee replacement	Patient and Family Engagement	<input type="checkbox"/>
CMS90v2	Functional status assessment for complex chronic conditions	Patient and Family Engagement	<input type="checkbox"/>
CMS157v2	Oncology: Medical and Radiation - Pain Intensity Quantified	Patient and Family Engagement	<input type="checkbox"/>
CMS68v3	Documentation of Current Medications in the Medical Record	Patient Safety	<input type="checkbox"/>
CMS132v2	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	<input type="checkbox"/>

Clinical Quality Measures List (continued)

CMS139v2	Falls: Screening for Future Fall Risk	Patient Safety	<input type="checkbox"/>
CMS156v2	Use of High-Risk Medications in the Elderly	Patient Safety	<input type="checkbox"/>
CMS177v2	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	<input type="checkbox"/>
CMS179v2	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	<input type="checkbox"/>
CMS2v3	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	<input type="checkbox"/>
CMS22v2	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health	<input type="checkbox"/>
CMS69v2	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	<input type="checkbox"/>
CMS82v1	Maternal depression screening	Population/Public Health	<input type="checkbox"/>
CMS117v2	Childhood Immunization Status	Population/Public Health	<input type="checkbox"/>
CMS138v2	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health	<input type="checkbox"/>
CMS147v2	Preventive Care and Screening: Influenza Immunization	Population/Public Health	<input type="checkbox"/>
CMS153v2	Chlamydia Screening for Women	Population/Public Health	<input type="checkbox"/>
CMS155v2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health	<input type="checkbox"/>

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Meaningful Use Clinical Quality Measures

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Meaningful Use Clinical Quality Measure List Table

Measure#	Title	Domain	Entered	Select
CMS50v2	Closing the referral loop: receipt of specialist report	Care Coordination		<input type="button" value="EDIT"/>
CMS52v2	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS61v3	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS62v2	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS64v3	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS65v3	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS74v3	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS75v2	Children who have dental decay or cavities	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS77v2	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS122v2	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS123v2	Diabetes: Foot Exam	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS124v2	Cervical Cancer Screening	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>

Clinical Quality Measures List (continued)

CMS125v2	Breast Cancer Screening	Clinical Process/Effectiveness	EDIT
CMS126v2	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	EDIT
CMS127v2	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	EDIT
CMS128v2	Anti-depressant Medication Management	Clinical Process/Effectiveness	EDIT
CMS130v2	Colorectal Cancer Screening	Clinical Process/Effectiveness	EDIT
CMS131v2	Diabetes: Eye Exam	Clinical Process/Effectiveness	EDIT
CMS133v2	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness	EDIT
CMS134v2	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness	EDIT
CMS135v2	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	EDIT
CMS136v3	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/Effectiveness	EDIT
CMS137v2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness	EDIT
CMS140v2	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness	EDIT
CMS141v3	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness	EDIT
CMS142v2	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness	EDIT
CMS143v2	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	EDIT
CMS144v2	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	EDIT
CMS145v2	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness	EDIT
CMS148v2	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	EDIT
CMS149v2	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	EDIT

Clinical Quality Measures List (continued)

CMS158v2	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness		EDIT
CMS159v2	Depression Remission at Twelve Months	Clinical Process/Effectiveness		EDIT
CMS160v2	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness		EDIT
CMS161v2	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness		EDIT
CMS163v2	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness		EDIT
CMS164v2	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness		EDIT
CMS165v2	Controlling High Blood Pressure	Clinical Process/Effectiveness		EDIT
CMS167v2	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness		EDIT
CMS169v2	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness		EDIT
CMS182v3	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness		EDIT
CMS129v3	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources		EDIT
CMS146v2	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources		EDIT
CMS154v2	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources		EDIT
CMS166v3	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources		EDIT
CMS56V2	Functional status assessment for hip replacement	Patient and Family Engagement		EDIT
CMS66v2	Functional status assessment for knee replacement	Patient and Family Engagement		EDIT
CMS90v2	Functional status assessment for complex chronic conditions	Patient and Family Engagement		EDIT
CMS157v2	Oncology: Medical and Radiation - Pain Intensity Quantified	Patient and Family Engagement		EDIT
CMS68v3	Documentation of Current Medications in the Medical Record	Patient Safety		EDIT
CMS132v2	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety		EDIT

Clinical Quality Measures List (continued)

CMS139v2	Falls: Screening for Future Fall Risk	Patient Safety		EDIT
CMS156v2	Use of High-Risk Medications in the Elderly	Patient Safety		EDIT
CMS177v2	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety		EDIT
CMS179v2	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety		EDIT
CMS2v3	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health		EDIT
CMS22v2	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health		EDIT
CMS69v2	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health		EDIT
CMS82v1	Maternal depression screening	Population/Public Health		EDIT
CMS117v2	Childhood Immunization Status	Population/Public Health		EDIT
CMS138v2	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health		EDIT
CMS147v2	Preventive Care and Screening: Influenza Immunization	Population/Public Health		EDIT
CMS153v2	Chlamydia Screening for Women	Population/Public Health		EDIT
CMS155v2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health		EDIT

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Attestation Meaningful Use Measures

Clinical Quality Measure 59

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Care Coordination
Measure Number: CMS50v2
Measure Title: Closing the referral loop: receipt of specialist report
Measure Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Attestation Meaningful Use Measures

Clinical Quality Measure 59

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Care Coordination

Measure Number: CMS50v2

Measure Title: Closing the referral loop: receipt of specialist report

Measure Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

- The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Performance Rate value is 0.0 to 100.0.

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Attestation Meaningful Use Measures

Clinical Quality Measure 41

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS52v2
Measure Title: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
Measure Description: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: All patients aged 6 years and older

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exception 1:

Population Criteria 2: All patients aged 1-5 years of age

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exception 2:

Population Criteria 3: All patients aged 6 weeks to 12 months

* Numerator 3: * Denominator 3: * Performance Rate 3(%):

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Attestation Meaningful Use Measures

Clinical Quality Measure 55

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS61v3
Measure Title: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
Measure Description: Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * Exception 1:

Population Criteria 2: Moderate Level of Risk: Multiple (2+) Risk Factors

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2: * Exception 2:

Population Criteria 3: Lowest Level of Risk: 0 or 1 Risk Factor

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * Exception 3:

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Clinical Quality Measure 40

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS62v2

Measure Title: HIV/AIDS: Medical Visit

Measure Description: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 56

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS64v3
Measure Title: Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)
Measure Description: Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Population Criteria 1: Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1: Exception 1:

Population Criteria 2: Moderate Level of Risk: Multiple (2+) Risk Factors

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2: Exception 2:

Population Criteria 3: Lowest Level of Risk: 0 or 1 Risk Factor

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3: Exception 3:

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Clinical Quality Measure 58

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS65v3
Measure Title: Hypertension: Improvement in blood pressure
Measure Description: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 54

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS74v3
Measure Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
Measure Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Stratum 1: Patients age 0 - 5

* Numerator 1: * Denominator 1: * Performance Rate 1(%):

Stratum 2 : Patients 6 - 12

* Numerator 2: * Denominator 2: * Performance Rate 2(%):

Stratum 3 : Patients 13 - 20

* Numerator 3: * Denominator 3: * Performance Rate 3(%):

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Clinical Quality Measure 51

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS75v2
Measure Title: Children who have dental decay or cavities
Measure Description: Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 42

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS77v2
Measure Title: HIV/AIDS: RNA control for Patients with HIV
Measure Description: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 18

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS122v2
Measure Title: Diabetes: Hemoglobin A1c Poor Control
Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 17

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS123v2
Measure Title: Diabetes: Foot Exam
Measure Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 8

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS124v2

Measure Title: Cervical Cancer Screening

Measure Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 7

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS125v2
Measure Title: Breast Cancer Screening
Measure Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 11

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS126v2
Measure Title: Use of Appropriate Medications for Asthma
Measure Description: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 5 - 11

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

Stratum 2 Patient ages 12 - 18

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

Stratum 3 Patient ages 19 - 50

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:

Stratum 4 Patient ages 51 - 64

* Numerator 4: * Denominator 4: * Performance Rate 4(%): * Exclusion 4:

Stratum 5 Patient ages 5 - 64

* Numerator 5: * Denominator 5: * Performance Rate 5(%): * Exclusion 5:

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Clinical Quality Measure 14

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(* Red asterisk indicates a required field.)

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS127v2
Measure Title: Pneumonia Vaccination Status for Older Adults
Measure Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 33

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS128v2

Measure Title: Anti-depressant Medication Management

Measure Description: Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.

- a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

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Clinical Quality Measure 10

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS130v2
Measure Title: Colorectal Cancer Screening
Measure Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 16

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS131v2
Measure Title: Diabetes: Eye Exam
Measure Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 47

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS133v2
Measure Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 20

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS134v2
Measure Title: Diabetes: Urine Protein Screening
Measure Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 26

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS135v2

Measure Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Measure Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 34

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS136v3
Measure Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Measure Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.
a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: Children 6-12 years of age

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

Population Criteria 2: Children 6-12 years of age

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

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Clinical Quality Measure 2

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS137v2
Measure Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Measure Description: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.

- Percentage of patients who initiated treatment within 14 days of the diagnosis.
- Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 13 -17

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

Stratum 2 Patient ages >=18

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:

* Numerator 4: * Denominator 4: * Performance Rate 4(%): * Exclusion 4:

Stratum 3 Patient ages >=13

* Numerator 5: * Denominator 5: * Performance Rate 5(%): * Exclusion 5:

* Numerator 6: * Denominator 6: * Performance Rate 6(%): * Exclusion 6:

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Clinical Quality Measure 38

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS140v2
Measure Title: Breast Cancer: Hormonal Therapy for Stage IC-IIIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
Measure Description: Percentage of female patients aged 18 years and older with Stage IC through IIIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 37

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS141v3

Measure Title: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Measure Description: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 30

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS142v2
Measure Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 28

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS143v2
Measure Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 27

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS144v2
Measure Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 24

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS145v2

Measure Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Measure Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: Patients with left ventricular systolic dysfunction (LVEF <40%)

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exception 1:

Population Criteria 2: Patients with a prior (resolved) myocardial infarction

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exception 2:

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Clinical Quality Measure 19

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS148v2
Measure Title: Hemoglobin A1c Test for Pediatric Patients
Measure Description: Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 57

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS149v2

Measure Title: Dementia: Cognitive Assessment

Measure Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 48

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS158v2
Measure Title: Pregnant women that had HBsAg testing
Measure Description: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 49

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS159v2
Measure Title: Depression Remission at Twelve Months
Measure Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 50

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS160v2
Measure Title: Depression Utilization of the PHQ-9 Tool
Measure Description: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: All patients diagnosed during months January through April

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

Population Criteria 2: All patients diagnosed during months May through August

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

Population Criteria 3: All patients diagnosed during months September through December

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:

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Clinical Quality Measure 32

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS161v2
Measure Title: Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 21

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS163v2
Measure Title: Diabetes: Low Density Lipoprotein (LDL) Management
Measure Description: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 22

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS164v2

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

Measure Description: Percentage of patients 18 years of age and older 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, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 3

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS165v2

Measure Title: Controlling High Blood Pressure

Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 29

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS167v2
Measure Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 35

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness
Measure Number: CMS169v2
Measure Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
Measure Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 25

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Clinical Process/Effectiveness

Measure Number: CMS182v3

Measure Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Measure Description: Percentage of patients 18 years of age and older 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, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator 1: * Denominator 1: * Performance Rate 1(%):

* Numerator 2: * Denominator 2: * Performance Rate 2(%):

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Clinical Quality Measure 39

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS129v3
Measure Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
Measure Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 1

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS146v2
Measure Title: Appropriate Testing for Children with Pharyngitis
Measure Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 23

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS154v2
Measure Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 15

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS166v3
Measure Title: Use of Imaging Studies for Low Back Pain
Measure Description: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 61

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient and Family Engagement
Measure Number: CMS56V2
Measure Title: Functional status assessment for hip replacement
Measure Description: 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.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 60

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient and Family Engagement
Measure Number: CMS66v2
Measure Title: Functional status assessment for knee replacement
Measure Description: 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.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 62

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient and Family Engagement

Measure Number: CMS90v2

Measure Title: Functional status assessment for complex chronic conditions

Measure Description: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 36

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient and Family Engagement

Measure Number: CMS157v2

Measure Title: Oncology: Medical and Radiation - Pain Intensity Quantified

Measure 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.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 44

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety
Measure Number: CMS68v3
Measure Title: Documentation of Current Medications in the Medical Record
Measure Description: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 46

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety

Measure Number: CMS132v2

Measure Title: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Measure Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exclusion:

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Clinical Quality Measure 31

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety
Measure Number: CMS139v2
Measure Title: Falls: Screening for Future Fall Risk
Measure Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 4

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety
Measure Number: CMS156v2
Measure Title: Use of High-Risk Medications in the Elderly
Measure Description: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

- Percentage of patients who were ordered at least one high-risk medication.
- Percentage of patients who were ordered at least two different high-risk medications.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator 1: * Denominator 1: * Performance Rate 1(%):

* Numerator 2: * Denominator 2: * Performance Rate 2(%):

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Clinical Quality Measure 52

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety
Measure Number: CMS177v2
Measure Title: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 63

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Patient Safety
Measure Number: CMS179v2
Measure Title: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
Measure Description: Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

Population: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Observation (%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Population: * Observation (%):

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Clinical Quality Measure 43

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS2v3
Measure Title: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Measure Description: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate(%): * Exclusion: * Exception:

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Clinical Quality Measure 64

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS22v2
Measure Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate(%): * Exclusion: * Exception:

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Clinical Quality Measure 45

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS69v2
Measure Title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Measure Description: Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters.

Normal Parameters:

 Age 65 years and older BMI=>23 and <30

 Age 18-64 years BMI=>18.5 and <25

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: 65 years and older

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

Population Criteria 2: 18 through 64 years

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

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Clinical Quality Measure 53

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health

Measure Number: CMS82v1

Measure Title: Maternal depression screening

Measure Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 12

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health

Measure Number: CMS117v2

Measure Title: Childhood Immunization Status

Measure Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Clinical Quality Measure 6

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS138v2
Measure Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Clinical Quality Measure 13

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When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS147v2
Measure Title: Preventive Care and Screening: Influenza Immunization
Measure Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: * Denominator: * Performance Rate (%): * Exception:

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Attestation Meaningful Use Measures

Clinical Quality Measure 9

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS153v2
Measure Title: Chlamydia Screening for Women
Measure Description: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 16 - 20

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

Stratum 2 Patient ages 21 - 24

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

Stratum 3 Patient ages 16 - 24

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:

Previous

Reset

Save & Continue

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

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Attestation Meaningful Use Measures

Clinical Quality Measure 5

Click HERE to review CMS Guidelines for this measure.

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Population/Public Health
Measure Number: CMS155v2
Measure Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Measure Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.
a. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.
b. Percentage of patients with counseling for nutrition.
c. Percentage of patients with counseling for physical activity.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 3 - 11

* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:

* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:

Stratum 2 Patient ages 12 - 17

* Numerator 4: * Denominator 4: * Performance Rate 4(%): * Exclusion 4:

* Numerator 5: * Denominator 5: * Performance Rate 5(%): * Exclusion 5:

* Numerator 6: * Denominator 6: * Performance Rate 6(%): * Exclusion 6:

Stratum 3 Patient ages 3 - 17

* Numerator 7: * Denominator 7: * Performance Rate 7(%): * Exclusion 7:

* Numerator 8: * Denominator 8: * Performance Rate 8(%): * Exclusion 8:

* Numerator 9: * Denominator 9: * Performance Rate 9(%): * Exclusion 9:

Previous

Reset

Save & Continue

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Meaningful Use Clinical Quality Measures

To edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

Meaningful Use Clinical Quality Measure List Table

Measure#	Title	Domain	Entered	Select
CMS50v2	Closing the referral loop: receipt of specialist report	Care Coordination	Numerator = 250 Denominator = 600 Performance Rate (%) = 45.0	<input type="button" value="EDIT"/>
CMS52v2	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	Population Criteria 1 Numerator 1 = 256 Denominator 1 = 845 Performance Rate 1 (%) = 26.5 Exception 1 = 5 Population Criteria 2 Numerator 2 = 424 Denominator 2 = 784 Performance Rate 2 (%) = 46.2 Exception 2 = 3 Population Criteria 3 Numerator 3 = 645 Denominator 3 = 741 Performance Rate 3 (%) = 92.3	<input type="button" value="EDIT"/>
CMS61v3	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	Population Criteria 1 Numerator 1 = 354 Denominator 1 = 526 Performance Rate 1 (%) = 59.4 Exclusion 1 = 3 Exception 1 = 5 Population Criteria 2 Numerator 2 = 658 Denominator 2 = 978 Performance Rate 2 (%) = 67.6 Exclusion 2 = 7 Exception 2 = 6 Population Criteria 3 Numerator 3 = 365 Denominator 3 = 658 Performance Rate 3 (%) = 54.1 Exclusion 3 = 9 Exception 3 = 4	<input type="button" value="EDIT"/>

Clinical Quality Measures Summary (continued)

CMS62v2	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	Numerator = 345 Denominator = 652 Performance Rate (%) = 56.1	EDIT
CMS64v3	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	Population Criteria 1 Numerator 1 = 245 Denominator 1 = 563 Performance Rate 1 (%) = 48.0 Exclusion 1 = 3 Exception 1 = 4 Population Criteria 2 Numerator 2 = 945 Denominator 2 = 1354 Performance Rate 2 (%) = 34.4 Exclusion 2 = 6 Exception 2 = 7 Population Criteria 3 Numerator 3 = 241 Denominator 3 = 652 Performance Rate 3 (%) = 42.4 Exclusion 3 = 6 Exception 3 = 3	EDIT
CMS65v3	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness	Numerator = 365 Denominator = 458 Performance Rate (%) = 87.2 Exclusion = 3	EDIT
CMS74v3	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 245 Denominator 1 = 688 Performance Rate 1 (%) = 45.6 Stratum 2 Numerator 2 = 542 Denominator 2 = 874 Performance Rate 2 (%) = 68.2 Stratum 3 Numerator 3 = 123 Denominator 3 = 456 Performance Rate 3 (%) = 23.1	EDIT
CMS75v2	Children who have dental decay or cavities	Clinical Process/Effectiveness	Numerator = 625 Denominator = 752 Performance Rate (%) = 86.2	EDIT
CMS77v2	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness	Numerator = 325 Denominator = 600 Performance Rate (%) = 52.3	EDIT
CMS122v2	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/Effectiveness	Numerator = 325 Denominator = 754 Performance Rate (%) = 47.6 Exclusion = 3	EDIT

Clinical Quality Measures Summary (continued)

CMS123v2	Diabetes: Foot Exam	Clinical Process/Effectiveness	Numerator = 324 Denominator = 687 Performance Rate (%) = 49.1 Exclusion = 8	EDIT
CMS124v2	Cervical Cancer Screening	Clinical Process/Effectiveness	Numerator = 654 Denominator = 815 Performance Rate (%) = 63.2 Exclusion = 4	EDIT
CMS125v2	Breast Cancer Screening	Clinical Process/Effectiveness	Numerator = 124 Denominator = 541 Performance Rate (%) = 24.5 Exclusion = 6	EDIT
CMS126v2	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 245 Denominator 1 = 688 Performance Rate 1 (%) = 42.5 Exclusion 1 = 1 Stratum 2 Numerator 2 = 457 Denominator 2 = 967 Performance Rate 2 (%) = 47.6 Exclusion 2 = 7 Stratum 3 Numerator 3 = 757 Denominator 3 = 985 Performance Rate 3 (%) = 75.0 Exclusion 3 = 8 Stratum 4 Numerator 4 = 324 Denominator 4 = 514 Performance Rate 4 (%) = 45.8 Exclusion 4 = 3 Stratum 5 Numerator 5 = 457 Denominator 5 = 954 Performance Rate 5 (%) = 46.2 Exclusion 5 = 8	EDIT
CMS127v2	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	Numerator = 658 Denominator = 748 Performance Rate (%) = 85.3	EDIT
CMS128v2	Anti-depressant Medication Management	Clinical Process/Effectiveness	Numerator 1 = 254 Denominator 1 = 845 Performance Rate 1 (%) = 85.3 Exclusion 1 = 4 Numerator 2 = 458 Denominator 2 = 754 Performance Rate 2 (%) = 38.6 Exclusion 2 = 5	EDIT

Clinical Quality Measures Summary (continued)

CMS130v2	Colorectal Cancer Screening	Clinical Process/Effectiveness	Numerator = 654 Denominator = 954 Performance Rate (%) = 65.9 Exclusion = 4	EDIT
CMS131v2	Diabetes: Eye Exam	Clinical Process/Effectiveness	Numerator = 875 Denominator = 975 Performance Rate (%) = 86.4 Exclusion = 8	EDIT
CMS133v2	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness	Numerator = 658 Denominator = 745 Performance Rate (%) = 91.4 Exclusion = 6	EDIT
CMS134v2	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness	Numerator = 654 Denominator = 815 Performance Rate (%) = 86.2 Exclusion = 6	EDIT
CMS135v2	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	Numerator = 302 Denominator = 1024 Performance Rate (%) = 39.4 Exception = 7	EDIT
CMS136v3	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/Effectiveness	Population Criteria 1 Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 81.4 Exclusion 1 = 6 Population Criteria 2 Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 45.1 Exclusion 2 = 7	EDIT
CMS137v2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 658 Denominator 1 = 741 Performance Rate 1 (%) = 92.4 Exclusion 1 = 5 Numerator 2 = 457 Denominator 2 = 745 Performance Rate 2 (%) = 38.1 Exclusion 2 = 4 Stratum 2 Numerator 3 = 635 Denominator 3 = 697 Performance Rate 3 (%) = 97.2 Exclusion 3 = 6 Numerator 4 = 512 Denominator 4 = 744 Performance Rate 4 (%) = 38.1 Exclusion 4 = 3	EDIT

Clinical Quality Measures Summary (continued)

			<p>Stratum 3 Numerator 5 = 854 Denominator 5 = 954 Performance Rate 5 (%) = 84.4 Exclusion 5 = 12</p> <p>Numerator 6 = 142 Denominator 6 = 441 Performance Rate 6 (%) = 41.5 Exclusion 6 = 41</p>	
CMS140v2	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness	<p>Numerator = 654 Denominator = 815 Performance Rate (%) = 71.6 Exception = 6</p>	EDIT
CMS141v3	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness	<p>Numerator = 654 Denominator = 745 Performance Rate (%) = 84.6 Exception = 6</p>	EDIT
CMS142v2	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness	<p>Numerator = 654 Denominator = 954 Performance Rate (%) = 65.9 Exception = 6</p>	EDIT
CMS143v2	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	<p>Numerator = 325 Denominator = 458 Performance Rate (%) = 71.6 Exception = 1</p>	EDIT
CMS144v2	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<p>Numerator = 658 Denominator = 687 Performance Rate (%) = 97.2 Exception = 8</p>	EDIT
CMS145v2	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness	<p>Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 89.4 Exception 1 = 6</p> <p>Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 46.4 Exception 2 = 5</p>	EDIT
CMS148v2	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	<p>Numerator = 302 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 4</p>	EDIT
CMS149v2	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	<p>Numerator = 658 Denominator = 687 Performance Rate (%) = 97.2 Exception = 41</p>	EDIT

Clinical Quality Measures Summary (continued)

CMS158v2	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness	Numerator = 875 Denominator = 954 Performance Rate (%) = 87.2 Exception = 11	EDIT
CMS159v2	Depression Remission at Twelve Months	Clinical Process/Effectiveness	Numerator = 875 Denominator = 954 Performance Rate (%) = 87.2 Exclusion = 12	EDIT
CMS160v2	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness	Population Criteria 1 Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 89.4 Exclusion 1 = 13 Population Criteria 2 Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 46.4 Exclusion 2 = 25 Population Criteria 3 Numerator 3 = 757 Denominator 3 = 985 Performance Rate 3 (%) = 75.0 Exclusion 3 = 11	EDIT
CMS161v2	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness	Numerator = 658 Denominator = 748 Performance Rate (%) = 86.2	EDIT
CMS163v2	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness	Numerator = 654 Denominator = 687 Performance Rate (%) = 97.2 Exclusion = 33	EDIT
CMS164v2	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness	Numerator = 625 Denominator = 652 Performance Rate (%) = 98.3	EDIT
CMS165v2	Controlling High Blood Pressure	Clinical Process/Effectiveness	Numerator = 302 Denominator = 687 Performance Rate (%) = 63.2 Exclusion = 14	EDIT
CMS167v2	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness	Numerator = 365 Denominator = 541 Performance Rate (%) = 65.9 Exception = 65	EDIT
CMS169v2	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness	Numerator = 658 Denominator = 748 Performance Rate (%) = 86.2	EDIT

Clinical Quality Measures Summary (continued)

CMS182v3	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness	Numerator 1 = 542 Denominator 1 = 708 Performance Rate 1 (%) = 81.2 Numerator 2 = 515 Denominator 2 = 615 Performance Rate 2 (%) = 86.2	EDIT
CMS129v3	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exception = 4	EDIT
CMS146v2	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 3	EDIT
CMS154v2	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources	Numerator = 324 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 54	EDIT
CMS166v3	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources	Numerator = 302 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 7	EDIT
CMS56V2	Functional status assessment for hip replacement	Patient and Family Engagement	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 17	EDIT
CMS66v2	Functional status assessment for knee replacement	Patient and Family Engagement	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 12	EDIT
CMS90v2	Functional status assessment for complex chronic conditions	Patient and Family Engagement	Numerator = 655 Denominator = 842 Performance Rate (%) = 79.2 Exclusion = 6	EDIT
CMS157v2	Oncology: Medical and Radiation - Pain Intensity Quantified	Patient and Family Engagement	Numerator = 524 Denominator = 655 Performance Rate (%) = 81.4	EDIT
CMS68v3	Documentation of Current Medications in the Medical Record	Patient Safety	Numerator = 445 Denominator = 842 Performance Rate (%) = 48.6 Exception = 8	EDIT
CMS132v2	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	Numerator = 654 Denominator = 987 Performance Rate (%) = 62.4 Exclusion = 7	EDIT

Clinical Quality Measures Summary (continued)

CMS139v2	Falls: Screening for Future Fall Risk	Patient Safety	Numerator = 334 Denominator = 526 Performance Rate (%) = 64.5 Exception = 7	EDIT
CMS156v2	Use of High-Risk Medications in the Elderly	Patient Safety	Numerator 1 = 124 Denominator 1 = 547 Performance Rate 1 (%) = 39.8 Numerator 2 = 454 Denominator 2 = 555 Performance Rate 2 (%) = 91.1	EDIT
CMS177v2	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	Numerator = 665 Denominator = 754 Performance Rate (%) = 91.2	EDIT
CMS179v2	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	Population = 652 Observation (%) = 25.0	EDIT
CMS2v3	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	Numerator = 256 Denominator = 652 Performance Rate (%) = 35.6 Exclusion = 5 Exception = 7	EDIT
CMS22v2	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health	Numerator = 256 Denominator = 854 Performance Rate (%) = 28.6 Exclusion = 3 Exception = 4	EDIT
CMS69v2	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	Population Criteria 1 Numerator 1 = 542 Denominator 1 = 685 Performance Rate 1 (%) = 85.0 Exclusion 1 = 4 Population Criteria 2 Numerator 2 = 542 Denominator 2 = 652 Performance Rate 2 (%) = 89.2 Exclusion 2 = 4	EDIT
CMS82v1	Maternal depression screening	Population/Public Health	Numerator = 545 Denominator = 655 Performance Rate (%) = 89.4	EDIT
CMS117v2	Childhood Immunization Status	Population/Public Health	Numerator = 658 Denominator = 958 Performance Rate (%) = 72.1	EDIT
CMS138v2	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health	Numerator = 542 Denominator = 745 Performance Rate (%) = 77.8 Exception = 4	EDIT
CMS147v2	Preventive Care and Screening: Influenza Immunization	Population/Public Health	Numerator = 454 Denominator = 526 Performance Rate (%) = 91.6 Exception = 5	EDIT

Clinical Quality Measures Summary (continued)

CMS153v2	Chlamydia Screening for Women	Population/Public Health	<p>Stratum 1 Numerator 1 = 124 Denominator 1 = 245 Performance Rate 1 (%) = 49.8 Exclusion 1 = 2</p> <p>Stratum 2 Numerator 2 = 450 Denominator 2 = 910 Performance Rate 2 (%) = 52.0 Exclusion 2 = 7</p> <p>Stratum 3 Numerator 3 = 574 Denominator 3 = 1155 Performance Rate 3 (%) = 51.8 Exclusion 3 = 9</p>	<input type="button" value="EDIT"/>
CMS155v2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health	<p>Stratum 1 Numerator 1 = 110 Denominator 1 = 220 Performance Rate 1 (%) = 50.0 Exclusion 1 = 1</p> <p>Numerator 2 = 410 Denominator 2 = 520 Performance Rate 2 (%) = 80.2 Exclusion 2 = 4</p> <p>Numerator 3 = 320 Denominator 3 = 560 Performance Rate 3 (%) = 60.5 Exclusion 3 = 4</p> <p>Stratum 2 Numerator 4 = 200 Denominator 4 = 800 Performance Rate 4 (%) = 25.0 Exclusion 4 = 5</p> <p>Numerator 5 = 320 Denominator 5 = 640 Performance Rate 5 (%) = 50.0 Exclusion 5 = 7</p> <p>Numerator 6 = 425 Denominator 6 = 500 Performance Rate 6 (%) = 90.0 Exclusion 6 = 5</p> <p>Stratum 3 Numerator 7 = 310 Denominator 7 = 1020 Performance Rate 7 (%) = 37.5 Exclusion 7 = 6</p> <p>Numerator 8 = 730 Denominator 8 = 1160 Performance Rate 8 (%) = 75.1 Exclusion 8 = 11</p> <p>Numerator 9 = 745 Denominator 9 = 1060 Performance Rate 9 (%) = 75.2 Exclusion 9 = 9</p>	<input type="button" value="EDIT"/>

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	1/1	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
✓	Menu Measures	9/9	EDIT Clear All

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

✓	Clinical Quality Measure - General	64/64	EDIT Clear All
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

Note:

When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue



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Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 650 Denominator = 650 Percentage = 100%
Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?	Yes
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes

Meaningful Use Core Measure Review

Measure Code	Title	Entered	Additional Information
EPCMU01	Core Measure 1 - CPOE for Medication Orders Original	Numerator = 630 Denominator = 1250 Percentage = 50%	Patient Records = Only EHR
EPCMU02	Core Measure 2 - Drug Interaction Checks	Yes	N/A
EPCMU03	Core Measure 3 - Maintain Problem List	Numerator = 890 Denominator = 1050 Percentage = 84%	N/A

Meaningful Use Measures Summary (continued)

EPCMU04	Core Measure 4 - ePrescribing (eRx)	Exclusion 1 = No Exclusion 2 = No Numerator = 630 Denominator = 1250 Percentage = 50%	Patient Records = Only EHR
EPCMU05	Core Measure 5 - Active Medication List	Numerator = 890 Denominator = 1050 Percentage = 84%	N/A
EPCMU06	Core Measure 6 - Medication Allergy List	Numerator = 890 Denominator = 1050 Percentage = 84%	N/A
EPCMU07	Core Measure 7 - Record Demographics	Numerator = 630 Denominator = 1050 Percentage = 60%	N/A
EPCMU08	Core Measure 8 - Record Vital Signs	Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 630 Denominator = 1050 Percentage = 60%	Patient Records = Only EHR
EPCMU09	Core Measure 9 - Record Smoking Status	Numerator = 630 Denominator = 1050 Percentage = 60%	Patient Records = Only EHR
EPCMU11	Core Measure 11 - Clinical Decision Support Rule	Yes	N/A
EPCMU12	Core Measure 12 - Patient Electronic Access	Numerator = 630 Denominator = 1050 Percentage = 60%	Patient Records = Only EHR
EPCMU13	Core Measure 13 - Clinical Summaries	Numerator = 630 Denominator = 1020 Percentage = 61%	Patient Records = Only EHR
EPCMU15	Core Measure 15 - Protect Electronic Health Information	Yes	N/A

Meaningful Use Measures Summary (continued)

Meaningful Use Menu Measure Review			
Measure Code	Title	Entered	Additional Information
EPMMU01	Menu Measure 1 - Drug Formulary Checks	Yes	N/A
EPMMU02	Menu Measure 2 - Clinical Lab Test Results	Numerator = 540 Denominator = 980 Percentage = 55%	N/A
EPMMU03	Menu Measure 3 - Patient List	Yes	Patient Records = Only EHR
EPMMU04	Menu Measure 4 - Patient Reminders	Numerator = 390 Denominator = 846 Percentage = 46%	Patient Records = Only EHR
EPMMU06	Menu Measure 6 - Patient - Specific Education Resources	Numerator = 350 Denominator = 846 Percentage = 41%	N/A
EPMMU07	Menu Measure 7 - Medication Reconciliation	Numerator = 685 Denominator = 980 Percentage = 69%	Patient Records = Only EHR
EPMMU08	Menu Measure 8 - Transition of Care Summary	Numerator = 850 Denominator = 1235 Percentage = 68%	Patient Records = Only EHR
EPMMU09	Menu Measure 9 - Immunization Registries Data Submission	No No	See below for additional information
EPMMU10	Menu Measure 10 - Syndromic Surveillance Data	Excluded (Reason 1) No	See below for additional information

Additional Information
<p><u>EPMMU09</u> Immunization Registry : PA SIIS Test Successful : Yes Test Date & Time : 02/14/2013 09:15 am Follow Up Submission : Yes</p> <p><u>EPMMU10</u> Syndromic Surveillance Agency : Test Successful : Test Date & Time : Follow Up Submission :</p>

Meaningful Use Measures Summary (continued)

Meaningful Use Clinical Quality Measure Review			
Measure Code	Domain	Title	Entered
CMS50v2	Care Coordination	Closing the referral loop: receipt of specialist report	Numerator = 250 Denominator = 600 Performance Rate (%) = 45.0
CMS52v2	Clinical Process/Effectiveness	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Population Criteria 1 Numerator 1 = 256 Denominator 1 = 845 Performance Rate 1 (%) = 26.5 Exception 1 = 5 Population Criteria 2 Numerator 2 = 424 Denominator 2 = 784 Performance Rate 2 (%) = 46.2 Exception 2 = 3 Population Criteria 3 Numerator 3 = 645 Denominator 3 = 741 Performance Rate 3 (%) = 92.3
CMS61v3	Clinical Process/Effectiveness	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Population Criteria 1 Numerator 1 = 354 Denominator 1 = 526 Performance Rate 1 (%) = 59.4 Exclusion 1 = 3 Exception 1 = 5 Population Criteria 2 Numerator 2 = 658 Denominator 2 = 978 Performance Rate 2 (%) = 67.6 Exclusion 2 = 7 Exception 2 = 6 Population Criteria 3 Numerator 3 = 365 Denominator 3 = 658 Performance Rate 3 (%) = 54.1 Exclusion 3 = 9 Exception 3 = 4
CMS62v2	Clinical Process/Effectiveness	HIV/AIDS: Medical Visit	Numerator = 345 Denominator = 652 Performance Rate (%) = 56.1

Meaningful Use Measures Summary (continued)

			<p>Population Criteria 1 Numerator 1 = 245 Denominator 1 = 563 Performance Rate 1 (%) = 48.0 Exclusion 1 = 3 Exception 1 = 4</p>
CMS64v3	Clinical Process/Effectiveness	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	<p>Population Criteria 2 Numerator 2 = 945 Denominator 2 = 1354 Performance Rate 2 (%) = 34.4 Exclusion 2 = 6 Exception 2 = 7</p> <p>Population Criteria 3 Numerator 3 = 241 Denominator 3 = 652 Performance Rate 3 (%) = 42.4 Exclusion 3 = 6 Exception 3 = 3</p>
CMS65v3	Clinical Process/Effectiveness	Hypertension: Improvement in blood pressure	<p>Numerator = 365 Denominator = 458 Performance Rate (%) = 87.2 Exclusion = 3</p>
CMS74v3	Clinical Process/Effectiveness	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<p>Stratum 1 Numerator 1 = 245 Denominator 1 = 688 Performance Rate 1 (%) = 45.6</p> <p>Stratum 2 Numerator 2 = 542 Denominator 2 = 874 Performance Rate 2 (%) = 68.2</p> <p>Stratum 3 Numerator 3 = 123 Denominator 3 = 456 Performance Rate 3 (%) = 23.1</p>
CMS75v2	Clinical Process/Effectiveness	Children who have dental decay or cavities	<p>Numerator = 625 Denominator = 752 Performance Rate (%) = 86.2</p>
CMS77v2	Clinical Process/Effectiveness	HIV/AIDS: RNA control for Patients with HIV	<p>Numerator = 325 Denominator = 600 Performance Rate (%) = 52.3</p>
CMS122v2	Clinical Process/Effectiveness	Diabetes: Hemoglobin A1c Poor Control	<p>Numerator = 325 Denominator = 754 Performance Rate (%) = 47.6 Exclusion = 3</p>

Meaningful Use Measures Summary (continued)

CMS123v2	Clinical Process/Effectiveness	Diabetes: Foot Exam	Numerator = 324 Denominator = 687 Performance Rate (%) = 49.1 Exclusion = 8
CMS124v2	Clinical Process/Effectiveness	Cervical Cancer Screening	Numerator = 654 Denominator = 815 Performance Rate (%) = 63.2 Exclusion = 4
CMS125v2	Clinical Process/Effectiveness	Breast Cancer Screening	Numerator = 124 Denominator = 541 Performance Rate (%) = 24.5 Exclusion = 6
CMS126v2	Clinical Process/Effectiveness	Use of Appropriate Medications for Asthma	Stratum 1 Numerator 1 = 245 Denominator 1 = 688 Performance Rate 1 (%) = 42.5 Exclusion 1 = 1
			Stratum 2 Numerator 2 = 457 Denominator 2 = 967 Performance Rate 2 (%) = 47.6 Exclusion 2 = 7
			Stratum 3 Numerator 3 = 757 Denominator 3 = 985 Performance Rate 3 (%) = 75.0 Exclusion 3 = 8
			Stratum 4 Numerator 4 = 324 Denominator 4 = 514 Performance Rate 4 (%) = 45.8 Exclusion 4 = 3
			Stratum 5 Numerator 5 = 457 Denominator 5 = 954 Performance Rate 5 (%) = 46.2 Exclusion 5 = 8
CMS127v2	Clinical Process/Effectiveness	Pneumonia Vaccination Status for Older Adults	Numerator = 658 Denominator = 748 Performance Rate (%) = 85.3

Meaningful Use Measures Summary (continued)

CMS128v2	Clinical Process/Effectiveness	Anti-depressant Medication Management	<p>Numerator 1 = 254 Denominator 1 = 845 Performance Rate 1 (%) = 85.3 Exclusion 1 = 4</p> <p>Numerator 2 = 458 Denominator 2 = 754 Performance Rate 2 (%) = 38.6 Exclusion 2 = 5</p>
CMS130v2	Clinical Process/Effectiveness	Colorectal Cancer Screening	<p>Numerator = 654 Denominator = 954 Performance Rate (%) = 65.9 Exclusion = 4</p>
CMS131v2	Clinical Process/Effectiveness	Diabetes: Eye Exam	<p>Numerator = 875 Denominator = 975 Performance Rate (%) = 86.4 Exclusion = 8</p>
CMS133v2	Clinical Process/Effectiveness	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<p>Numerator = 658 Denominator = 745 Performance Rate (%) = 91.4 Exclusion = 6</p>
CMS134v2	Clinical Process/Effectiveness	Diabetes: Urine Protein Screening	<p>Numerator = 654 Denominator = 815 Performance Rate (%) = 86.2 Exclusion = 6</p>
CMS135v2	Clinical Process/Effectiveness	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<p>Numerator = 302 Denominator = 1024 Performance Rate (%) = 39.4 Exception = 7</p>
CMS136v3	Clinical Process/Effectiveness	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	<p>Population Criteria 1 Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 81.4 Exclusion 1 = 6</p> <p>Population Criteria 2 Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 45.1 Exclusion 2 = 7</p>

Meaningful Use Measures Summary (continued)

			<p>Stratum 1 Numerator 1 = 658 Denominator 1 = 741 Performance Rate 1 (%) = 92.4 Exclusion 1 = 5</p> <p>Numerator 2 = 457 Denominator 2 = 745 Performance Rate 2 (%) = 38.1 Exclusion 2 = 4</p> <p>Stratum 2 Numerator 3 = 635 Denominator 3 = 697 Performance Rate 3 (%) = 97.2 Exclusion 3 = 6</p> <p>Numerator 4 = 512 Denominator 4 = 744 Performance Rate 4 (%) = 38.1 Exclusion 4 = 3</p> <p>Stratum 3 Numerator 5 = 854 Denominator 5 = 954 Performance Rate 5 (%) = 84.4 Exclusion 5 = 12</p> <p>Numerator 6 = 142 Denominator 6 = 441 Performance Rate 6 (%) = 41.5 Exclusion 6 = 41</p>
CMS137v2	Clinical Process/Effectiveness	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
CMS140v2	Clinical Process/Effectiveness	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	<p>Numerator = 654 Denominator = 815 Performance Rate (%) = 71.6 Exception = 6</p>
CMS141v3	Clinical Process/Effectiveness	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	<p>Numerator = 654 Denominator = 745 Performance Rate (%) = 84.6 Exception = 6</p>
CMS142v2	Clinical Process/Effectiveness	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<p>Numerator = 654 Denominator = 954 Performance Rate (%) = 65.9 Exception = 6</p>
CMS143v2	Clinical Process/Effectiveness	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	<p>Numerator = 325 Denominator = 458 Performance Rate (%) = 71.6 Exception = 1</p>

Meaningful Use Measures Summary (continued)

CMS144v2	Clinical Process/Effectiveness	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Numerator = 658 Denominator = 687 Performance Rate (%) = 97.2 Exception = 8
CMS145v2	Clinical Process/Effectiveness	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 89.4 Exception 1 = 6 Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 46.4 Exception 2 = 5
CMS148v2	Clinical Process/Effectiveness	Hemoglobin A1c Test for Pediatric Patients	Numerator = 302 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 4
CMS149v2	Clinical Process/Effectiveness	Dementia: Cognitive Assessment	Numerator = 658 Denominator = 687 Performance Rate (%) = 97.2 Exception = 41
CMS158v2	Clinical Process/Effectiveness	Pregnant women that had HBsAg testing	Numerator = 875 Denominator = 954 Performance Rate (%) = 87.2 Exception = 11
CMS159v2	Clinical Process/Effectiveness	Depression Remission at Twelve Months	Numerator = 875 Denominator = 954 Performance Rate (%) = 87.2 Exclusion = 12
CMS160v2	Clinical Process/Effectiveness	Depression Utilization of the PHQ-9 Tool	Population Criteria 1 Numerator 1 = 544 Denominator 1 = 675 Performance Rate 1 (%) = 89.4 Exclusion 1 = 13 Population Criteria 2 Numerator 2 = 254 Denominator 2 = 452 Performance Rate 2 (%) = 46.4 Exclusion 2 = 25 Population Criteria 3 Numerator 3 = 757 Denominator 3 = 985 Performance Rate 3 (%) = 75.0 Exclusion 3 = 11

Meaningful Use Measures Summary (continued)

CMS161v2	Clinical Process/Effectiveness	Major Depressive Disorder (MDD): Suicide Risk Assessment	Numerator = 658 Denominator = 748 Performance Rate (%) = 86.2
CMS163v2	Clinical Process/Effectiveness	Diabetes: Low Density Lipoprotein (LDL) Management	Numerator = 654 Denominator = 687 Performance Rate (%) = 97.2 Exclusion = 33
CMS164v2	Clinical Process/Effectiveness	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Numerator = 625 Denominator = 652 Performance Rate (%) = 98.3
CMS165v2	Clinical Process/Effectiveness	Controlling High Blood Pressure	Numerator = 302 Denominator = 687 Performance Rate (%) = 63.2 Exclusion = 14
CMS167v2	Clinical Process/Effectiveness	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Numerator = 365 Denominator = 541 Performance Rate (%) = 65.9 Exception = 65
CMS169v2	Clinical Process/Effectiveness	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Numerator = 658 Denominator = 748 Performance Rate (%) = 86.2
CMS182v3	Clinical Process/Effectiveness	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Numerator 1 = 542 Denominator 1 = 708 Performance Rate 1 (%) = 81.2 Numerator 2 = 515 Denominator 2 = 615 Performance Rate 2 (%) = 86.2
CMS129v3	Efficient Use of Healthcare Resources	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exception = 4
CMS146v2	Efficient Use of Healthcare Resources	Appropriate Testing for Children with Pharyngitis	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 3

Meaningful Use Measures Summary (continued)

CMS154v2	Efficient Use of Healthcare Resources	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Numerator = 324 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 54
CMS166v3	Efficient Use of Healthcare Resources	Use of Imaging Studies for Low Back Pain	Numerator = 302 Denominator = 458 Performance Rate (%) = 84.6 Exclusion = 7
CMS56V2	Patient and Family Engagement	Functional status assessment for hip replacement	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 17
CMS66v2	Patient and Family Engagement	Functional status assessment for knee replacement	Numerator = 875 Denominator = 954 Performance Rate (%) = 91.4 Exclusion = 12
CMS90v2	Patient and Family Engagement	Functional status assessment for complex chronic conditions	Numerator = 655 Denominator = 842 Performance Rate (%) = 79.2 Exclusion = 6
CMS157v2	Patient and Family Engagement	Oncology: Medical and Radiation - Pain Intensity Quantified	Numerator = 524 Denominator = 655 Performance Rate (%) = 81.4
CMS68v3	Patient Safety	Documentation of Current Medications in the Medical Record	Numerator = 445 Denominator = 842 Performance Rate (%) = 48.6 Exception = 8
CMS132v2	Patient Safety	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Numerator = 654 Denominator = 987 Performance Rate (%) = 62.4 Exclusion = 7
CMS139v2	Patient Safety	Falls: Screening for Future Fall Risk	Numerator = 334 Denominator = 526 Performance Rate (%) = 64.5 Exception = 7

Meaningful Use Measures Summary (continued)

CMS156v2	Patient Safety	Use of High-Risk Medications in the Elderly	<p>Numerator 1 = 124 Denominator 1 = 547 Performance Rate 1 (%) = 39.8</p> <p>Numerator 2 = 454 Denominator 2 = 555 Performance Rate 2 (%) = 91.1</p>
CMS177v2	Patient Safety	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<p>Numerator = 665 Denominator = 754 Performance Rate (%) = 91.2</p>
CMS179v2	Patient Safety	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	<p>Population = 652 Observation (%) = 25.0</p>
CMS2v3	Population/Public Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	<p>Numerator = 256 Denominator = 652 Performance Rate (%) = 35.6 Exclusion = 5 Exception = 7</p>
CMS22v2	Population/Public Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<p>Numerator = 256 Denominator = 854 Performance Rate (%) = 28.6 Exclusion = 3 Exception = 4</p>
CMS69v2	Population/Public Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	<p>Population Criteria 1 Numerator 1 = 542 Denominator 1 = 685 Performance Rate 1 (%) = 85.0 Exclusion 1 = 4</p> <p>Population Criteria 2 Numerator 2 = 542 Denominator 2 = 652 Performance Rate 2 (%) = 89.2 Exclusion 2 = 4</p>
CMS82v1	Population/Public Health	Maternal depression screening	<p>Numerator = 545 Denominator = 655 Performance Rate (%) = 89.4</p>
CMS117v2	Population/Public Health	Childhood Immunization Status	<p>Numerator = 658 Denominator = 958 Performance Rate (%) = 72.1</p>

Meaningful Use Measures Summary (continued)

CMS138v2	Population/Public Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Numerator = 542 Denominator = 745 Performance Rate (%) = 77.8 Exception = 4
CMS147v2	Population/Public Health	Preventive Care and Screening: Influenza Immunization	Numerator = 454 Denominator = 526 Performance Rate (%) = 91.6 Exception = 5
CMS153v2	Population/Public Health	Chlamydia Screening for Women	Stratum 1 Numerator 1 = 124 Denominator 1 = 245 Performance Rate 1 (%) = 49.8 Exclusion 1 = 2 Stratum 2 Numerator 2 = 450 Denominator 2 = 910 Performance Rate 2 (%) = 52.0 Exclusion 2 = 7 Stratum 3 Numerator 3 = 574 Denominator 3 = 1155 Performance Rate 3 (%) = 51.8 Exclusion 3 = 9
CMS155v2	Population/Public Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Stratum 1 Numerator 1 = 110 Denominator 1 = 220 Performance Rate 1 (%) = 50.0 Exclusion 1 = 1 Numerator 2 = 410 Denominator 2 = 520 Performance Rate 2 (%) = 80.2 Exclusion 2 = 4 Numerator 3 = 320 Denominator 3 = 560 Performance Rate 3 (%) = 60.5 Exclusion 3 = 4 Stratum 2 Numerator 4 = 200 Denominator 4 = 800 Performance Rate 4 (%) = 25.0 Exclusion 4 = 5 Numerator 5 = 320 Denominator 5 = 640 Performance Rate 5 (%) = 50.0 Exclusion 5 = 7

Meaningful Use Measures Summary (continued)

Numerator 6 = 425
Denominator 6 = 500
Performance Rate 6 (%) = 90.0
Exclusion 6 = 5

Stratum 3
Numerator 7 = 310
Denominator 7 = 1020
Performance Rate 7 (%) = 37.5
Exclusion 7 = 6

Numerator 8 = 730
Denominator 8 = 1160
Performance Rate 8 (%) = 75.1
Exclusion 8 = 11

Numerator 9 = 745
Denominator 9 = 1060
Performance Rate 9 (%) = 75.2
Exclusion 9 = 9

[Previous](#)

[Save & Continue](#)

MEANINGFUL USE ATTESTATION

On this page, you want to confirm that the correct Payee TIN is showing at the top of the page (see red circle). If this is incorrect, you will want to update this before completing the application.

Name Adam MAPIR
 Applicant NPI 1881640274
 Personal TIN/SSN 169583428
 Payee TIN 169583428
 Payment Year 1
 Program Year 2014

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(* Red asterisk indicates a required field.)

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. Yes No

NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact the Pennsylvania MA Health IT Initiative.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	1012612470001	Rina Chabra	103 Gamma Drive Pittsburgh, PA 15238	SERVICE LOCATION ADDRESS: 103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470002	Rina Chabra	3937 Butler Street Pittsburgh, PA 15201	SERVICE LOCATION ADDRESS: 3937 Butler St Pittsburgh, PA 15201-3258 PAYEE TYPE: Physician EFT: No
<input type="radio"/>	1012612470005	Rina Chabra	Po Box 641695 Pittsburgh, PA 15264-1695	SERVICE LOCATION ADDRESS: 5475 Penn Avenue Pittsburgh, PA 15224- PAYEE TYPE: Physician EFT: No

Previous Reset Save & Continue



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

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You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

[Continue](#)

REVIEW TAB

This is what you will see on the Review Tab. The application is showing 'Incomplete' because it has not been submitted yet. The Incomplete does not mean there is something missing in the application. If you attested to Meaningful Use, you will see a link below in the Attestation Meaningful Use measures section. This link will take you to a summary of what was entered in the applications for the meaningful use measures. This summary will show if a measure passed or was rejected. When you are done with this review, click continue at the bottom of this page. If you are not automatically taken to the Submit tab, you can select the Submit tab



[Print](#) [Contact Us](#) [Exit](#)

Tuesday 04/15/2014 3:38:37 PM EDT

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Print

Status

Incomplete

R&A Verification

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payee NPI	1881640274		

Business Address ERIE AVE AT FRONT ST
NELSON PAVILION STE 2045, - SCPA
GASTROENTEROLOGY
PHILADELPHIA, PA 19134-1043

REVIEW TAB (cont.)

Business Phone	215-427-6781		
Incentive Program	MEDICAID	State	PA
Eligible Professional Type	Nurse_Practitioner		
R&A Registration ID	1881640274		
R&A Registration Email	PROMISeUATMapirRAEmail@hp.com		
CMS EHR Certification Number			
Is this information accurate?	Yes		

Contact Information

Contact Name

Contact Phone - - Ext

Contact Email Address

Eligibility Questions (Part 1 of 3)

Are you a Hospital based eligible professional? **No**

I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Pennsylvania. **Yes**

REVIEW TAB (cont.)

Eligibility Questions (Part 2 of 3)

What type of provider are you?

Physician

Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?

No

Are you licensed in all states in which you practice?

Yes

Eligibility Questions (Part 3 of 3)

CMS EHR Certification ID: **3000000WE6L4EAC**

Patient Volume Practice Type (Part 1 of 3)

Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

No

Please indicate if you are submitting volumes for:

Individual Practitioner

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Jan 01, 2013

End Date: Mar 31, 2013

REVIEW TAB (cont.)

Patient Volume Individual (Part 3 of 3)

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	1012612470001	Rina Chabra	103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983	Medicaid Only In State: 100 Total Medicaid: 101 Denominator: 200	51%
Yes	1012612470002	Rina Chabra	3937 Butler St Pittsburgh, PA 15201-3258	Medicaid Only In State: N/A Total Medicaid: N/A Denominator: N/A	N/A
Yes	1012612470005	Rina Chabra	5475 Penn Avenue Pittsburgh, PA 15224	Medicaid Only In State: N/A Total Medicaid: N/A Denominator: N/A	N/A

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
100	101	200	51%

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Jan 01, 2014

End Date: Mar 31, 2014

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes

REVIEW TAB (cont.)

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
1012612470001	Rina Chabra	103 Gamma Drive Pittsburgh, PA 15238-	SERVICE LOCATION ADDRESS: 103 Gamma Dr Ste 120 Pittsburgh, PA 15238-2983 PAYEE TYPE: Physician EFT: No

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[Continue](#)



Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

- Get Started
- R&A/Contact Info
- Eligibility
- Patient Volumes
- Attestation
- Review
- Submit



Check Errors Review

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact your program eligibility.

You are still able to submit the application with these errors, but they may impact the approval determination and delay your processing time as additional information may be required.

A questionnaire is included in this section. Please take a few moments to complete this and provide us with your feedback.

In this section you have the opportunity to upload supporting documentation to your application. All files must be in PDF format and no larger than 10 MB in size.

In order to complete the MAPIR application process, the Eligible Professional is required to provide documentation verifying that a certified EHR system is being adopted, implemented, upgraded or meaningfully used. A list of accepted documents can be found on the HIT website at <http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm> You may upload this documentation into your MAPIR application prior to submitting your application.

Note: You will be required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the eligible professional's confirmation that the information is correct and the eligible professional is responsible for all information and overpayments.

After you have completed the electronic signature process, an example of a payment chart will display. Directly below this chart is the Submit Application button. **You must select the Submit Application button to complete the process. Your application will not be processed if you do not complete this step.**

Begin

Submit Section

This screen lists the current status of your application and any validation messages of concern identified by the system. You can review these identified validation messages for accuracy, **or**, leave them as is. You can submit the application without making any changes; however, the validation messages identified may impact your eligibility and incentive payment amount.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

[Print](#) [Contact Us](#) [Exit](#)

Monday 04/21/2014 3:24:08 PM EDT

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

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Status

Incomplete

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

As a hospital based physician, you may be required to submit additional documentation to participate.

[Review](#)

[Save & Continue](#)

REVIEW

This screen presents optional questions that will assist us in improving the program.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

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Application Questionnaire

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Question 1:
Did you utilize any of CMS's or the Department's education resources (i.e. provider manual, webinars, FAQs, Meaningful Use Calculator) before applying for an EHR incentive payment? Yes No

Question 2:
Are you familiar with the requirements for future stages of Meaningful Use? Yes No

Question 3:
If you have already attested to meeting the meaningful use requirements were the attestation questions easy to understand? Yes No

Question 4:
Was the information (i.e. hover bubbles and information pages) within the application helpful? Yes No

Question 5:
Do you need additional technical assistance to help you meet the MU standards? Yes No

Question 6:
Has your EHR System made your operations more efficient and improved the quality of your patient care? Yes No

Question 7:
Are you exchanging patient information electronically with other providers on a regular basis? Yes No

Question 8:
Do you know about Pennsylvania's Health Information Exchange (HIE) activities? Yes No

Question 9:
Did the preparation for the application process require an excessive amount of time to collect? Yes No

Question 10:
Did the Pennsylvania MA EHR Incentive Program encourage you to implement an EHR System? Yes No

Previous

Reset

Save & Continue

SUBMIT

Applicants can upload supporting documents to accompany their MAPIR Application at this point during the application process. Supporting documents can include information supporting your volume, attestation, validation of certified EHR or information to support your MU attestation. These documents must be in a .pdf format.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

In order to process your application, you will need to upload documentation to validate your Certified Electronic Health Record Technology (CEHRT).

You can find CEHRT documentation directions at:

<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincintiverepos/index.htm>.

It is also recommended that you upload any documentation used to validate the data submitted for your meaningful use measures.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** file format and must be no larger than **10 MB** each in size.

File name must be less than or equal to **100 characters**.

File Location:



Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

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Application Submission (Part 1 of 2)

Please answer the following questions.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

***By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).**

***Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:**

Provider Preparer

[Previous](#)

[Reset](#)

[Save & Continue](#)

SUBMIT

This screen depicts the signature screen for a **Preparer** on behalf of the provider. As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered. Enter your Preparer Name and Preparer Relationship to the provider. Then click **Sign Electronically**.

Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

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Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements or documents or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties. **Authorized User:** I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. **Disclosures:** This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in a recoupment of payment.

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name:

* Preparer Relationship:



When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Previous

Reset

Sign Electronically

SUBMIT

This is an example of an application that has a Meaningful Use Measure that does not meet the file requirements. This STOP sign alerts you that you may have entered some information incorrectly. To view the measures and to verify the data you entered is accurate, select the **Meaningful Use Measures** link in the center of the page. Select **Save & Continue** in order to continue to the Submit page.

Name	Adam MAPIR	Applicant NPI	1881640274
Personal TIN/SSN	169583428	Payee TIN	169583428
Payment Year	1	Program Year	2014

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

Application Submission (Part 2 of 2)

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.

Note: Mandatory requirements must be met to qualify for an incentive payment.

*Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Attestation Meaningful Use Measures

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

[Meaningful Use Measures](#)



**Please note you have not met the minimum meaningful use requirements.
You are advised to review the details above before proceeding.**

[Previous](#)

[Save & Continue](#)

SUBMIT

This screen shows what you will see if you selected the Meaningful Use Measures link on the page with the red STOP sign. This is an example of an application that has a Meaningful Use Measure that does not meet the requirements.

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered	Status
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 650 Denominator = 650 Percentage = 100%	Accepted
Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?	Yes	N/A
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes	N/A

Meaningful Use Core Measure Review

Measure Code	Title	Entered	Additional Information	Status
EPCMU01	Core Measure 1 - CPOE for Medication Orders Original	Numerator = 630 Denominator = 1250 Percentage = 50%	Patient Records = Only EHR	Accepted
EPCMU02	Core Measure 2 - Drug Interaction Checks	Yes	N/A	Accepted
EPCMU03	Core Measure 3 - Maintain Problem List	Numerator = 650 Denominator = 1050 Percentage = 61%	N/A	Rejected
EPCMU04	Core Measure 4 - ePrescribing (eRx)	Exclusion 1 = No Exclusion 2 = No Numerator = 630 Denominator = 1250 Percentage = 50%	Patient Records = Only EHR	Accepted



Name Adam MAPIR

Applicant NPI 1881640274

Personal TIN/SSN 169583428

Payee TIN 169583428

Payment Year 1

Program Year 2014

- Get Started
- R&A/Contact Info
- Eligibility
- Patient Volumes
- Attestation
- Review
- Submit

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart indicates the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

Example Professional Incentive Payment Chart

(First Calendar Year of Participation)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Submit Application



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	1	Program Year	2012

[Current Status](#)

[Review Application](#)



Your application has been successfully submitted, and will be processed within 7-10 business days.

You will receive an email message when processing has been completed.

OK