



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.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI 9300002505

TIN 222222222

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Completed	1	2011	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use Full Year	Completed	2	2013	\$8,500.00	Select the "Continue" button to view this application.
<input checked="" type="radio"/>	Stage 2 Meaningful Use	Incomplete	3	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	<i>Future</i>	<i>Future</i>	4	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	5	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	6	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>

REMINDERS:

- For 2014 EHR Incentive applications, providers must be utilizing a 2014 certified EHR system. You will need to enter the 2014 certified EHR ID number into the application.
- We encourage Eligible Professionals to upload your patient volume and meaningful use reports into your application with submission. This will save you time in the future if a clarification is needed with your incentive application. Only Children's Hospitals will need to upload Meaningful Use documentation as dually-eligible hospitals will attest to Meaningful Use through the Medicare application.

Continue

GET STARTED

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



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

MAPIR

Confirmation

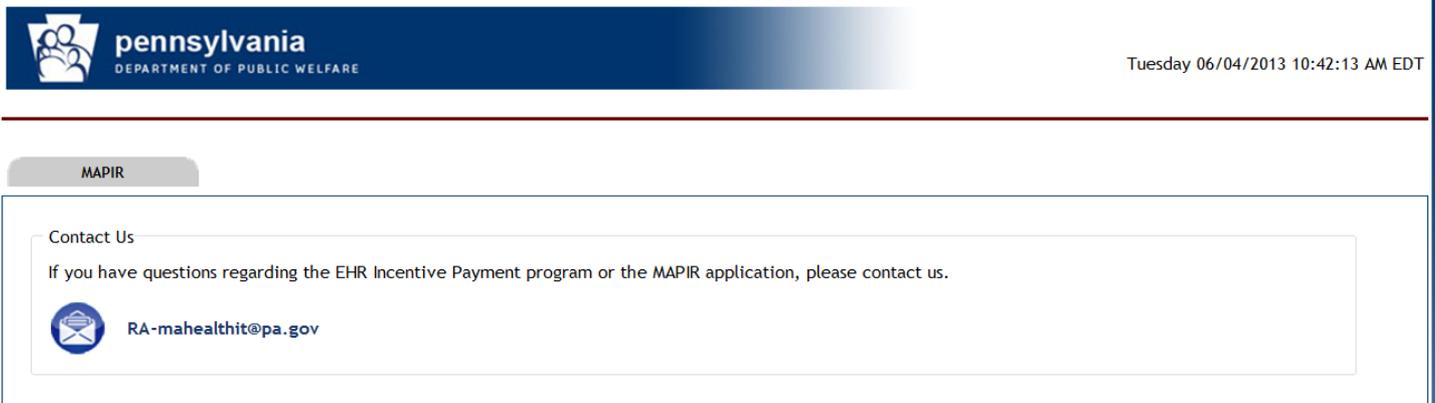
You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

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 tab 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".

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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 Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

R&A/Contact Info

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Name: Doc Mapir

Applicant NPI: 9300002505

Status: **Incomplete**

[Continue](#)

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



Navigation Keys:

- **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.

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.

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.

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Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payee NPI	9300002505		

Business Address 1001 Getwell Way
Harrisburg, PA 17103-1111

Business Phone 717-555-2222

Incentive Program MEDICAID **State** PA

Eligible Professional Type Physician

R&A Registration ID 9300002505

R&A Registration Email Address PROMISEUATMapirRAEmail@hp.com

CMS EHR Certification Number

(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

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Reset

Save & Continue

CONTACT INFORMATION

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



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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

*Contact Phone - - Ext

Enter twice to verify :

*Contact Email Address

[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.



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

Monday 06/16/2014 12:46:32 PM EDT

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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 Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

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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



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Reset

Save & Continue

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
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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 

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[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](#)

Monday 06/16/2014 2:28:51 PM EDT

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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](#)

Monday 06/16/2014 2:29:49 PM EDT

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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	Doc Mapir	Applicant NPI	9300002505
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Payment Year	3	Program Year	2014

Get Started

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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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
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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/maprovincientiverespos/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 21 – 31](#))
2. Non-FQHC/RHC group using group patient volume ([pages 32 – 40](#))
3. FQHC/RHC group using individual patient volume ([pages 41 – 48](#))
4. FQHC/RHC group using group patient volume ([pages 49 – 56](#))

The Attestation Section begins on [page 57](#)



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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 ?

- 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 2013, then you would choose a continuous 90 days from 2012) or 12 months preceding attestation date (for example if you complete your application on 9/1/13, then you would chose 90 continuous days from 9/1/12 to 8/31/13).



Name	Doc Mapir	Applicant NPI	9300002505
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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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Save & Continue



Name	Doc Mapir	Applicant NPI	9300002505
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Payment Year	3	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: Aug 01, 2013
End Date: Oct 29, 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.



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

Monday 06/16/2014 2:36:14 PM EDT

Name Doc Mapir **Applicant NPI** 9300002505
Personal TIN/SSN 222222222 **Payee TIN** 222222222
Payment Year 3 **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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	

[Add Location](#)

[Refresh](#)

[Previous](#)

[Reset](#)

[Save & Continue](#)

PRACTICE LOCATIONS

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



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	1	Program Year	2013

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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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Save & Continue

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 1

Program Year 2013

Get Started

R&A/Contact Info

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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): -

Previous

Reset

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.



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

Monday 04/01/2013 2:54:56 PM EDT

Name Doc Mapir **Applicant NPI** 9300002505
Personal TIN/SSN 222222222 **Payee TIN** 222222222
Payment Year 1 **Program Year** 2013

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- R&A/Contact Info
- Eligibility
- Patient Volumes
- Attestation
- Review
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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	400000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	
<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	<input type="button" value="Edit"/> <input type="button" value="Delete"/>



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

Get Started

R&A/Contact Info

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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

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.

Name Doc Mapir
Applicant NPI 9300002505
Personal TIN/SSN 222222222
Payee TIN 222222222
Payment Year 3
Program Year 2014

- Get Started
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- Patient Volumes
- Attestation
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- Submit

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 <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	* 300	* 500	* 1000
N/A	MAPIR 1	1 Main St Anywhere, PA 17110	* 200	* 330	* 1000

- Previous
- Reset
- Save & Continue

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

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Submit

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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	Medicaid Only In State: 300 Total Medicaid: 500 Denominator: 1000	50%
No	N/A	MAPIR 1	1 Main St Anywhere, PA 17110	Medicaid Only In State: 200 Total Medicaid: 330 Denominator: 1000	33%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
500	830	2000	42%

Previous

Save & Continue



Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

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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](#)



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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

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: Individual Practitioner ?
 Group/Clinic ?

- Previous
- Reset
- Save & Continue



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

- Get Started
- R&A/Contact Info
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- Patient Volumes
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- Review
- Submit

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 Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

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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: Jan 01, 2014

End Date: Mar 31, 2014

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MA PATIENT VOLUME SECTION

You must select **at least one** practice location that you will be reporting Medicaid Patient Volumes and Utilizing Certified EHR Technology. If you do not choose 'yes' or 'no' for each location you will not be able to proceed through the application.



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Monday 06/16/2014 2:49:04 PM EDT

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

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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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	

Add Location

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Save & Continue



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

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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



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
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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**.

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Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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.**

* 2541258965	3256874557			
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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)
* 4000 <input style="width: 80%;" type="text"/>	* 5000 <input style="width: 80%;" type="text"/>	* 10000 <input style="width: 80%;" type="text"/>

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- Save & Continue



Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

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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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103-

Group Practice ID(s) 2541258965 3256874557

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
4000	5000	10000	50%

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Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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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](#)



Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

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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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Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

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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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Save & Continue



Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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: Jan 01, 2014

End Date: Mar 31, 2014

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Name Doc Mapir **Applicant NPI** 9300002505
Personal TIN/SSN 222222222 **Payee TIN** 222222222
Payment Year 3 **Program Year** 2014

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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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	

Add Location

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Save & Continue

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

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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

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Name Doc Mapir

Applicant NPI 9300002505

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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)
4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	* 600 <input type="text"/>	* 200 <input type="text"/>	* 800 <input type="text"/>	* 1000 <input type="text"/>

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Name Doc Mapir

Applicant NPI 9300002505

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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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	Medicaid and CHIP Numerator: 600 Other Needy Numerator: 200 Total Needy Numerator: 800 Denominator: 1000	80%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
600	200	800	1000	80%

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pennsylvania

DEPARTMENT OF PUBLIC WELFARE

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Monday 06/16/2014 3:00:52 PM EDT

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

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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

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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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Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

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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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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: Jan 01, 2014

End Date: Mar 31, 2014

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Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

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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 checked="" type="radio"/> Yes <input type="radio"/> No	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103	

Add Location

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Save & Continue

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

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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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 Personal TIN/SSN 222222222
 Payee TIN 222222222
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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.**

* 2545858745

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)
* 600 <input style="width: 80%;" type="text"/>	* 200 <input style="width: 80%;" type="text"/>	* 800 <input style="width: 80%;" type="text"/>	* 1000 <input style="width: 80%;" type="text"/>



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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	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103-

Group Practice ID(s) 2545858745 9858471211

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	200	800	1000	80%

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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

For 2014 the only Attestation option is 90 days of Meaningful Use.



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Monday 06/16/2014 3:17:53 PM EDT

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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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Save & Continue

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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Monday 06/16/2014 3:19:31 PM EDT

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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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[Save & Continue](#)

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	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Core Measures	17/17	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures	6/6	<input type="button" value="EDIT"/> <input type="button" value="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	9/9	<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, Core Clinical Quality, Alternate Clinical Quality and Additional 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 63](#))
2. Core Measures ([pages 65 – 92](#))
3. Menu Measures ([pages 93 – 103](#))
4. Clinical Quality Measures ([pages 104 – 187](#))

The Review Section begins on [page 204](#)



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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 ?

- Previous
- Reset
- Save & Continue

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.

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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"/>
	Core Measures		<input type="button" value="Begin"/>
	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.

- Previous
- Save & Continue



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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, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.	Numerator 1 = 250 Denominator 1 = 270 Measure 2 = Excluded Numerator 3 = 700 Denominator 3 = 770	<input type="button" value="EDIT"/>
EPCMU02	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Exclusion 1 = No Exclusion 2 = No Numerator = 700 Denominator = 770	<input type="button" value="EDIT"/>
EPCMU03	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 25 Denominator = 270	<input type="button" value="EDIT"/>

EPCMU04	<p>Record and chart changes in the following vital signs:</p> <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 	<p>More than 80 percent 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.</p>	<p>Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No</p> <p>Numerator = 250 Denominator = 270</p>	<p>EDIT</p>
EPCMU05	<p>Record smoking status for patients 13 years old or older.</p>	<p>More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</p>	<p>Exclusion = No</p> <p>Numerator = 250 Denominator = 270</p>	<p>EDIT</p>
EPCMU06	<p>Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>Measure 1 = Yes</p> <p>Measure 2 Exclusion = No</p> <p>Measure 2 = Yes</p>	<p>EDIT</p>
EPCMU07	<p>Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.</p>	<p>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.</p> <p>More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.</p>	<p>Exclusion Measure 1 and 2 = Excluded</p>	<p>EDIT</p>

EPCMU08	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.	Exclusion = No Numerator = 400 Denominator = 450	EDIT
EPCMU09	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.	Yes	EDIT
EPCMU10	Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.	More than 55 percent of all clinical lab tests 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 = No Numerator = 1100 Denominator = 1111	EDIT
EPCMU11	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
EPCMU12	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	Exclusion = No Numerator = 110 Denominator = 270	EDIT
EPCMU13	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 250 Denominator = 270	EDIT

EPCMU14	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 who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 200 Denominator = 270	EDIT
EPCMU15	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 summary 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 percent of transitions of care and referrals. 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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN. An EP must satisfy one of the following criteria: (a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). (b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	Exclusion = No Numerator 1 = 150 Denominator 1 = 270 Numerator 2 = 150 Denominator 2 = 270 Measure 3 = Satisfied a = Yes Satisfied b = Yes	EDIT
EPCMU16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.	Q1 = No Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
EPCMU17	Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 50 Denominator = 270	EDIT

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Attestation Meaningful Use Measures

Core Measure 1 - CPOE for Medication, Laboratory and Radiology Orders

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, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology 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.

Measure 1: Medication

Numerator 1: The number of orders in the denominator recorded using CPOE.

Denominator 1: Number of medication orders created by the EP during the EHR reporting period.

EXCLUSION 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you?

- Yes
- No

If 'No', complete entries in the Numerator and Denominator.

Numerator 1: Denominator 1:

Measure 2: Radiology

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

Denominator 2: Number of radiology orders created by the EP during the EHR reporting period.

EXCLUSION 2: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

*Does this exclusion apply to you?

- Yes
- No

If 'No', complete entries in the Numerator and Denominator.

Numerator 2: Denominator 2:

Measure 3: Laboratory

Numerator 3: The number of orders in the denominator recorded using CPOE.

Denominator 3: Number of laboratory orders created by the EP during the EHR reporting period.

EXCLUSION 3: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

*Does this exclusion apply to you?

- Yes
- No

If 'No', complete entries in the Numerator and Denominator.

Numerator 3: Denominator 3:

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Attestation Meaningful Use Measures

Core Measure 2 - 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 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

* **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: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*Does this exclusion apply to you?

- Yes
- No

EXCLUSION 2: 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: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.

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

Numerator: **Denominator:**

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Core Measure 3 - 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 the following demographics: preferred language, sex, race, ethnicity, date of birth.

Measure: More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.

Numerator: The number of patients in the denominator who have all the elements of demographics (or a specific notation 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.

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

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Core Measure 4 - 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 80 percent 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: Any EP who sees no patients 3 years or older is excluded from recording blood pressure. **If this exclusion applies to you enter a 'Yes' in Exclusion 1 and complete entries in the Numerator and Denominator.**

- Yes No

EXCLUSION 2: Any EP who believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them. **If this exclusion applies to you enter a 'Yes' in Exclusion 2 and do not complete entries in the numerator and denominator.**

- Yes No

EXCLUSION 3: 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 enter a 'Yes' in Exclusion 3 and complete entries in the Numerator and Denominator.**

- Yes No

EXCLUSION 4: 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 enter a 'Yes' in Exclusion 4 and complete entries in the Numerator and Denominator.**

- 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.

* Numerator: * Denominator:

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Core Measure 5 - 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 80 percent 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: Any EP that neither sees nor admits any patients 13 years old or older.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

- Yes No

Numerator: The 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 6 - 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: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?

Yes No

Measure 2 Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure2.

Yes No

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

Did you meet this measure?

Yes No

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Core Measure 7 - 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 four business days of the information being available to the EP.

***Exclusion Measure 1 and 2:** 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', may exclude **both** measures.

Yes No

Measure 1: 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: 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:**

Exclusion Measure 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude **only** the second measure.

Yes No

Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information.

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

Numerator: **Denominator:**



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Core Measure 8 - 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 or patient-authorized representatives within one business day for more than 50 percent of office visits.

*** 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 has no office visits during the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

- Yes
- No

Numerator: Number of office visits in the denominator where the patient or a patient-authorized representative is provided a clinical summary of their visit within one (1) business day.

Denominator: Number of office visits conducted by the EP during the EHR reporting period.

Numerator:

Denominator:

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Core Measure 9 - 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 (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

*Did you meet this measure?

Yes No

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Core Measure 10 - Clinical Lab - Test Results

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: Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.

Measure: More than 55 percent of all clinical lab tests 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.

*** 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 orders no lab tests where results are either in a positive/negative affirmation or numeric format during the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

- Yes
- No

Numerator: Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT 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:

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Core Measure 11 - Patient Lists

 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 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.

*Did you meet this measure?

Yes No

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Core Measure 12 - Preventive Care

 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 clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.

Measure: More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.

*** 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 has had no office visits in the 24 months before the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

- Yes
- No

Numerator: Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR Reporting period.

Denominator: Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period.

Numerator: **Denominator:**

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Core Measure 13 - Patient-Specific Education Resources

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 clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP 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: Any EP who has no office visits during the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

- Yes
- No

Numerator: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.

Denominator: Number of unique patients with office visits seen by the EP during the EHR reporting period.

Numerator: **Denominator:**

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Attestation Meaningful Use Measures

Core Measure 14 - Medication Reconciliation

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

EXCLUSION: Any EP who was not the recipient of any transitions of care during the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes No

Numerator: The 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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Attestation Meaningful Use Measures

Core Measure 15 - Summary of Care

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: 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 summary care record for each transition of care or referral.

EXCLUSION: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all three measures.

*Does this exclusion apply to you? If 'Yes', do not complete the three measures below. If 'No' complete entries in the three measure below.

Yes No

Measure 1: 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 percent of transitions of care and referrals.

Numerator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Denominator 1: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

Numerator 1: 150 Denominator 1: 270

Measure 2: 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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Numerator 2: The number of transitions of care and referrals in the denominator where a summary of care record was (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

Denominator 2: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Numerator 2: 150 Denominator 2: 270

Measure 3: An EP must satisfy one of the following criteria:

(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in 'measure 2' (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

Satisfied 3a: Yes No

(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Satisfied 3b: Yes No

Attestation Meaningful Use Measures

Core Measure 16 - Immunization Registries Data Submission

 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: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

The Eligible Professional must attest Yes or No to the following criteria under the umbrella of ongoing submission:

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current reporting period using either the current standard at 45 CFR 170.314(f)(1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Yes No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission as achieved.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is still engaged in testing and validation of ongoing electronic submission.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is awaiting invitation to begin testing and validation.

Yes No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any Eligible Professional that meets one or more of the following criteria may be excluded from this objective.

Does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.

Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period.

Yes No

Operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data.

Yes No

Operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional EPs.

Yes No

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Core Measure 17 - Use Secure Electronic Messaging

 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 secure electronic messaging to communicate with patients on relevant health information.

Measure: A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

EXCLUSION: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes No

Numerator: The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.

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

Numerator: **Denominator:**

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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, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.	Numerator 1 = 250 Denominator 1 = 270 Measure 2 = Excluded Numerator 3 = 700 Denominator 3 = 770	<input type="button" value="EDIT"/>
EPCMU02	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Exclusion 1 = No Exclusion 2 = No Numerator = 700 Denominator = 770	<input type="button" value="EDIT"/>
EPCMU03	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 25 Denominator = 270	<input type="button" value="EDIT"/>

EPCMU04	<p>Record and chart changes in the following vital signs:</p> <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 	<p>More than 80 percent 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.</p>	<p>Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No</p> <p>Numerator = 250 Denominator = 270</p>	<p>EDIT</p>
EPCMU05	<p>Record smoking status for patients 13 years old or older.</p>	<p>More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</p>	<p>Exclusion = No</p> <p>Numerator = 250 Denominator = 270</p>	<p>EDIT</p>
EPCMU06	<p>Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>Measure 1 = Yes</p> <p>Measure 2 Exclusion = No</p> <p>Measure 2 = Yes</p>	<p>EDIT</p>
EPCMU07	<p>Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.</p>	<p>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.</p> <p>More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.</p>	<p>Exclusion Measure 1 and 2 = Excluded</p>	<p>EDIT</p>

EPCMU08	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.	Exclusion = No Numerator = 400 Denominator = 450	EDIT
EPCMU09	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.	Yes	EDIT
EPCMU10	Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.	More than 55 percent of all clinical lab tests 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 = No Numerator = 1100 Denominator = 1111	EDIT
EPCMU11	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
EPCMU12	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	Exclusion = No Numerator = 110 Denominator = 270	EDIT
EPCMU13	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 250 Denominator = 270	EDIT

EPCMU14	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 who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 200 Denominator = 270	EDIT
EPCMU15	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 summary care record for each transition of care or referral.	<p>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 percent of transitions of care and referrals.</p> <p>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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NWHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NWHIN.</p> <p>An EP must satisfy one of the following criteria:</p> <p>(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).</p> <p>(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</p>	<p>Exclusion = No</p> <p>Numerator 1 = 150 Denominator 1 = 270</p> <p>Numerator 2 = 150 Denominator 2 = 270</p> <p>Measure 3 = Satisfied a = Yes Satisfied b = Yes</p>	EDIT

EPCMU16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.	Q1 = No Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
EPCMU17	Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 50 Denominator = 270	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	17/17	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures	6/6	<input type="button" value="EDIT"/> <input type="button" value="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	9/9	<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:

Eligible Professionals must report on a minimum of three (3) Meaningful Use Menu Measures. Of the six (6) menu measures, a minimum of three (3) measures can be met only if the measures are not excluded. If an Eligible Professional cannot answer at least three (3) menu measures without taking an exclusion, then the Eligible Professional must answer all six (6) measures.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

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	Measure	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	<input checked="" type="checkbox"/>
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	<input checked="" type="checkbox"/>
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	<input checked="" type="checkbox"/>
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	<input checked="" type="checkbox"/>
EPMMU05	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	<input checked="" type="checkbox"/>
EPMMU06	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	<input checked="" type="checkbox"/>

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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.

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	Q1 = No Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	Numerator = 270 Denominator = 270	EDIT
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	Numerator = 40 Denominator = 200	EDIT
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	Numerator = 270 Denominator = 270	EDIT
EPMMU05	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Yes E2 = No E3 = No E4 = No	EDIT
EPMMU06	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Yes E2 = No E3 = No E4 = No	EDIT

Return to Selection List

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Menu Measure 1 - Syndromic Surveillance 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 syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

The EP must attest YES to successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. Please select either Yes or No for each of the four criteria listed below.

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period.

Yes No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is still engaged in testing and validation of ongoing electronic submission.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is awaiting invitation to begin testing and validation.

Yes No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any EP that meets one or more of the following criteria may be excluded from this objective:

The EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period.

Yes No

The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period.

Yes No

The EP operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data.

Yes No

The EP operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs.

Yes No

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Attestation Meaningful Use Measures

Menu Measure 2 - Electronic Notes

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: Record electronic notes in patient records.

Measure: Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.

Numerator = The number of unique patients in the denominator who have at least one electronic progress note from an eligible professional recorded as text searchable data.

Denominator = Number of unique patients with at least one office visit during the EHR reporting period for EPs during the EHR reporting period.

Numerator: **Denominator:**

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Menu Measure 3 - Imaging Results

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: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.

EXCLUSION: Any EP who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete the entries in the Numerator and Denominator.

Yes No

Numerator = The number of results in the denominator that are accessible through CEHRT.

Denominator = Number of tests whose result is one or more images ordered by the EP during the EHR reporting period.

Numerator: Denominator:

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Attestation Meaningful Use Measures

Menu Measure 4 - Family Health History

 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: Record patient family health history as structured data.

Measure: More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.

EXCLUSION: Any EP who has no office visits during the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete the entries in the Numerator and Denominator.

Yes No

Numerator = The number of patients in the denominator with a structured data entry for one or more first-degree relatives.

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

Numerator: **Denominator:**

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- Reset
- Save & Continue

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Menu Measure 5 - Report Cancer Cases

 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 identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.

EPs must attest YES to successful ongoing submission of cancer case information from certified electronic health record technology (CEHRT) to a public health central cancer registry for the entire EHR reporting period. Please select either Yes or No for each of the four criteria listed below.

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period.

Yes No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

Yes No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any EP that meets one or more of the following criteria may be excluded from this objective:

The EP does not diagnose or directly treat cancer.

Yes No

The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period.

Yes No

The EP operates in a jurisdiction where no public health agency provides information timely on capability to receive electronic cancer case information.

Yes No

The EP operates in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period can enroll additional EPs.

Yes No

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Save & Continue

Attestation Meaningful Use Measures

Menu Measure 6 - Report Specific Cases

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 identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.

EPs must attest YES to successfully submitting specific case information from CEHRT to a specialized registry for the entire reporting period to meet this measure. Please select either Yes or No for each of the four criteria listed below.

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period.

Yes No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Yes No

*Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

Yes No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any EP that meets one or more of the following criteria may be excluded from this objective:

The EP does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction;

Yes No

The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period;

Yes No

The EP operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries;

Yes No

The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period can enroll additional EPs.

Yes No

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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.

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	Q1 = No Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	Numerator = 270 Denominator = 270	EDIT
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	Numerator = 40 Denominator = 200	EDIT
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	Numerator = 270 Denominator = 270	EDIT
EPMMU05	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Yes E2 = No E3 = No E4 = No	EDIT
EPMMU06	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Yes E2 = No E3 = No E4 = No	EDIT

Return to Selection List

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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	17/17	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures	6/6	<input type="button" value="EDIT"/> <input type="button" value="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	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<hr/>			
Clinical Quality Measure - Adult Set			
<hr/>			
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

For the Clinical Quality Measures, you have the option to choose the General, Adult Set or Pediatric Set of measures. If you choose the Adult Set or Pediatric Set, the measures are already chosen for and you will need to complete those measures as a minimum. For the General Measures you have the option to choose from all 64 measures. You must choose at least nine measures from 3 different domains.

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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

 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: 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

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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: 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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(*) 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

 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: 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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(*) 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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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: 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.

- a. Percentage of patients who were ordered at least one high-risk medication.
- b. 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

 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: 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

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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: 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

 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: 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

 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: 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

 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: 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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Payment Year 1

Program Year 2014

Get Started

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Eligibility

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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

Payee TIN 169583428

Payment Year 1

Program Year 2014

Get Started

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Eligibility

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Attestation

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Submit

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

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

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"/>

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.

Name Doc Mapir Applicant NPI 9300002505
 Personal TIN/SSN 222222222 Payee TIN 222222222
 Payment Year 3 Program Year 2014

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

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	17/17	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures	6/6	<input type="button" value="EDIT"/> <input type="button" value="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	<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.

- 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 Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

R&A/ Contact Info

Eligibility

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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"/>	4000000020001	Doc Mapir	321 Payme Park Harrisburg, PA 17103	SERVICE LOCATION ADDRESS: 1001 Getwell Way Harrisburg, PA 17103- PAYEE TYPE: Physician EFT: No

Previous

Reset

Save & Continue



Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

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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](#)

MEANINGFUL USE ATTESTATION

These next few pages show a summary of the data you have entered into the meaningful use measures. This will give you the opportunity to see the numbers entered and you will be able to go back to the appropriate pages to make changes if necessary.

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

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](#)

Review Tab

The following pages are the screens you will see when you get to the review tab. In order to see the data you entered for the Meaningful Use measures, you will need to click on the link that is located in about the middle of this section.



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

Tuesday 06/17/2014 10:50:10

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

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

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.

Status

Incomplete

R&A Verification

Name	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payee NPI	9300002505		

Business Address 1001 Getwell Way
Harrisburg, PA 17103-1111

Business Phone 717-555-2222

Incentive Program MEDICAID **State** PA

Eligible Professional Type

Physician

R&A Registration ID

9300002505

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

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: **A014E01EPAKJEA3**

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)?

Yes

Please indicate if you are submitting volumes for:

Group/Clinic

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Jan 01, 2014

End Date: Mar 31, 2014

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	4000000020001	Doc Mapir	1001 Getwell Way Harrisburg, PA 17103-

Group Practice ID(s) 2545858745 9858471211

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	200	800	1000	80%

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](#)

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

R&A/Contact Info

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Patient Volumes

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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/maprovincintiverepos/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

REVIEW

This screen presents optional questions that will assist us in improving the program.

Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

IR&A/Contact Info

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Patient Volumes

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Submit

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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	Program Year	2014

Get Started

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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/maprovincinentiverepos/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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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 Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

Get Started

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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: P Zemaitis

* Preparer Relationship: Vice President



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	Doc Mapir	Applicant NPI	9300002505
Personal TIN/SSN	222222222	Payee TIN	222222222
Payment Year	3	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](#)



You have not met the minimum Meaningful Use requirements. Please review the evaluated results of your Meaningful Use attestation by clicking on the link in the box above the STOP sign.

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[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 = 250 Denominator = 300 Percentage = 83%	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, Laboratory and Radiology Orders	Numerator 1 = 250 Denominator 1 = 270 Percentage = 92% Measure 2 = Excluded Numerator 3 = 700 Denominator 3 = 770 Percentage = 90%	Patient Records = Only EHR	Accepted
EPCMU02	Core Measure 2 - ePrescribing (eRx)	Exclusion 1 = No Exclusion 2 = No Numerator = 700 Denominator = 770 Percentage = 90%	Patient Records = Only EHR	Accepted
EPCMU03	Core Measure 3 - Record Demographics	Numerator = 25 Denominator = 270 Percentage = 9%	N/A	Rejected
EPCMU04	Core Measure 4 - Record Vital Signs	Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 250 Denominator = 270 Percentage = 92%	Patient Records = Only EHR	Accepted
		Exclusion = No		



Name Doc Mapir

Applicant NPI 9300002505

Personal TIN/SSN 222222222

Payee TIN 222222222

Payment Year 3

Program Year 2014

[Get Started](#)

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[Eligibility](#)

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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