Medical Assistance EHR Incentive Program MAPIR Application

2014 EH Stage 2 Screen Shots

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

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Friday 12/23/2011 8:44:37 AM EST

Name	MAPIR EH2	NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

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

Eligibility Questions (Part 1 of 2)

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.

* Please confirm that you are choosing the Medicaid incentive program. Yes No

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania? Yes No

* Is your facility licensed to operate in all states in which services are rendered? Yes No

Eligible hospitals must meet the state law licensure requirements of the state issuing the EHR incentive payment

Previous Reset Save & Continue

DASHBOARD

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

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Tuesday 08/05/2014 10:45:22 AM EDT

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI 1313131313 **TIN** 666666666

CCN 391112

(*) Red asterisk indicates a required field.

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

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

DASHBOARD (cont.)

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

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Tuesday 07/15/2014 3:01:48 PM EDT

Payment Year 2 **Program Year** 2014

MAPIR

Name: MAPIR HOSPITAL2

Applicant NPI: 1313131313

Status: ***Not Started***

IMPORTANT:

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

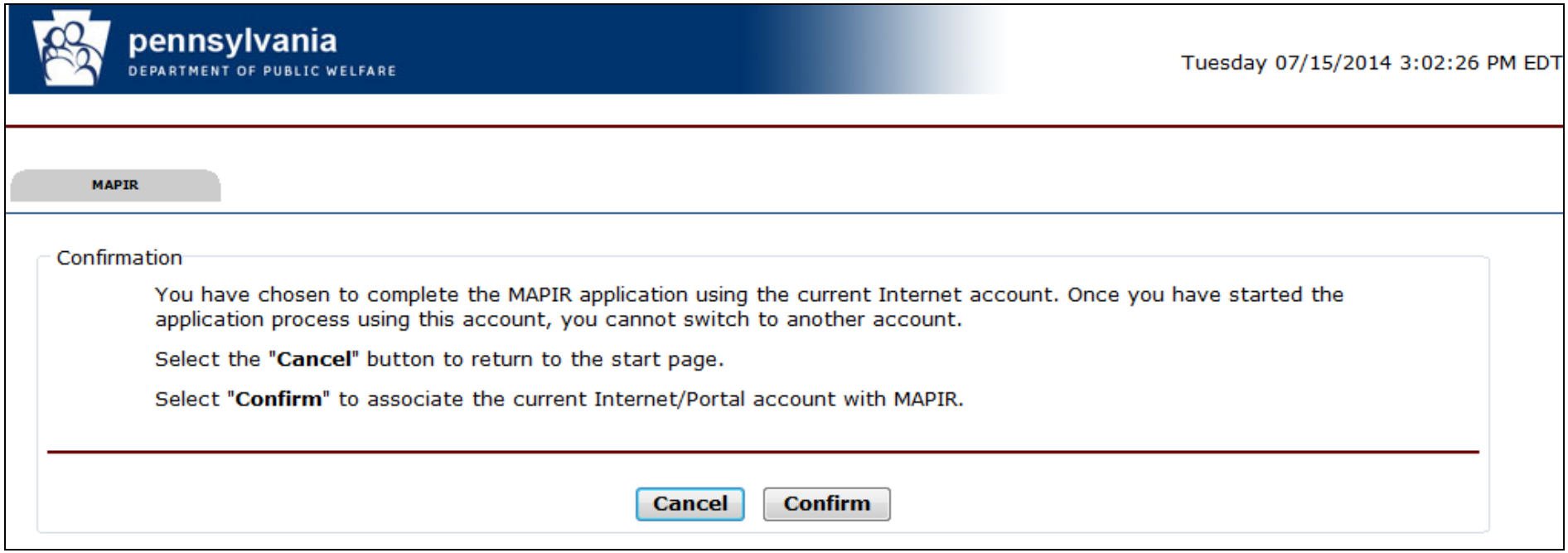
To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select ***Exit*** and log on with that account.

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

Exit Get Started

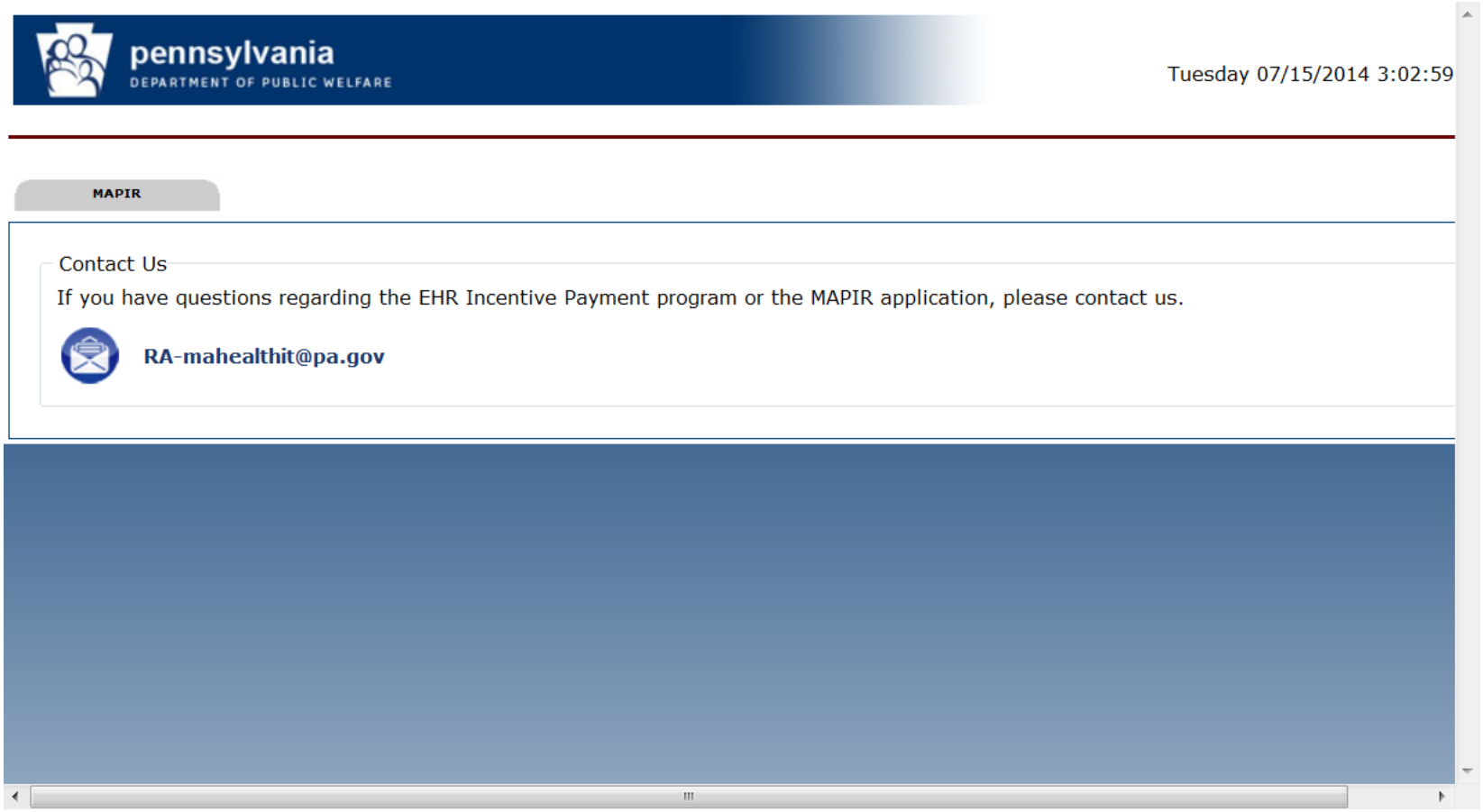
GET STARTED

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



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.



Name MAPIR HOSPITAL2

NPI 1313131313

CCN 391112

Hospital TIN 666666666

Payment Year 3

Program Year 2014

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

Name: MAPIR HOSPITAL2

Applicant NPI: 1313131313

Status: *Incomplete* Continue

Click **here** if you would like to eliminate all information saved to date, and start over from the beginning.

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.

MAPIR

Navigation Keys:

- **Save and Continue:** At the bottom of each screen, it is important that you utilize the Save and Continue button. This will allow you to come back to your application at the page you last saved it.
- **Previous:** Allows you to move to the previous screen.
- **Reset:** Allows you to reset the values within the screen you are currently on. If you saved, a screen reset will return the screen to the last saved information.
- Your MAPIR user session will end if there is no user activity longer than 30 minutes. You will receive timeout warnings.
- The review tab can be accessed at any time to review and print the completed portion of the application.
- **Note:** The review tab can be accessed at any time to review (and print) the completed portion of the application.

GET STARTED (cont.)

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

For example, this first splash screen includes general information about MAPIR and how the provider should navigate through the MAPIR Application.

Hospital R&A and Contact Information

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Tuesday 08/05/2014 10:48:11 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

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

- You will need to verify the accuracy of the 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.
- 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.
- Unless you need to make changes to you registration information at the R&A, please do not go back to your R&A application or you will need to re-attest to your MAPIR application which will delay the application process. You may check the status of your application in the MAPIR system without going to the R&A.
- 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

Hospital R&A and Contact Information (cont.)

Check your information carefully to make sure all of it is accurate. Compare the **R&A Registration ID** you received when you registered with the R&A Registration ID displayed. After reviewing the information, click **Yes** or **No**. If **No**, changes need to be made at the R&A. Click **Save and Continue** to proceed**, Previous** to return, or **Reset** to clear all unsaved data.

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
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.*

Legal Business Name	MAPIR HOSPITAL2	**Hospital NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666

Business Address 123 Electronic Dr
Harrisburg, PA 17103-1111

Business Phone 717-555-1111

Incentive Program DUALLY_ELIGIBLE **Deemed Medicare Eligible Status?** **State** PA

Eligible Hospital Type Acute_Care_Hospitals

R&A Registration ID 1313131313

R&A Registration Email Address PROMISeUATMapirRAEmail@hp.com

CMS EHR Certification Number

(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

Previous | Reset | Save & Continue

Any discrepancies must be updated directly in the R&A (https://ehrincentives.cms.gov/hitech/login.action) before you can proceed in the MAPIR application. After making changes at the R&A you **must resubmit** the R&A application to proceed.

Hospital R&A and Contact Information (cont.)

Please complete the Primary and Alternate Contact information. All correspondence will be directed to the Primary Contact. The Alternate Contact will be used if unable to reach the Primary Contact. Click **Save & Continue** to proceed, **Previous** to return or **Reset** to clear all unsaved data.

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a 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.

Primary Contact

* First Name		* Last Name	
* Phone	- -	Phone Extension	
* Email Address		* Verify Email	
* Department			
* Address Line 1			
Address Line 2			
* City			
* State			
* Zip Code			

Alternate Contact

First Name		Last Name	
Phone	- -	Phone Extension	
Email Address		Verify Email	

Previous | Reset | Save & Continue

Hospital R&A and Contact Information (cont.) COMPLETE

This screen confirms you successfully completed the **R&A** and **Contact Info** section. Note the check box in the right corner of the **R&A** and **Contact Info** tab. Click Continue to proceed to the **Eligibility** Section.

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Tuesday 08/05/2014 10:50:41 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☐ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

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

You may revisit the section at any time to the 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

Eligibility

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☐ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

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

- The hospital is applying to participate in the Pennsylvania Medical Assistance EHR Incentive Payment Program.
- The hospital does not have current Medicare or Medicaid sanctions in any state.
- The hospital is licensed to operate in all states in which services are rendered.
- For MA patient volume calculations, use a continuous 90 day period from your previous facility fiscal year or from the 12 months previous to your attestation. For cost data calculations, use discharges/days/charges from the most recently completed hospital fiscal year.
- All changes to the hospital's originally attested cost data may be edited prior to the 2nd payment year only with approval from the Department. Cost data can be updated prior to the 2nd payment year ONLY when there is a material change in the auditable data used in the original calculation. Subsequent payments are subject to review.
- Your plans for participating in the CMS Medicare EHR Incentive Program.
- You have obtained a valid CMS EHR Certification ID number for the EHR your hospital has selected for implementation or is currently utilizing.
- In order to complete the MAPIR application process, the Eligible Hospital is required to provide documentation verifying that a certified EHR system is being adopted, implemented, upgraded or meaningfully used. A list of acceptable documents can be found on the HIT website at **http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincentiverepos/index.htm** 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 Hospital Provider Manual***:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011450.pdf

Begin

Eligibility (cont.)

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Tuesday 08/05/2014 10:51:32 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Eligibility Questions (Part 1 of 2)

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.

* Please confirm that you are choosing the Medicaid incentive program. Yes No

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania? Yes No

* Is your facility licensed to operate in all states in which services are rendered? Yes No

Previous | Reset | Save & Continue

The questions on this screen are required fields that must be answered.

Move your mouse over to find out additional information

Select **Yes** or **No** to the eligibility questions.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Eligibility (cont.)

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Tuesday 08/05/2014 10:53:01 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Eligibility Questions (Part 2 of 2)

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:

(No dashes or spaces should be entered.)

Previous | Reset | Save & Continue

The **Eligibility** screen asks for information about your **CMS EHR Certification ID**.

The requested information on this screen is required and must be completed.

Enter the 15-character **CMS EHR Certification ID without spaces or dashes**.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

The system will perform an online validation of the number you entered.

A CMS EHR Certification ID can be obtained from the ONC Certified Health IT Product List (CHPL) website (http://onc-chpl.force.com/ehrcert)

Eligibility (cont.)

This screen confirms you successfully entered your **CMS EHR Certification ID**. Click **Save & Continue** to proceed or **Previous** to return.

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Tuesday 08/05/2014 10:58:32 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Eligibility Questions (Part 2 of 2)

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

Eligibility (cont.)

This screen confirms you successfully completed the **Eligibility** section. Note the check box in the right corner of the **Eligibility** tab. Click **Continue** to proceed to the **Patient Volumes** section.

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Tuesday 08/05/2014 10:58:54 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

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

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

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

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

Continue

Patient Volume

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☐ | Attestation ☐ | Review | Submit ☐

If you are a Children's Hospital **click here**

The next section of the application will collect data to verify Medicaid patient encounter volume. Eligible acute care hospitals including, critical access hospitals, must meet the Medicaid patient volume threshold which is 10 percent. Children's hospitals have **no** Medicaid patient volume threshold.

Medicaid patient volume calculations are based on discharges and Emergency Department visits for individuals enrolled with Medicaid. Medicaid patient volume is measured over a continuous 90-day period in the previous hospital fiscal year or from the 12 months previous to your attestation and for all hospital locations related to this CCN. Hospitals only enter the start date and MAPIR will calculate the end date.

For example, if requesting an EHR incentive payment and your hospital fiscal year is between July 1 - June 30, the start of your continuous 90-day period must start and end between July 1, 2012 and June 30, 2013. Or if you use a 90 day period from the previous 12 months prior to your attestation and you submitted on Nov. 1, 2013 you would need to use a continuous 90 day period between 11/1/12 and 10/31/13.

Once you have determined what time period to report patient volumes, MAPIR will display your practice location (s) on file with PROMISe. You must select at least one location where you are meeting Medicaid patient volumes 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/maprovincentiverepos/index.htm**

FOR CHILDREN'S HOSPITALS ONLY

- In this section it is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom)
- **Note:** Enter the most recent hospital fiscal year data before entering the data from the previous hospital fiscal years.
- Please use data from the most recently completed hospital fiscal year. This information will be compared to cost reports submitted to Medicaid.
- Please note that hospitals are eligible for incentive payments based on their CMS Certification Numbers (CCN). Multiple hospitals may be rolled up to one CCN for the purposes of the Medical Assistance EHR Incentive Program.
- Additional information on entering Patient Volume Cost Data is available in the Eligible Hospital Provider Manual on the Department's website at: **http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011450.pdf**

Begin

Patient Volume (cont.)

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Print Contact Us Exit

Tuesday 08/05/2014 12:06:24 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. The continuous 90 day volume reporting period may be from either the last completed fiscal year preceding the payment year or the previous 12 months prior to the attestation date. Select either previous fiscal 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.

○ Last Completed Fiscal Year Preceding the 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

You must first choose whether you want to use patient volume from the previous fiscal year or from the 12 months preceding the attestation date.

Enter a **Start Date** or select one from the calendar icon located to the right of the Start Date field. This is the start date for your continuous 90 days for calculating MA patient volume and needs to correlate to the option you choose for the reporting period.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Note: **Children's Hospitals will not see any patient volume related screens.**

Patient Volume (cont.)

The 90 Day **End Date** has been calculated for you. Review the **Start Date** and system-calculated **End Date** information. Click **Save & Continue** to proceed or **Previous** to return.

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Tuesday 08/05/2014 12:07:27 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ■ | Attestation | Review | Submit

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

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 review your selection, or click **Previous** to go back.*

Start Date: May 01, 2014
End Date: Jul 29, 2014

Previous | Save & Continue

Patient Volume (cont.)

Review the listed locations. Add new locations by clicking **Add Location**. Click **Save & Continue** to proceed, **Previous** to return or Reset to clear all data.

Name	MAPIR EH2	NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ■ | Attestation | Review | Submit

Patient Volume Enter Volumes (Part 2 of 3)

Pennsylvania has the following information on the locations for your facility.

If you wish to report patient volumes for a location or site that is not listed, click **Add Location.**

*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.*

Provider ID	Location Name	Address	Available Actions
3003152870003	Mapir Eh2	Mapir2 Lane Philadelphia, PA 19001	

Add Location | Refresh

Previous | Reset | Save & Continue

Patient Volume (cont.)

If you clicked **Add Location** on the previous screen, you will see the screen to the left. Enter the requested information for any new locations. Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all data.

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Print Contact Us Exit

Tuesday 08/05/2014 12:09:33 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Patient Volume (Part 2 of 3) - Location

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:**	MAPIR Clinic
* **Address Line 1:**	1222 Main Street
Address Line 2:	
Address Line 3:	
* **City:**	Harrisburg
* **State:**	Pennsylvania
* **Zip (5+4):**	17011 -

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

Patient Volume (cont.)

Name	Mapir Hospital	NPI	1538165212
CCN	396541	Hospital TIN	985341029

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ■ | Attestation | Review | Submit

Patient Volume Enter Volumes (Part 2 of 3)

Pennsylvania has the following information on the locations for your facility.

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

*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.*

Provider ID	Location Name	Address	Available Actions
3003728190001	Mapir Hospital	123 Space Way Harrisburg, PA 17103	
N/A	Mapir Memorial	36 East Main Street Providerville, PA 16766	Edit Delete

Add Location

Previous | Reset | Save & Continue

This screen shows one location on file and an added location.

Click **Edit** to make changes to the new location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Add more new locations by clicking **Add Location**.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all the data.

Patient Volume (cont.)

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Tuesday 08/05/2014 12:10:33 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ■ | Attestation | Review | Submit

In this section it is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom.)

Note: Enter the most recent hospital fiscal year data before entering the data from the previous hospital fiscal years.

Please use data from the most recently completed hospital fiscal year. This information will be compared to cost reports submitted to Medicaid.

All changes to the hospital's originally attested cost data may be edited prior to the 2nd payment year only with approval from the Department. Cost data can be updated prior to the 2nd payment year ONLY when there is a material change in the auditable data used in the original calculation.

Hospitals are eligible for incentive payments based on their CMS Certification Numbers (CCN). Multiple hospitals may be rolled up to one CCN for the purposes of the Medical Assistance EHR Incentive Program.

In an upcoming screen, you will be required to enter your Medicaid discharges and Medicaid Emergency Department (ED) visits and total discharges and ED visits for the 90 day period you selected. When calculating cost data, use the following:

- **Discharges** - Acute only (do not include nursery, psych, rehab and skilled nursing)
- **Medicaid and total inpatient bed days** - Acute only
- **Total charges and total charity** - Both Inpatient and Outpatient

Additional information on entering Patient Volume Cost Data is available in the Eligible Hospital Provider Manual on the Department's website at:
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011450.pdf

Begin

Patient Volume (cont.)

Enter patient volumes for each of the locations listed on the screen. The Other Medicaid Discharges column includes Out of Sate Discharges. Click **Save & Continue** to proceed or **Previous** to return.

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Tuesday 08/05/2014 12:10:56 PM EDT

Name MAPIR HOSPITAL2

NPI 1313131313

CCN 391112

Hospital TIN 666666666

Payment Year 3

Program Year 2014

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

Patient Volume (Part 2 of 3) – Enter Volume

Please enter **patient volumes** where indicated.

*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 Discharges *(In State Numerator)*	Other Medicaid Discharges *(Other Numerator)*	Total Discharges All Lines of Business *(Denominator)*
N/A	MAPIR Clinic	1222 Main Street Harrisburg, PA 17011	*	*	*

Previous | Reset | Save & Continue

Patient Volume (cont.)

This screen displays the volume you entered. Click **Save & Continue** to proceed or **Previous** to return.

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Tuesday 08/05/2014 12:12:13 PM EDT

Name MAPIR HOSPITAL2

NPI 1313131313

CCN 391112

Hospital TIN 666666666

Payment Year 3

Program Year 2014

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

Patient Volume (Part 2 of 3) – Enter Volume

The patient volumes 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.*

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
N/A	MAPIR Clinic	1222 Main Street Harrisburg, PA 17011	***In State Medicaid:*** 1254 ***Other Medicaid:*** 265 ***Total Discharges:*** 5266	29%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1254	265	5266	29%

Previous | Save & Continue

Patient Volume (cont.)

This screen confirms you successfully completed the **Patient Volumes** tab. Note the check box in the **Patient Volumes** tab. Click **Continue** to proceed to the **Attestation** section.

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Tuesday 08/05/2014 12:14:10 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | 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.

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

Continue

Attestation

Name MAPIR HOSPITAL2

NPI 1313131313

CCN 391112

Hospital TIN 666666666

Payment Year 3

Program Year 2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including your EHR adoption phase and hospital liability. You will also need to provide information regarding your certified EHR system and verify your payment designations.

EHR System Adoption Phase
You have the option of choosing Adopt, Implement or Upgrade (AIU) or Meaningful Use attestation.

Note: AIU may be used for the Medicaid incentive program for your first payment year. If you are a dually-eligible hospital and have attested at Medicare for your first payment using 90 days of meaningful use prior to attesting for your first payment at Medicaid, you are not able to attest to AIU for the Medicaid program.

AIU - You will be asked to confirm whether the hospital is adopting, implementing or upgrading to a federally-certified EHR technology. For implement or upgrade, you will need to describe whether tasks are Planned/In Progress or Complete. This option is only available in your first payment year when you have not already attested to meaningful use under Medicare.

Meaningful Use - Dually Eligible Hospitals are required to attest at CMS for meaningful use. Once approved by CMS, your next step would be to complete the MAPIR application. Children's Hospitals that have already completed the AIU attestation are required to choose meaningful use with Medicaid.

The meaningful use portion of your attestation is subject to audit by CMS regardless of whether you are a dually-eligible hospital or a Medicaid-only hospital.

Please refer to the Eligible Hospital Provider Manual for additional guidance on attestation: **http://www.dpw.state.pa.us/cs/groups/webcontent/documents/manual/p_011450.pdf** You may also refer to the CMS Website at **http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage**

Hospital Liability
The eligible hospital for which the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. The eligible hospital, 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

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Attestation Phase (Part 3 of 3)

Eligible Hospitals may be subject to the Centers for Medicare & Medicaid Services process for audits and appeals of Meaningful Use attestations. This includes Eligible Hospitals applying for a Medicaid only EHR incentive payment.

Please answer the following question.

*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 confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. ○ Yes ○ No

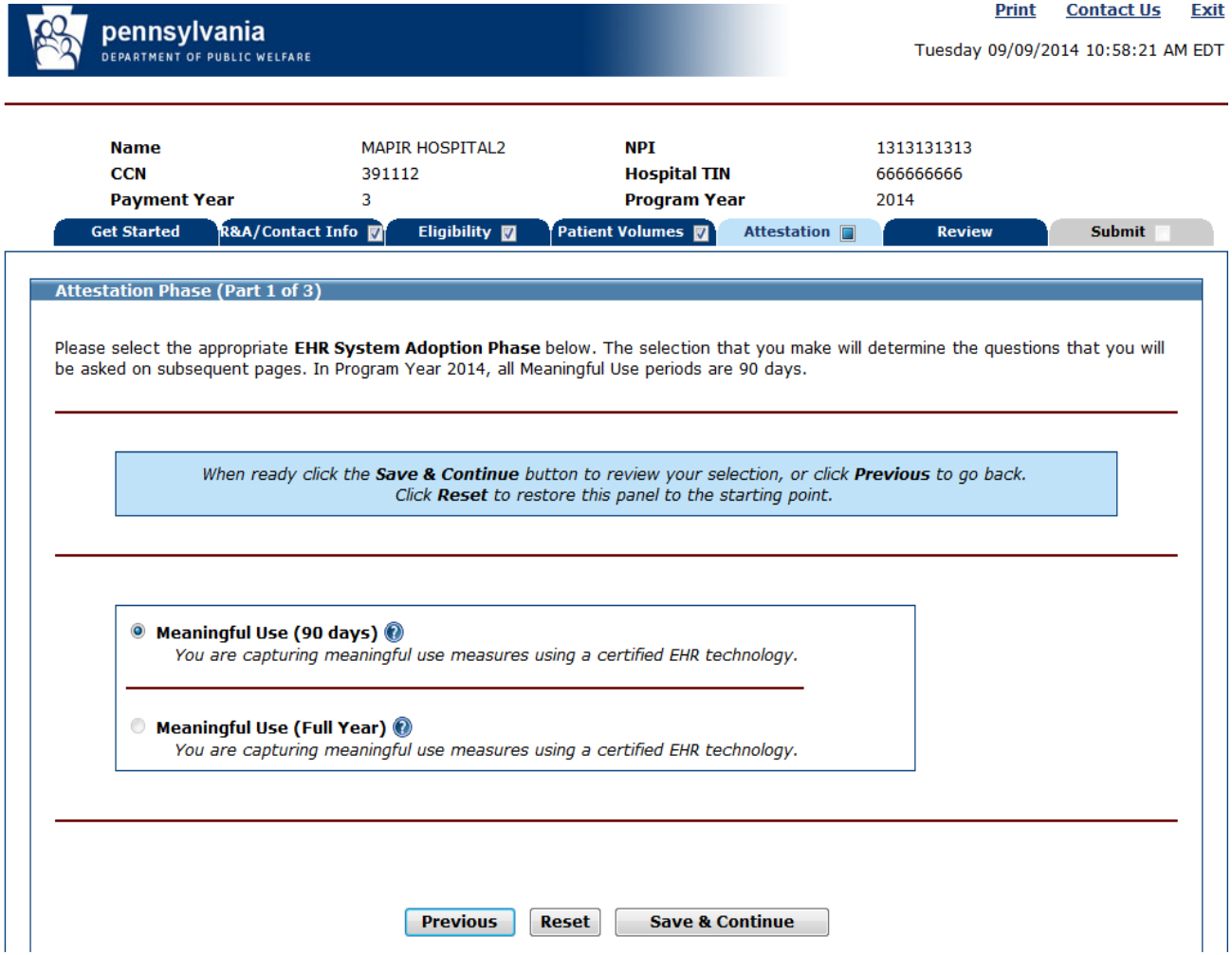
NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

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
○	5000000010001	Mapir Associates	555 Coin Crossroads Harrisburg, PA 17103	SERVICE LOCATION ADDRESS: 123 Good Health Ln Harrisburg, PA 17103- PAYEE TYPE: Physician EFT: No

Previous | Reset | Save & Continue

Attestation – EHR System Phase



This **Attestation** screen requires a selection for your **EHR System Phase**

After making your selection, the next screen you see will depend on the phase you selected.

For more information on each of the different adoption phases, please refer to Section 7 of this manual.

NOTE: Dually-eligible hospitals will not see this screen since MU attestation is done at the CMS R&A website.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Meaningful Use Phase (cont.)

This screen shows that the 90 day Meaningful Use attestation option was chosen. Click **Save & Continue** to proceed to Final Attestation, **Previous** to return or **Reset** to clear all data.

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Tuesday 09/09/2014 10:58:21 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

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. In Program Year 2014, all Meaningful Use periods are 90 days.

*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 a certified EHR technology.
- ( ) **Meaningful Use (Full Year)**
  You are capturing meaningful use measures using a certified EHR technology.

Previous | Reset | Save & Continue

Attestation – Meaningful Use Phase (cont.)

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Tuesday 09/09/2014 10:59:32 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

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 Hospital or Critical Access Hospital 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:** 03/01/2014
mm/dd/yyyy

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

Please enter a start date (or select one from the calendar icon located to the right of the Start Date field) for your 90 day MU attestation. The 90 days need to be within the current Federal Fiscal Year.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Meaningful Use Phase (cont.)

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Tuesday 09/09/2014 11:01:57 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Attestation EHR Reporting Period (Part 1 of 3)

Please review the **Start Date** and **End Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital 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.*

Start Date: Mar 01, 2014
End Date: May 29, 2014

Previous | Save & Continue

This screen displays an example of a **Start Date** of May 1, 2014 and a system-calculated **End Date** of May 29, 2014 for the period in which you are attesting to meaningful use.

NOTE: Meaningful Use dates need to be dates within the current Federal Fiscal Year.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Meaningful Use Phase (cont.)

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Tuesday 09/09/2014 11:02:34 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

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.

* Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? Yes No

Previous Reset Save & Continue

This screen displays the General Requirement question that needs to be completed in order to proceed with the application.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Measures

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Tuesday 09/09/2014 11:03:20 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

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. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures 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
	Core Measures		Begin
	Menu Set Measures		Begin
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

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

Previous | Save & Continue

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.

To start a Topic, click the **Begin** button.

NOTE: The Electronic Clinical Quality Measures option is not available at this time.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Measures (cont.)

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Friday 12/23/2011 11:10:00 AM EST

Name	MAPIR EH2		
		NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

MEANINGFUL USE CORE MEASURES

As part of the meaningful use attestation, Eligible Hospitals (EHs) are required to complete **all Core Measures**. Certain objectives do provider **exclusions**. If an EH meets the criteria for that **exclusion**, then the EH 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 the requirements for that exclusion are met. 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 or admitted 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 or admitted during the EHR reporting period whose records are kept using certified EHR technology.

This screen summarizes the requirements for the Meaningful Use Core Measures. Please read this as it provides details that will make it easier to complete the application.

NOTE: Eligible Hospitals are required to complete **ALL** Core Measures even if you meet the exclusion requirements.

Click **Begin** to start the Core Measure section.

Attestation – Core Measures

This screen displays more details on the first 4 MU Core Measures. To enter data for any of the measures, click the **Edit** button by that measure.

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Meaningful Use Core Measures

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"** button to access the main attestation topic list.

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
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 authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.		EDIT
Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.		EDIT
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.		EDIT
Record smoking status for patients 13 years old or older.	More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.		EDIT

Attestation – Core Measures (cont.)

This screen displays more details on the first 5 through 10 MU Core Measures. To enter data for any of the measures, click the **Edit** button by that measure. Click **Return** to go back to the dashboard.

Use clinical decision support to improve performance on high-priority health conditions.	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 eligible hospital's or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	EDIT
Provide patients the ability to view online, download, and transmit information about a hospital admission.	More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge. More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.	EDIT
Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis 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 eligible hospitals.	EDIT
Incorporate clinical lab test results into Certified EHR Technology as structured data.	More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.	EDIT
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 eligible hospital or CAH with a specific condition.	EDIT
Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	EDIT

Attestation – Core Measures (cont.)

This screen displays more details on the first 11 through 16 MU Core Measures. To enter data for any of the measures, click the **Edit** button by that measure. Click **Return** to go back to the dashboard.

The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	EDIT
The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers its 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 eligible hospital or CAH that transitions or refers its 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 nationwide health information network. The eligible hospital or CAH must satisfy one of the two following criteria: Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	EDIT
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.	EDIT
Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period.	EDIT
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.	EDIT
Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).	More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.	EDIT

Return

Attestation – Core Measures (cont.)

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

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 authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using 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 medication orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator 1:** ____ ***Denominator 1:** ____

Measure 2: Radiology
Numerator 2: The number of radiology orders in the denominator recorded using CPOE.
Denominator 2: Number of radiology orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator 2:** ____ ***Denominator 2:** ____

Measure 3: Laboratory
Numerator 3: The number of laboratory orders in the denominator recorded using CPOE.
Denominator 3: Number of laboratory orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator 3:** ____ ***Denominator 3:** ____

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

This is MU Core Measure 1 – CPOE for medication orders. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save & Continue** to proceed, **Previous** to return or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

Stage 2
Eligible Hospital and Critical Access Hospital
Meaningful Use Core Measures
Measure 1 of 16

Date issued: October, 2012

CPOE for Medication, Laboratory and Radiology Orders	
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 authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.
Exclusion	N/A

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Certification and Standards Criteria

Definition of Terms

Computerized Provider Order Entry (CPOE) – A provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.

Admitted to the Emergency Department – There are two methods for calculating ED admissions for the denominators for measures associated with Stage 2 of Meaningful Use objectives. Find out more in this FAQ.

Laboratory and radiology orders are included as part of Stage 2 for CPOE:
Laboratory order – order for any service provided by a laboratory that could not be provided by a non-laboratory.

This is the CMS Information Sheet for MU Core Measure 1 – Computerized Provider Order Entry (CPOE). It provides details on what the measure means and what information should be included when completing the measure.

Attestation – Core Measures (cont.)

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Meaningful Use Core Measures

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"** button to access the main attestation topic list.

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
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 authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	Numerator Measure 1 = 800 Denominator Measure 1 = 1200 Numerator Measure 2 = 150 Denominator Measure 2 = 250 Numerator Measure 3 = 870 Denominator Measure 3 = 1100	EDIT
Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.		EDIT
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or		EDIT

This screen summarizes the information entered for the first measure. You will need to verify that this information is accurate.

To get to this screen you would select **Previous** after you've completed entering the data.

To change the data, select the **EDIT** button.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 2 - Record Demographics

*Click **here** to review CMS Guidelines for this measure*

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

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

Measure: More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period 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 authorized provider or admitted to an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator:** 980 ***Denominator:** 1100

Previous | Reset | Save & Continue

This is MU Core Measure 2 – Record Demographics. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 3 - 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/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length 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.

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 authorized provider or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator:** *__Denominator:__

Previous | Reset | Save & Continue

This is MU Core Measure 3 – Record Vital Signs. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 4 - 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 admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period 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 eligible hospital or CAH that neither sees nor admits any patients 13 years old or older.

*Does this exclusion apply to the eligible hospital or CAH?

○ Yes ○ No

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

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 authorized provider or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Core Measure 4 – Record Smoking Status. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 5 - 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 eligible hospital's or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.

*Did the eligible hospital or CAH 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?

○ Yes ○ No

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

*Did the eligible hospital or CAH enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

○ Yes ○ No

Previous | Reset | Save & Continue

This is MU Core Measure 5 – Clinical Decision Support Rule. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 6 - 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 information about a hospital admission.

Measure 1: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.

Numerator 1: The number of patients in the denominator whose information is available online within 36 hours of discharge.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator 1:** ***Denominator 1:**

Measure 2: More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

EXCLUSION: Any eligible hospital or CAH will be excluded from the second measure if it is located 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 the eligible hospital or CAH?

○ Yes ○ No

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

Numerator 2: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the discharge information provided by the eligible hospital or CAH.
Denominator 2: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

***Numerator 2:** ***Denominator 2:**

Previous | Reset | Save & Continue

This is MU Core Measure 6 – Patient Electronic Access. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Core Measure 7 - Protect Electronic Health Information

*Click **here** to review CMS Guidelines for this measure*

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

(*) Red asterisk indicates a required field.

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

Measure: Conduct or review a security risk analysis 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 eligible hospitals.

*Eligible hospitals and CAHs must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies prior to or during the EHR reporting period to meet this measure. Have you successfully met the measure?

◉ Yes ○ No

Previous | Reset | Save & Continue

This is MU Core Measure 7 – Protect Electronic Health Information. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Core Measure 8 - 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 as structured data.

Measure: More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation 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.

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 authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) whose results are expressed in a positive or negative affirmation or as a number.

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

Previous | Reset | Save & Continue

This is MU Core Measure 8 – Clinical Lab Test Results. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 9 - 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 eligible hospital or CAH with a specific condition.

*The Eligible Hospital or CAH generated at least one report listing patients of the eligible hospital or CAH with a specific condition.

Yes No

Previous Reset Save & Continue

This is MU Core Measure 9 – Patient Lists. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 10 - 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: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.

Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.

Denominator: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Core Measure 10 – Patient Specific Education Resources. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 11 - 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 eligible hospital or CAH 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 eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

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 eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

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

Previous | Reset | Save & Continue

This is MU Core Measure 11 – Medication Reconcilliation. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Core Measure 12 - 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 eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.

Measure 1: The eligible hospital or CAH that transitions or refers its 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: The number of transitions of care and referrals in the denominator where a summary of care record was provided.
Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

***Numerator 1:** ***Denominator 1:**

Measure 2: The eligible hospital or CAH that transitions or refers its 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 nationwide health information network.

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 eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

***Numerator 2:** ***Denominator 2:**

Measure 3: The eligible hospital or CAH must satisfy one of the two following criteria:

*Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

Yes No

OR

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

Yes No

Previous | Reset | Save & Continue

This is MU Core Measure 12 – Summary of Care. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 13 - 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 Hospital or CAH must attest Yes or No to the following:

*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 standards 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 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 Eligible Hospital or CAH 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 eligible hospitals or CAHs.

Yes No

Previous | Reset | Save & Continue

This is MU Core Measure 13 Immunization Registries Data Submission. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Attestation Meaningful Use Measures

Core Measure 14 - Electronic Reportable Laboratory 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: Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period.

The Eligible Hospital or CAH must attest Yes or No to the following:

*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 Eligible Hospital or CAH that meets one or more of the following criteria may be excluded from this objective.

*Operates in a jurisdiction for which no Public Health Agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period.

○ Yes ○ No

*Operates in a jurisdiction for which no Public Health Agency provides information timely on capability to receive electronic reportable laboratory results.

○ Yes ○ No

*Operates in a jurisdiction for which no Public Health Agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.

○ Yes ○ No

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

This is MU Core Measure 14 – Electronic Reportable Laboratory Results. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

	refers its 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 nationwide health information network. The eligible hospital or CAH must satisfy one of the two following criteria: Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	= 365 Denominator Measure 2 = 885 Yes Yes	
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 = Yes Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No	EDIT
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.		EDIT
Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).	More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.		EDIT

Return

This screen summarizes the information entered for the specific measures. You will need to verify that this information is accurate.

This screen shows what an exclusion will look like on this summary page.

To get to this screen you choose **Previous** after you have entered data on the specific measure.

To change the data, select the **EDIT** button.

To continue, select **Return.**

Attestation – Core Measures (cont.)

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Attestation Meaningful Use Measures

Core Measure 15 - Syndromic Surveillance 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 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 Eligible Hospital or CAH must attest Yes or No to the following:

*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 Eligible Hospital or CAH that meets one or more of the following criteria may be excluded from this objective.

*Does not have an emergency or urgent care department.

○ Yes ○ No

*Operates in a jurisdiction for which no Public Health Agency is capable of receiving electronic syndromic surveillance data in the specific standards required by Certified EHR Technology at the start of their EHR reporting period.

○ Yes ○ No

*Operates in a jurisdiction where no Public Health Agency provides information timely on capability to receive syndromic surveillance data.

○ Yes ○ No

*Operates in a jurisdiction for which no Public Health Agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting can enroll additional eligible hospitals or CAHs.

○ Yes ○ No

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

This is MU Core Measure 15 – Syndromic Surveillance Data Submission. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

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Tuesday 09/16/2014 8:39:44 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Measures

Core Measure 16 - Electronic Medication Administration Records (eMAR)

*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: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).

Measure: More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.

* **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 eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients.

*Does this exclusion apply to the eligible hospital or CAH?

○ Yes ○ No

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

Numerator: The number of orders in the denominator for which all doses are tracked using eMAR.

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

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

Previous | Reset | Save & Continue

This is MU Core Measure 16 –Electronic Medication Administration Records (eMAR). Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Core Measures (cont.)

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Meaningful Use Core Measures

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"** button to access the main attestation topic list.

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
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 authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	Numerator Measure 1 = 800 Denominator Measure 1 = 1200 Numerator Measure 2 = 150 Denominator Measure 2 = 250 Numerator Measure 3 = 870 Denominator Measure 3 = 1100	EDIT
Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.	Numerator = 980 Denominator = 1100	EDIT
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.	Numerator = 998 Denominator = 1100	EDIT
Record smoking status for patients 13 years old or older.	More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.	Numerator = 889 Denominator = 1050	EDIT

This screen summarizes the information entered for the Core measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Return** to go back to the dashboard.

Attestation – Core Measures (cont.)

Use clinical decision support to improve performance on high-priority health conditions.	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 eligible hospital's or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Yes Yes	EDIT
Provide patients the ability to view online, download, and transmit information about a hospital admission.	More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge. More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.	Numerator Measure 1 = 784 Denominator Measure 1 = 995 Numerator Measure 2 = 741 Denominator Measure 2 = 984	EDIT
Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis 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 eligible hospitals.	Yes	EDIT
Incorporate clinical lab test results into Certified EHR Technology as structured data.	More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.	Numerator = 786 Denominator = 1024	EDIT
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 eligible hospital or CAH with a specific condition.	Yes	EDIT
Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.	Numerator = 385 Denominator = 889	EDIT
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 776 Denominator = 1025	EDIT

This screen summarizes the information entered for the Core measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Return** to go back to the dashboard.

Attestation – Core Measures (cont.)

The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers its 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 eligible hospital or CAH that transitions or refers its 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 nationwide health information network. The eligible hospital or CAH must satisfy one of the two following criteria: Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	Numerator Measure 1 = 887 Denominator Measure 1 = 1132 Numerator Measure 2 = 365 Denominator Measure 2 = 885 Yes Yes	EDIT
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 = Yes Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period.	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No	EDIT
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 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No E4 = No	EDIT
Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).	More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.	Numerator = 257 Denominator = 874	EDIT

Return

This screen summarizes the information entered for the Core measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Return** to go back to the dashboard.

Attestation – Core Measures (cont.)

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Tuesday 09/16/2014 8:56:02 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

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. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures 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
✓	**Core Measures**	**16/16**	EDIT, Clear All
	Menu Set Measures		Begin
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

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

Previous | Save & Continue

This dashboard shows the Core Measures are completed by showing the ✓ under the Completed column.

To change one of the measures or to continue with the measures, click the **Edit** Button.

To clear all the data that has been entered, select the **Clear All** Button.

To start a Topic, click the **Begin** button.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Menu Set

pennsylvania
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Friday 12/23/2011 12:15:55 PM EST

Name	MAPIR EH2	NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

MEANINGFUL USE MENU MEASURES

As part of the meaningful use attestation, Eligible Hospitals (EHs) are required to complete three (3) out of six (6) Menu Measures. EHs should attest to at least three (3) measures without taking exclusions. Certain objectives do provide **exclusions**. If the EH meets the criteria for that **exclusion**, then the EH can claim that **exclusion** during attestation. If the EH **cannot** meet the minimum number of measures **without** taking an exclusion, then the EH must complete **ALL** six (6) Menu Measures.

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 minimum Menu Measures, you will receive a green checkmark indicating the section is complete.
5. The green checkmark does not mean you passed or failed the Menu Measures.
6. Evaluation of MU measures are made after the application is submitted.

This screen summarizes the requirements for the Meaningful Use Menu Set Measures. Please read this as it provides details that will make it easier to complete the application.

NOTE: Eligible Hospitals are required to complete 3 out of 6 Menu Set Measures. EHs should attest to at least 3 measures without taking **exclusions**. If the EH **cannot** meet the minimum number of measures **without** taking an **exclusion**, then the EH must complete **ALL** 6 Menu Measures.

Click **Begin** to move on to the Menu Set Measures.

Attestation – Menu Set (cont.)

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

Attestation Meaningful Use Measures

Instructions:

Eligible Hospitals must report a minimum of three (3) Meaningful Use Menu 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 go back.*
*Click **Reset** to restore this panel to the starting point.*

Objective	Measure	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	☑
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	☑
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.	☑
Family Health History Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	☑
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	☑
Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.	☑

Return | Reset | Save & Continue

This screen displays more details on the Menu Set Measures.

Select the measures you want to complete. You must choose at least 3 measures where you would not quality for an exclusion. If you have a measure with an exclusion, you need to complete all 6 measures.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Objectives	Measure	Entered	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.		EDIT
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.		EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.		EDIT
Family Health History Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.		EDIT
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.		EDIT

Previous

This screen displays the summary of the Menu Set Measures that you chose to complete.

To enter data for any of the measures, click the **Edit** button by that measure.

Click **Previous** to return.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:08:20 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Menu Measure 1 - Advance Directive

*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 whether a patient 65 years old or older has an advance directive.

Measure: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive 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 eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.

*Does this exclusion apply to the eligible hospital or CAH?

Yes No

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

Numerator: The number of patients in the denominator who have an indication of an advance directive status entered using structured data.

Denominator: The number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 1 – Advance Directive. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:09:27 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Objectives	Measure	Entered	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	Numerator=773 Denominator=1133	EDIT
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.		EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.		EDIT
Family Health History Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or		EDIT

This screen summarizes the information entered for the first menu measure. Please verify that this information is accurate.

To change the data, select the **EDIT** button.

You would be taken to this screen if you chose the **Previous** button.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Menu Set (cont.)

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DEPARTMENT OF PUBLIC WELFARE

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Tuesday 09/16/2014 9:14:32 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Menu Measure 2 - Electronic Notes

*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 electronic notes in patient records.

Measure: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department 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 authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) recorded as text searchable data.

Denominator: Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 2 – Electronic Notes. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:15:54 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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Attestation Meaningful Use Measures

Menu Measure 3 - Imaging 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: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.

Measure: More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.

Numerator: The number of results in the denominator that are accessible through Certified EHR Technology.

Denominator: Number of tests whose result is one or more images ordered by an authorized provider on behalf of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 3 – Imaging Results. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:17:21 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Menu Measure 4 - Family Health History

*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: Family Health History Record patient family health history as structured data.

Measure: More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.

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 admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 4 – Family Health History. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:19:21 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Attestation Meaningful Use Measures

Menu Measure 5 - e Prescribing (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 discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

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

- ○ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
- ○ This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

*Does this exclusion apply to the eligible hospital or CAH?

○ Yes ○ No

If the exclusion does 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.

Denominator: Number of new, changed, or refill prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 5 – ePrescribing. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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 **"Previous"** button to access the main measure topic list.

Objectives	Measure	Entered	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	Numerator=773 Denominator=1133	EDIT
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	Numerator=551 Denominator=1149	EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.	Numerator=225 Denominator=1457	EDIT
Family Health History Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	Numerator=447 Denominator=887	EDIT
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Excluded	EDIT
Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.		EDIT

Previous

This screen summarizes the information entered for the first five menu measures. It shows menu measure 5 was excluded. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:27:22 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Menu Measure 6 - Lab Results to Ambulatory Providers

*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 structured electronic lab results to ambulatory providers.
Measure: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.

Numerator: The number of structured clinical lab results sent to the ordering provider.

Denominator: The number of electronic lab orders received.

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

Previous | Reset | Save & Continue

This is MU Menu Set Measure 6 – Lab Results to Ambulatory Providers. Please complete all required fields (*).

To view more details about this measure, please click this link.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:28:15 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Objectives	Measure	Entered	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	Numerator=773 Denominator=1133	EDIT
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	Numerator=551 Denominator=1149	EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.	Numerator=225 Denominator=1457	EDIT
Family Health History Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	Numerator=447 Denominator=887	EDIT
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Excluded	EDIT
Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.	Numerator=446 Denominator=878	EDIT

Previous

This screen summarizes the information entered for the Menu Set measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Previous** to return.

Attestation – Menu Set (cont.)

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Tuesday 09/16/2014 9:30:17 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

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. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures 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
✓	Core Measures	16/16	EDIT, Clear All
✓	Menu Set Measures	6/6	EDIT, Clear All
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

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

Previous | Save & Continue

This dashboard shows the Menu Set Measures are completed by showing the ✓ under the Completed column.

To change one of the measures or to continue with the measures, click the **Edit** Button.

To clear all the data that has been entered, select the **Clear All** Button.

To start a Topic, click the **Begin** button.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Clinical Quality Measures

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Friday 12/23/2011 1:42:12 PM EST

Name	MAPIR EH2	NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs)

As part of the meaningful use attestation, Eligible Hospitals (EHs) are required to complete **a minimum of sixteen (16) CQMs from at least three (3) different domains**. There are six (6) domains and twenty-nine (29) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. The data for these measures must be obtained directly from the certified EHR system. Some Clinical Quality Measures may not apply to the EH thus you would not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure. If there is no exclusion, you may enter a zero in the denominator and numerator

*Please note, CQMs are listed first by domain name and then by CMS number. Also, you will not be able to proceed with your attestation without selecting a minimum set. You must select **sixteen (16) CQMs from three (3) different domains**.*

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. You may review the completed measures by selecting the 'Edit' button.
3. After completing the minimum number of CQMs, you will receive a green checkmark indicating the section is complete.

This screen summarizes the requirements for the Meaningful Use Clinical Quality Measures. Please read this as it provides details that will make it easier to complete the application.

NOTE: Eligible Hospitals are required to complete a minimum of 16 of the Clinical Quality Measures.

Click **Begin** to move on to the Clinical Quality Measures.

Attestation – Clinical Quality Measures (cont.)

This screen displays a listing of some of the Clinical Quality Measures

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Tuesday 09/16/2014 9:39:05 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Instructions:

Select a minimum of 16 clinical quality measures by checking the box next to the measure you are attesting. The measures selected must be chosen from at least three different domains.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Measure#	Domain	Title	Select
CMS32v3	Care Coordination	Emergency Department (ED)-3 Median Time from ED Arrival to ED Departure for Discharged ED Patients	☐
CMS102v2	Care Coordination	Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation	☐
CMS9v2	Clinical Process/Effectiveness	Exclusive Breast Milk Feeding	☐
CMS30v3	Clinical Process/Effectiveness	AMI-10 Statin Prescribed at Discharge	☐
CMS31v2	Clinical Process/Effectiveness	EHDI-1a Hearing Screening Before Hospital Discharge	☐
CMS53v2	Clinical Process/Effectiveness	AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival	☐
CMS60v2	Clinical Process/Effectiveness	AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	☐
CMS71v1	Clinical Process/Effectiveness	Stroke-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter	☐
CMS72v2	Clinical Process/Effectiveness	Stroke-5 Ischemic Stroke - Antithrombotic Therapy by End of Hospital Day Two	☐
CMS73v2	Clinical Process/Effectiveness	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	☐
CMS91v3	Clinical Process/Effectiveness	Stroke-4 Ischemic Stroke - Thrombolytic Therapy	☐
CMS100v2	Clinical Process/Effectiveness	AMI-2-Aspirin Prescribed at Discharge for AMI	☐
CMS104v1	Clinical Process/Effectiveness	Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy	☐
CMS105v2	Clinical Process/Effectiveness	Stroke-6 Ischemic Stroke - Discharged on Statin Medication	☐

Attestation – Clinical Quality Measures (cont.)

This screen displays a listing of some of the Clinical Quality Measures. Click **Return** to go back to the dashboard.

CMS109v2	Clinical Process/Effectiveness	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	☐
CMS113v2	Clinical Process/Effectiveness	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	☐
CMS172v1	Efficient Use of Healthcare Resources	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	☐
CMS188v3	Efficient Use of Healthcare Resources	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	☐
CMS26v1	Patient and Family Engagement	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	☐
CMS55v1	Patient and Family Engagement	Emergency Department (ED)-1 Emergency Department Throughput - Median Time from ED Arrival to ED Departure for Admitted ED Patients	☐
CMS107v2	Patient and Family Engagement	Stroke-8 Ischemic or Hemorrhagic Stroke - Stroke Education	☐
CMS110v2	Patient and Family Engagement	VTE-5 VTE Discharge Instructions	☐
CMS111v1	Patient and Family Engagement	Emergency Department (ED)-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	☐
CMS108v2	Patient Safety	VTE-1 Venous Thromboembolism (VTE) Prophylaxis	☐
CMS114v1	Patient Safety	VTE-6 Incidence of Potentially Preventable VTE	☐
CMS171v3	Patient Safety	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	☐
CMS178v3	Patient Safety	SCIP-INF-9 Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero	☐
CMS185v2	Patient Safety	Healthy Term Newborn	☐
CMS190v2	Patient Safety	VTE-2 Intensive Care Unit (ICU) VTE Prophylaxis	☐

Return **Reset** **Save & Continue**

Attestation – Clinical Quality Measures (cont.)

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Tuesday 09/16/2014 9:44:29 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 25

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:	CMS32v3
Measure Title:	Emergency Department (ED)-3 Median Time from ED Arrival to ED Departure for Discharged ED Patients
Measure Description:	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.

ED-3.1: All ED patients discharged from the ED; Stratum. Do Not Include: Patients who are not an ED Patient; Patients who expire in the ED; Patients admitted to the hospital from the ED.

*** Numerator 1:** _____ *** Denominator 1:** _____

ED-3.2: Patients with diagnosis consistent with mental disorders. Do Not Include: Patients who are not an ED Patient; Patients who expire in the ED; Patients admitted to the hospital from the ED.

*** Numerator 2:** _____ *** Denominator 2:** _____

ED-3.3: Patients transferred to another Acute Care Hospital. Do Not Include: Patients who are not an ED Patient; Patients who expire in the ED; Patients admitted to the hospital from the ED.

*** Numerator 3:** _____ *** Denominator 3:** _____

ED-3.4: Patients not included in populations 2 and 3. Do Not Include: Patients who are not an ED Patient; Patients who expire in the ED; Patients admitted to the hospital from the ED.

*** Numerator 4:** _____ *** Denominator 4:** _____

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 25 – Emergency Department Median Time. Please complete all required fields (*).

Attestation – Clinical Quality Measures (cont.)

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Tuesday 09/16/2014 9:51:17 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

Meaningful Use Clinical Quality Measures

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"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32v3-Emergency Department (ED)-3 Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination	Numerator 1 = 545 Denominator 1 = 887 Numerator 2 = 325 Denominator 2 = 998 Numerator 3 = 114 Denominator 3 = 632 Numerator 4 = 874 Denominator 4 = 998	EDIT
CMS102v2-Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation	Care Coordination		EDIT
CMS9v2-Exclusive Breast Milk Feeding	Clinical Process/Effectiveness		EDIT
CMS30v3-AMI-10 Statin Prescribed at Discharge	Clinical Process/Effectiveness		EDIT
CMS31v2-EHDI-1a Hearing Screening Before Hospital Discharge	Clinical Process/Effectiveness		EDIT
CMS53v2-AMI-8a Primary PCI Received within 90	Clinical Process/Effectiveness		EDIT

This screen summarizes the information entered for the specific measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Attestation – Clinical Quality Measures (cont.)

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Tuesday 09/16/2014 9:52:31 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ▣ | Review | Submit

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:	Care Coordination
Measure Number:	CMS102v2
Measure Title:	Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation
Measure Description:	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 9 – Stroke – Assessed for Rehabilitation. Please complete all required fields (*).

Attestation – Clinical Quality Measures (cont.)

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Tuesday 09/16/2014 9:56:58 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Meaningful Use Measures

Clinical Quality Measure 27

*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:	CMS9v2
Measure Title:	Exclusive Breast Milk Feeding
Measure Description:	Exclusive breast milk feeding during the newborn's entire hospitalization.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 27 – Exclusive Breast Milk Feeding. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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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:	CMS30v3
Measure Title:	AMI-10 Statin Prescribed at Discharge
Measure Description:	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 20 – AMI – 10 Statin Prescribed at Discharge. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures

Clinical Quality Measure 29

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:	CMS31v2
Measure Title:	EHDI-1a Hearing Screening Before Hospital Discharge
Measure Description:	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 29 – EHDI Hearing Screening Before Hospital Discharge. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures

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:	CMS53v2
Measure Title:	AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival
Measure Description:	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 19 – AMI Primary PCI Received within 90 Minutes of Hospital Arrival. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures

Clinical Quality Measure 18

*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:	CMS60v2
Measure Title:	AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
Measure Description:	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

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This is MU Clinical Quality Measure 18 – AMI Fibrinolytic Therapy Received within 30 minutes of Hospital Arrival. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 4

*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:	CMS71v1
Measure Title:	Stroke-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter
Measure Description:	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 4 – Ischemic Stroke – Anticoagulation Therapy for Atrial Fibrilation/Flutter. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures

Clinical Quality Measure 6

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:	CMS72v2
Measure Title:	Stroke-5 Ischemic Stroke - Antithrombotic Therapy by End of Hospital Day Two
Measure Description:	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure – Ischemic Stroke – Antithrombotic Therapy by End of Hospital Day two. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 12

*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:	CMS73v2
Measure Title:	VTE-3 VTE Patients with Anticoagulation Overlap Therapy
Measure Description:	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 12 – VTE Patients with Anticoagulation Overlap Therapy. Please complete all required fields (*).

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Clinical Quality Measure 16

*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:	CMS100v2
Measure Title:	AMI-2-Aspirin Prescribed at Discharge for AMI
Measure Description:	AMI patients who are prescribed aspirin at hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 16 – AMI Aspirin Prescribed at Discharge for AMI. Please complete all required fields (*).

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Attestation Meaningful Use Measures

Clinical Quality Measure 3

*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:	CMS104v1
Measure Title:	Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy
Measure Description:	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 3 – Ischemic stroke patients discharged on Antithrombotic Therapy. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 7

*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:	CMS105v2
Measure Title:	Stroke-6 Ischemic Stroke - Discharged on Statin Medication
Measure Description:	Ischemic stroke patients with LDL greater than or equal to 100mg/dl, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 7 – Ischemic Stroke patients discharged on Statin Medication. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 13

Click **here** *to review CMS Guidelines for this measure.*

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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:	CMS109v2
Measure Title:	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)
Measure Description:	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

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

This is MU Clinical Quality Measure 13 – VTE patients receiving Unfractionated Heparin. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 17

*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:	CMS113v2
Measure Title:	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation
Measure Description:	Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 17 – Elective Delivery prior to 39 completed weeks gestation. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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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:	CMS172v1
Measure Title:	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients
Measure Description:	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Demoninator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

Population Criteria 1 - Coronary artery bypass graft (CABG) procedures

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

Population Criteria 2 - Other cardiac surgery

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

Population Criteria 3 - Hip arthroplasty

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

Population Criteria 4 - Knee arthroplasty

*** Numerator 4:** *** Denominator 4:** *** Performance Rate 4(%):** *** Exclusion 4:**

Population Criteria 5 - Colon surgery

*** Numerator 5:** *** Denominator 5:** *** Performance Rate 5(%):** *** Exclusion 5:**

Population Criteria 6 - Abdominal hysterectomy

*** Numerator 6:** *** Denominator 6:** *** Performance Rate 6(%):** *** Exclusion 6:**

Population Criteria 7 - Vaginal hysterectomy

*** Numerator 7:** *** Denominator 7:** *** Performance Rate 7(%):** *** Exclusion 7:**

Population Criteria 8 - Vascular surgery

*** Numerator 8:** *** Denominator 8:** *** Performance Rate 8(%):** *** Exclusion 8:**

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

This is MU Clinical Quality Measure 23 – Prophylactic Antibiotic Selection for Surgical Patients. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Clinical Quality Measure 21

*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:	CMS188v3
Measure Title:	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients
Measure Description:	Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

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

This is MU Clinical Quality Measure 21 – Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures

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:	Patient and Family Engagement
Measure Number:	CMS26v1
Measure Title:	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
Measure Description:	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 26 – Home Management Plan of Care Document given to patient/caregiver. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 1

*Click **here** to review CMS Guidelines for this measure.*

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(*) Red asterisk indicates a required field.

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

Domain:	Patient and Family Engagement
Measure Number:	CMS55v1
Measure Title:	Emergency Department (ED)-1 Emergency Department Throughput - Median Time from ED Arrival to ED Departure for Admitted ED Patients
Measure Description:	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.

ED-1.1: All patients seen in the ED and admitted as an inpatient.

*** Numerator 1:** *** Denominator 1:**

ED-1.2: All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.

*** Numerator 2:** *** Denominator 2:**

ED-1.3: All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*** Numerator 3:** *** Denominator 3:**

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 1 – Emergency Department Throughput – Median Time from arrival to departure. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 8

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:	CMS107v2
Measure Title:	Stroke-8 Ischemic or Hemorrhagic Stroke - Stroke Education
Measure Description:	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 8 – Ischemic or Hemorrhagic Stroke – Stroke Education. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 14

*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:	CMS110v2
Measure Title:	VTE-5 VTE Discharge Instructions
Measure Description:	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 14 – VTE discharge instructions. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

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:	Patient and Family Engagement
Measure Number:	CMS111v1
Measure Title:	Emergency Department (ED)-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients
Measure Description:	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.

ED-2.1: All patients seen in the ED and admitted as an inpatient.

*** Numerator 1:** _____ *** Denominator 1:** _____

ED-2.2: ED patients with a diagnosis consistent with psychiatric/mental health disorders.

*** Numerator 2:** _____ *** Denominator 2:** _____

ED-2.3: ED patients without diagnosis consistent with psychiatric/mental health disorders.

*** Numerator 3:** _____ *** Denominator 3:** _____

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 2 – Emergency Department Throughput – Median Admit time to ED departure time for admitted patients. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 10

*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:	CMS108v2
Measure Title:	VTE-1 Venous Thromboembolism (VTE) Prophylaxis
Measure Description:	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 10 – Venous Thromboembolism (VTE) Prophylaxis. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 15

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:	CMS114v1
Measure Title:	VTE-6 Incidence of Potentially Preventable VTE
Measure Description:	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing and order date.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 15 – Incidence of Potentially Preventable VTE. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 22

*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:	CMS171v3
Measure Title:	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision
Measure Description:	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

Population Criteria 1 - Coronary artery bypass graft (CABG) procedures

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

Population Criteria 2 - Other cardiac surgery

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

Population Criteria 3 - Hip arthroplasty

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

Population Criteria 4 - Knee arthroplasty

*** Numerator 4:** *** Denominator 4:** *** Performance Rate 4(%):** *** Exclusion 4:**

Population Criteria 5 - Colon surgery

*** Numerator 5:** *** Denominator 5:** *** Performance Rate 5(%):** *** Exclusion 5:**

Population Criteria 6 - Abdominal hysterectomy

*** Numerator 6:** *** Denominator 6:** *** Performance Rate 6(%):** *** Exclusion 6:**

Population Criteria 7 - Vaginal hysterectomy

*** Numerator 7:** *** Denominator 7:** *** Performance Rate 7(%):** *** Exclusion 7:**

Population Criteria 8 - Vascular surgery

*** Numerator 8:** *** Denominator 8:** *** Performance Rate 8(%):** *** Exclusion 8:**

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 22 – Surgical Patients - Prophylactic Antiobotic Received within 1 hour prior to surgical incision. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

Clinical Quality Measure 24

*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:	CMS178v3
Measure Title:	SCIP-INF-9 Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero
Measure Description:	Surgical patients with urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 24 – Urinary Catheter removed on Postoperative Day 1 or Postoperative Day 2 of Surgery being day Zero. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

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:	Patient Safety
Measure Number:	CMS185v2
Measure Title:	Healthy Term Newborn
Measure Description:	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 28 – Healthy Term Newborns. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Attestation Meaningful Use Measures

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:	Patient Safety
Measure Number:	CMS190v2
Measure Title:	VTE-2 Intensive Care Unit (ICU) VTE Prophylaxis
Measure Description:	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

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

Previous | Reset | Save & Continue

This is MU Clinical Quality Measure 11 – Intensive Care Unit BTE Prophylaxis. Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Clinical Quality Measures (cont.)

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Meaningful Use Clinical Quality Measures

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"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

Title	Domain	Entered	Select
CMS32v3-Emergency Department (ED)-3 Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination	Numerator 1 = 545 Denominator 1 = 887 Numerator 2 = 325 Denominator 2 = 998 Numerator 3 = 114 Denominator 3 = 632 Numerator 4 = 874 Denominator 4 = 998	EDIT
CMS102v2-Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation	Care Coordination	Numerator = 447 Denominator = 874 Performance Rate (%) = 48.6 Exclusion = 3	EDIT
CMS9v2-Exclusive Breast Milk Feeding	Clinical Process/Effectiveness	Numerator = 445 Denominator = 574 Performance Rate (%) = 82.1 Exclusion = 3	EDIT
CMS30v3-AMI-10 Statin Prescribed at Discharge	Clinical Process/Effectiveness	Numerator = 368 Denominator = 447 Performance Rate (%) = 92.5 Exclusion = 3 Exception = 5	EDIT

This screen summarizes the information entered for the Clinical Quality measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Attestation – Clinical Quality Measures (cont.)

CMS31v2-EHDI-1a Hearing Screening Before Hospital Discharge	Clinical Process/Effectiveness	Numerator = 669 Denominator = 987 Performance Rate (%) = 68.2 Exclusion = 3	EDIT
CMS53v2-AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 774 Denominator = 1124 Performance Rate (%) = 41.3 Exclusion = 3	EDIT
CMS60v2-AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	Clinical Process/Effectiveness	Numerator = 226 Denominator = 457 Performance Rate (%) = 49.9 Exclusion = 8	EDIT
CMS71v1-Stroke-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness	Numerator = 225 Denominator = 657 Performance Rate (%) = 40.8 Exclusion = 6 Exception = 7	EDIT
CMS72v2-Stroke-5 Ischemic Stroke - Antithrombotic Therapy by End of Hospital Day Two	Clinical Process/Effectiveness	Numerator = 558 Denominator = 874 Performance Rate (%) = 67.6 Exclusion = 4 Exception = 4	EDIT
CMS73v2-VTE-3 VTE Patients with Anticoagulation Overlap Therapy	Clinical Process/Effectiveness	Numerator = 555 Denominator = 789 Performance Rate (%) = 62.4 Exclusion = 8	EDIT
CMS91v3-Stroke-4 Ischemic Stroke - Thrombolytic Therapy	Clinical Process/Effectiveness	Numerator = 365 Denominator = 659 Performance Rate (%) = 41.5 Exclusion = 7	EDIT
CMS100v2-AMI-2-Aspirin Prescribed at Discharge for AMI	Clinical Process/Effectiveness	Numerator = 447 Denominator = 654 Performance Rate (%) = 63.4 Exclusion = 2	EDIT
CMS104v1-Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy	Clinical Process/Effectiveness	Numerator = 475 Denominator = 521 Performance Rate (%) = 91.4 Exclusion = 6 Exception = 6	EDIT
CMS105v2-Stroke-6 Ischemic Stroke - Discharged on Statin Medication	Clinical Process/Effectiveness	Numerator = 446 Denominator = 664 Performance Rate (%) = 62.1 Exclusion = 4 Exception = 0	EDIT
CMS109v2-VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	Clinical Process/Effectiveness	Numerator = 336 Denominator = 524 Performance Rate (%) = 62.5 Exclusion = 1	EDIT

This screen summarizes the information entered for the Clinical Quality measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Attestation – Clinical Quality Measures (cont.)

CMS113v2-PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Clinical Process/Effectiveness	Numerator = 101 Denominator = 742 Performance Rate (%) = 18.3 Exclusion = 7	EDIT
CMS172v1-SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources	Numerator 1 = 254 Denominator 1 = 452 Performance Rate 1 (%) = 49.3 Exclusion 1 = 4 Numerator 2 = 125 Denominator 2 = 654 Performance Rate 2 (%) = 21.5 Exclusion 2 = 6 Numerator 3 = 125 Denominator 3 = 250 Performance Rate 3 (%) = 50.0 Exclusion 3 = 1 Numerator 4 = 125 Denominator 4 = 250 Performance Rate 4 (%) = 50.0 Exclusion 4 = 3 Numerator 5 = 125 Denominator 5 = 250 Performance Rate 5 (%) = 50.0 Exclusion 5 = 0 Numerator 6 = 125 Denominator 6 = 250 Performance Rate 6 (%) = 50.0 Exclusion 6 = 1 Numerator 7 = 125 Denominator 7 = 250 Performance Rate 7 (%) = 50.0 Exclusion 7 = 3 Numerator 8 = 125 Denominator 8 = 250 Performance Rate 8 (%) = 50.0 Exclusion 8 = 4	EDIT
CMS188v3-PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources	Numerator = 125 Denominator = 250 Performance Rate (%) = 50.0 Exclusion = 3	EDIT
CMS26v1-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient and Family Engagement	Numerator = 125 Denominator = 250 Performance Rate (%) = 50.0	EDIT
CMS55v1-Emergency Department (ED)-1 Emergency Department Throughput - Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient and Family Engagement	Numerator 1 = 325 Denominator 1 = 500 Numerator 2 = 124 Denominator 2 = 568 Numerator 3 = 114 Denominator 3 = 563	EDIT

This screen summarizes the information entered for the Clinical Quality measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Attestation – Clinical Quality Measures (cont.)

CMS107v2-Stroke-8 Ischemic or Hemorrhagic Stroke - Stroke Education	Patient and Family Engagement	Numerator = 250 Denominator = 500 Performance Rate (%) = 50.0 Exclusion = 3	EDIT
CMS110v2-VTE-5 VTE Discharge Instructions	Patient and Family Engagement	Numerator = 365 Denominator = 658 Performance Rate (%) = 42.8 Exclusion = 0	EDIT
CMS111v1-Emergency Department (ED)-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	Patient and Family Engagement	Numerator 1 = 254 Denominator 1 = 554 Numerator 2 = 265 Denominator 2 = 587 Numerator 3 = 354 Denominator 3 = 563	EDIT
CMS108v2-VTE-1 Venous Thromboembolism (VTE) Prophylaxis	Patient Safety	Numerator = 364 Denominator = 872 Performance Rate (%) = 41.6 Exclusion = 2	EDIT
CMS114v1-VTE-6 Incidence of Potentially Preventable VTE	Patient Safety	Numerator = 125 Denominator = 500 Performance Rate (%) = 25.0 Exclusion = 2	EDIT
CMS171v3-SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Patient Safety	Numerator 1 = 125 Denominator 1 = 250 Performance Rate 1 (%) = 50.0 Exclusion 1 = 3 Numerator 2 = 125 Denominator 2 = 250 Performance Rate 2 (%) = 50.0 Exclusion 2 = 4 Numerator 3 = 125 Denominator 3 = 250 Performance Rate 3 (%) = 50.0 Exclusion 3 = 4 Numerator 4 = 125 Denominator 4 = 250 Performance Rate 4 (%) = 50.0 Exclusion 4 = 0 Numerator 5 = 125 Denominator 5 = 250 Performance Rate 5 (%) = 50.0 Exclusion 5 = 0 Numerator 6 = 125 Denominator 6 = 250 Performance Rate 6 (%) = 50.0 Exclusion 6 = 4 Numerator 7 = 125 Denominator 7 = 250 Performance Rate 7 (%) = 50.0 Exclusion 7 = 6 Numerator 8 = 125 Denominator 8 = 250 Performance Rate 8 (%) = 50.0 Exclusion 8 = 9	EDIT

This screen summarizes the information entered for the Clinical Quality measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Return** to go back to the dashboard.

Attestation – Clinical Quality Measures (cont.)

CMS178v3-SCIP-INF-9 Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero	Patient Safety	Numerator = 523 Denominator = 845 Performance Rate (%) = 41.3 Exclusion = 5	EDIT
CMS185v2-Healthy Term Newborn	Patient Safety	Numerator = 325 Denominator = 512 Performance Rate (%) = 75.3 Exclusion = 4	EDIT
CMS190v2-VTE-2 Intensive Care Unit (ICU) VTE Prophylaxis	Patient Safety	Numerator = 352 Denominator = 640 Performance Rate (%) = 48.3 Exclusion = 3 Exception = 2	EDIT

Return

This screen summarizes the information entered for the Clinical Quality measures. You will need to verify that this information is accurate.

To change the data, select the **EDIT** button.

Click **Return** to go back to the dashboard.

Attestation – Clinical Quality Measures (cont.)

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Print Contact Us Exit

Tuesday 09/16/2014 12:50:50 PM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

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. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures 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
✓	Core Measures	16/16	EDIT, Clear All
✓	Menu Set Measures	6/6	EDIT, Clear All

< Custom defined configurable item >

Manual Clinical Quality Measures

✓	Clinical Quality Measures	29/29	EDIT, Clear All
	Cancel and Choose Electronic		Cancel

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

Previous | Save & Continue

This dashboard shows the Clinical Quality Measures are completed by showing the ✓ under the Completed column.

To change one of the measures or to continue with the measures, click the **Edit** Button.

To clear all the data that has been entered, select the **Clear All** Button.

To start a Topic, click the **Begin** button.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation – Core Measures Review

This is a summary of the Core, Menu and Clinical Quality Measurement data entered into the application.

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

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 Core Measure Review

Measure Code	Title	Entered	Additional Information
EHCMU01	Core Measure 1 - CPOE for Medication, Laboratory and Radiology Orders	Numerator Measure 1 = 800 Denominator Measure 1 = 1200 Percentage = 66% Numerator Measure 2 = 150 Denominator Measure 2 = 250 Percentage = 60% Numerator Measure 3 = 870 Denominator Measure 3 = 1100 Percentage = 79%	Patient Records = All
EHCMU02	Core Measure 2 - Record Demographics	Numerator = 980 Denominator = 1100 Percentage = 89%	N/A
EHCMU03	Core Measure 3 - Record Vital Signs	Numerator = 998 Denominator = 1100 Percentage = 90%	Patient Records = All
EHCMU04	Core Measure 4 - Record Smoking Status	Numerator = 889 Denominator = 1050 Percentage = 84%	Patient Records = All
EHCMU05	Core Measure 5 - Clinical Decision Support Rule	Yes Yes	N/A

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

EHCMU06	Core Measure 6 - Patient Electronic Access	Numerator Measure 1 = 784 Denominator Measure 1 = 995 Percentage = 78% Numerator Measure 2 = 741 Denominator Measure 2 = 984 Percentage = 75%	N/A
EHCMU07	Core Measure 7 - Protect Electronic Health Information	Yes	N/A
EHCMU08	Core Measure 8 - Clinical Lab-Test Results	Numerator = 786 Denominator = 1024 Percentage = 76%	Patient Records = All
EHCMU09	Core Measure 9 - Patient Lists	Yes	N/A
EHCMU10	Core Measure 10 - Patient-Specific Education Resources	Numerator = 385 Denominator = 889 Percentage = 43%	N/A
EHCMU11	Core Measure 11 - Medication Reconciliation	Numerator = 776 Denominator = 1025 Percentage = 75%	N/A
EHCMU12	Core Measure 12 - Summary of Care	Numerator Measure 1 = 887 Denominator Measure 1 = 1132 Percentage = 78% Numerator Measure 2 = 365 Denominator Measure 2 = 885 Percentage = 41% Yes Yes	N/A
EHCMU13	Core Measure 13 - Immunization Registries Data Submission	Q1 = Yes Q2 = Yes Q3 = Yes Q4 = Yes	N/A
EHCMU14	Core Measure 14 - Electronic Reportable Laboratory Results	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No	N/A

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

EHCMU15	Core Measure 15 - Syndromic Surveillance Data Submission	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No E4 = No	N/A
EHCMU16	Core Measure 16 - Electronic Medication Administration Records (eMAR)	Numerator = 257 Denominator = 874 Percentage = 29%	Patient Records = All

Meaningful Use Menu Measure Review

Measure Code	Title	Entered	Additional Information
EHMMU01	Menu Measure 1 - Advance Directive	Numerator = 773 Denominator = 1133 Percentage = 68%	Patient Records = All
EHMMU02	Menu Measure 2 - Electronic Notes	Numerator = 551 Denominator = 1149 Percentage = 47%	N/A
EHMMU03	Menu Measure 3 - Imaging Results	Numerator = 225 Denominator = 1457 Percentage = 15%	N/A
EHMMU04	Menu Measure 4 - Family Health History	Numerator = 447 Denominator = 887 Percentage = 50%	N/A
EHMMU05	Menu Measure 5 - e Prescribing (eRx)	Excluded	Patient Records = All
EHMMU06	Menu Measure 6 - Lab Results to Ambulatory Providers	Numerator = 446 Denominator = 878 Percentage = 50%	N/A

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

EHCMU15	Core Measure 15 - Syndromic Surveillance Data Submission	Q1 = No Q2 = No Q3 = No Q4 = No E1 = Excluded E2 = Excluded E3 = No E4 = No	N/A
EHCMU16	Core Measure 16 - Electronic Medication Administration Records (eMAR)	Numerator = 257 Denominator = 874 Percentage = 29%	Patient Records = All

Meaningful Use Menu Measure Review

Measure Code	Title	Entered	Additional Information
EHMMU01	Menu Measure 1 - Advance Directive	Numerator = 773 Denominator = 1133 Percentage = 68%	Patient Records = All
EHMMU02	Menu Measure 2 - Electronic Notes	Numerator = 551 Denominator = 1149 Percentage = 47%	N/A
EHMMU03	Menu Measure 3 - Imaging Results	Numerator = 225 Denominator = 1457 Percentage = 15%	N/A
EHMMU04	Menu Measure 4 - Family Health History	Numerator = 447 Denominator = 887 Percentage = 50%	N/A
EHMMU05	Menu Measure 5 - e Prescribing (eRx)	Excluded	Patient Records = All
EHMMU06	Menu Measure 6 - Lab Results to Ambulatory Providers	Numerator = 446 Denominator = 878 Percentage = 50%	N/A

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

Meaningful Use Clinical Quality Measure Review

Measure Code	Domain	Title	Entered
CMS32v3	Care Coordination	Emergency Department (ED)-3 Median Time from ED Arrival to ED Departure for Discharged ED Patients	Numerator 1 = 545 Denominator 1 = 887 Numerator 2 = 325 Denominator 2 = 998 Numerator 3 = 114 Denominator 3 = 632 Numerator 4 = 874 Denominator 4 = 998
CMS102v2	Care Coordination	Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation	Numerator = 447 Denominator = 874 Performance Rate (%) = 48.6 Exclusion = 3
CMS9v2	Clinical Process/Effectiveness	Exclusive Breast Milk Feeding	Numerator = 445 Denominator = 574 Performance Rate (%) = 82.1 Exclusion = 3
CMS30v3	Clinical Process/Effectiveness	AMI-10 Statin Prescribed at Discharge	Numerator = 368 Denominator = 447 Performance Rate (%) = 92.5 Exclusion = 3 Exception = 5
CMS31v2	Clinical Process/Effectiveness	EHDI-1a Hearing Screening Before Hospital Discharge	Numerator = 669 Denominator = 987 Performance Rate (%) = 68.2 Exclusion = 3
CMS53v2	Clinical Process/Effectiveness	AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival	Numerator = 774 Denominator = 1124 Performance Rate (%) = 41.3 Exclusion = 3
CMS60v2	Clinical Process/Effectiveness	AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	Numerator = 226 Denominator = 457 Performance Rate (%) = 49.9 Exclusion = 8

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

CMS71v1	Clinical Process/Effectiveness	Stroke-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 225 Denominator = 657 Performance Rate (%) = 40.8 Exclusion = 6 Exception = 7
CMS72v2	Clinical Process/Effectiveness	Stroke-5 Ischemic Stroke - Antithrombotic Therapy by End of Hospital Day Two	Numerator = 558 Denominator = 874 Performance Rate (%) = 67.6 Exclusion = 4 Exception = 4
CMS73v2	Clinical Process/Effectiveness	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	Numerator = 555 Denominator = 789 Performance Rate (%) = 62.4 Exclusion = 8
CMS91v3	Clinical Process/Effectiveness	Stroke-4 Ischemic Stroke - Thrombolytic Therapy	Numerator = 365 Denominator = 659 Performance Rate (%) = 41.5 Exclusion = 7
CMS100v2	Clinical Process/Effectiveness	AMI-2-Aspirin Prescribed at Discharge for AMI	Numerator = 447 Denominator = 654 Performance Rate (%) = 63.4 Exclusion = 2
CMS104v1	Clinical Process/Effectiveness	Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy	Numerator = 475 Denominator = 521 Performance Rate (%) = 91.4 Exclusion = 6 Exception = 6
CMS105v2	Clinical Process/Effectiveness	Stroke-6 Ischemic Stroke - Discharged on Statin Medication	Numerator = 446 Denominator = 664 Performance Rate (%) = 62.1 Exclusion = 4 Exception = 0
CMS109v2	Clinical Process/Effectiveness	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	Numerator = 336 Denominator = 524 Performance Rate (%) = 62.5 Exclusion = 1

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

CMS113v2	Clinical Process/Effectiveness	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Numerator = 101 Denominator = 742 Performance Rate (%) = 18.3 Exclusion = 7
CMS172v1	Efficient Use of Healthcare Resources	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Numerator 1 = 254 Denominator 1 = 452 Performance Rate 1 (%) = 49.3 Exclusion 1 = 4 Numerator 2 = 125 Denominator 2 = 654 Performance Rate 2 (%) = 21.5 Exclusion 2 = 6 Numerator 3 = 125 Denominator 3 = 250 Performance Rate 3 (%) = 50.0 Exclusion 3 = 1 Numerator 4 = 125 Denominator 4 = 250 Performance Rate 4 (%) = 50.0 Exclusion 4 = 3 Numerator 5 = 125 Denominator 5 = 250 Performance Rate 5 (%) = 50.0 Exclusion 5 = 0 Numerator 6 = 125 Denominator 6 = 250 Performance Rate 6 (%) = 50.0 Exclusion 6 = 1 Numerator 7 = 125 Denominator 7 = 250 Performance Rate 7 (%) = 50.0 Exclusion 7 = 3 Numerator 8 = 125 Denominator 8 = 250 Performance Rate 8 (%) = 50.0 Exclusion 8 = 4
CMS188v3	Efficient Use of Healthcare Resources	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Numerator = 125 Denominator = 250 Performance Rate (%) = 50.0 Exclusion = 3
CMS26v1	Patient and Family Engagement	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 125 Denominator = 250 Performance Rate (%) = 50.0

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

CMS55v1	Patient and Family Engagement	Emergency Department (ED)-1 Emergency Department Throughput - Median Time from ED Arrival to ED Departure for Admitted ED Patients	Numerator 1 = 325 Denominator 1 = 500 Numerator 2 = 124 Denominator 2 = 568 Numerator 3 = 114 Denominator 3 = 563
CMS107v2	Patient and Family Engagement	Stroke-8 Ischemic or Hemorrhagic Stroke - Stroke Education	Numerator = 250 Denominator = 500 Performance Rate (%) = 50.0 Exclusion = 3
CMS110v2	Patient and Family Engagement	VTE-5 VTE Discharge Instructions	Numerator = 365 Denominator = 658 Performance Rate (%) = 42.8 Exclusion = 0
CMS111v1	Patient and Family Engagement	Emergency Department (ED)-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	Numerator 1 = 254 Denominator 1 = 554 Numerator 2 = 265 Denominator 2 = 587 Numerator 3 = 354 Denominator 3 = 563
CMS108v2	Patient Safety	VTE-1 Venous Thromboembolism (VTE) Prophylaxis	Numerator = 364 Denominator = 872 Performance Rate (%) = 41.6 Exclusion = 2
CMS114v1	Patient Safety	VTE-6 Incidence of Potentially Preventable VTE	Numerator = 125 Denominator = 500 Performance Rate (%) = 25.0 Exclusion = 2

Attestation – Core Measures Review (cont.)

This is a continuation of the Core, Menu and Clinical Quality Measurement data entered into the application.

CMS171v3	Patient Safety	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Numerator 1 = 125 Denominator 1 = 250 Performance Rate 1 (%) = 50.0 Exclusion 1 = 3 Numerator 2 = 125 Denominator 2 = 250 Performance Rate 2 (%) = 50.0 Exclusion 2 = 4 Numerator 3 = 125 Denominator 3 = 250 Performance Rate 3 (%) = 50.0 Exclusion 3 = 4 Numerator 4 = 125 Denominator 4 = 250 Performance Rate 4 (%) = 50.0 Exclusion 4 = 0 Numerator 5 = 125 Denominator 5 = 250 Performance Rate 5 (%) = 50.0 Exclusion 5 = 0 Numerator 6 = 125 Denominator 6 = 250 Performance Rate 6 (%) = 50.0 Exclusion 6 = 4 Numerator 7 = 125 Denominator 7 = 250 Performance Rate 7 (%) = 50.0 Exclusion 7 = 6 Numerator 8 = 125 Denominator 8 = 250 Performance Rate 8 (%) = 50.0 Exclusion 8 = 9
CMS178v3	Patient Safety	SCIP-INF-9 Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero	Numerator = 523 Denominator = 845 Performance Rate (%) = 41.3 Exclusion = 5
CMS185v2	Patient Safety	Healthy Term Newborn	Numerator = 325 Denominator = 512 Performance Rate (%) = 75.3 Exclusion = 4
CMS190v2	Patient Safety	VTE-2 Intensive Care Unit (ICU) VTE Prophylaxis	Numerator = 352 Denominator = 640 Performance Rate (%) = 48.3 Exclusion = 3 Exception = 2

Previous | Save & Continue

Attestation – Meaningful Use (cont.)

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Print Contact Us Exit
Wednesday 09/17/2014 9:55:52 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Attestation Phase (Part 3 of 3)

Eligible Hospitals may be subject to the Centers for Medicare & Medicaid Services process for audits and appeals of Meaningful Use attestations. This includes Eligible Hospitals applying for a Medicaid only EHR incentive payment.

Please answer the following question.

*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 confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. ○ Yes ○ No

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

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
○	5000000010001	Mapir Associates	555 Coin Crossroads Harrisburg, PA 17103	SERVICE LOCATION ADDRESS: 123 Good Health Ln Harrisburg, PA 17103- PAYEE TYPE: Physician EFT: No

Previous | Reset | Save & Continue

This screen asks you to identify whether or not you are an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

Additionally, you are asked which address you would like to have your incentive payment sent to, contingent on approval for payment.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Attestation – Meaningful Use (cont.)

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Print Contact Us Exit
Wednesday 09/17/2014 9:57:54 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

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

This screen confirms you successfully completed the **Meaningful Use Phase of the Attestation** tab.

Note the check box in the **Attestation** tab.

Click **Continue** to proceed to the **Review** section.

Review

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
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.* Print

Status

Incomplete

R&A Verification

Legal Business Name	MAPIR HOSPITAL2	**Hospital NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666

Business Address 123 Electronic Dr

Harrisburg, PA 17103-1111

Business Phone 717-555-1111

Incentive Program MEDICAID **Deemed Medicare Eligible Status?** ELIGIBLE **State** PA

Eligible Hospital Type Acute_Care_Hospitals

R&A Registration ID 1313131313

R&A Registration Email PROMISeUATMapirRAEmail@hp.com

CMS EHR Certification Number

Is this information accurate? Yes

The **Review** tab displays all the information associated with your application.

NOTE: Until the application is submitted, the top of this page will always display 'Incomplete' and that's ok.

Carefully review all of the information to ensure it is accurate.

Once you have reviewed all information click the **Submit** tab to proceed.

Click **Print** to generate a printer-friendly version of this information.

Review (cont.)

Primary Contact Information

First Name	Pamela
Last Name	Zemaitis
Phone	717-777-1122
Phone Extension	
Email Address	c-pzemaitis@pa.gov
Department	DPW
Address	Willow Oak Bldg Harrisburg, PA 17011

Alternate Contact Information

First Name	
Last Name	
Phone	
Phone Extension	
Email Address	

Eligibility Questions (Part 1 of 2)

Please confirm that you are choosing the Medicaid incentive program.	**Yes**
Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania?	**No**
Is your facility licensed to operate in all states in which services are rendered?	**Yes**

Eligibility Questions (Part 2 of 2)

CMS EHR Certification ID: **A014E01EPAKJEA3**

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

Start Date: May 01, 2014
End Date: Jul 29, 2014

The **Review** tab displays all the information associated with your application.

Carefully review all of the information to ensure it is accurate.

Once you have reviewed all information click the **Submit** tab to proceed.

Click **Print** to generate a printer-friendly version of this information.

Review (cont.)

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

Start Date: May 01, 2014
End Date: Jul 29, 2014

Patient Volume (Part 2 of 3) – Enter Volume

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
N/A	Mapir Eh2	Mapir2 Lane Philadelphia, PA 19001	***In State Medicaid:*** 1254 ***Other Medicaid:*** 265 ***Total Discharges:*** 5266	29%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1254	265	5266	29%

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Mar 01, 2014
End Date: May 29, 2014

Attestation Phase Meaningful Use Measures

Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? **Yes**

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
Meaningful Use Measures

The **Review** tab displays all the information associated with your application.

Carefully review all of the information to ensure it is accurate.

Once you have reviewed all information click the **Submit** tab to proceed.

Click **Print** to generate a printer-friendly version of this information.

Review (cont.)

Attestation Phase (Part 3 of 3)

Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. **Yes**

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
5000000010001	Mapir Associates	555 Coin Crossroads Harrisburg, PA 17103-	SERVICE LOCATION ADDRESS: 123 Good Health Ln Harrisburg, PA 17103- PAYEE TYPE: Physician EFT: No

Top

Continue

The **Review** tab displays all the information associated with your application.

Carefully review all of the information to ensure it is accurate.

Once you have reviewed all information click the **Submit** tab to proceed.

Click **Print** to generate a printer-friendly version of this information.

Note: If choosing the '**Continue**' button does not take you to the **Submit** tab then simply select the **'Submit'** tab at the top of the page to go there.

Submit

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐

Check Errors Review

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact the hospital's program eligibility.

You will be able to submit the application with responses that may impact processing time and we may need to follow up with you for more information.

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 Hospital 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/maprovincentiverepos/index.htm** You may upload this documentation into your MAPIR application prior to submitting your application.

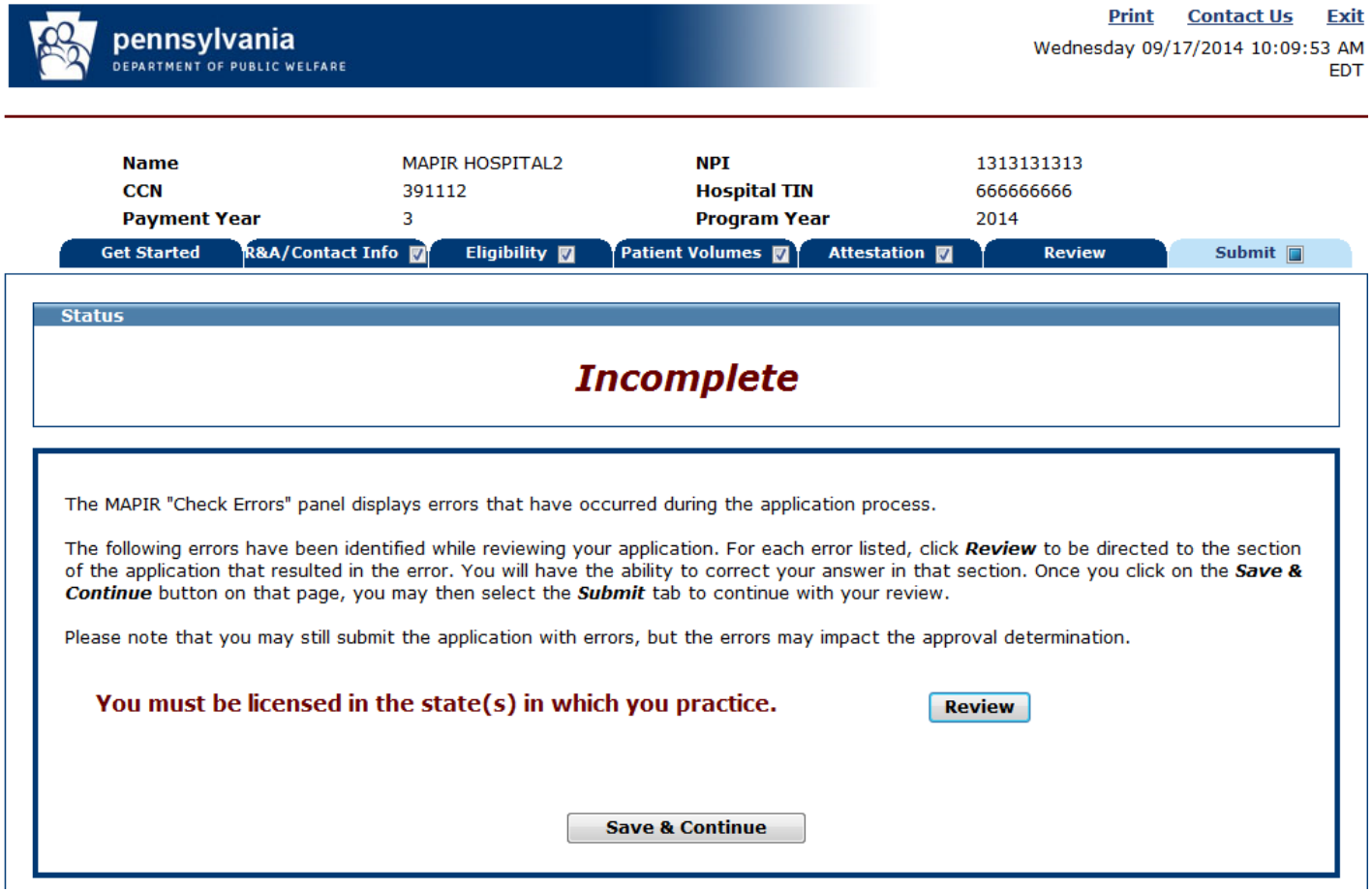
Note: You will be required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the eligible hospital's confirmation that the information is correct and the eligible hospital is responsible for all information and overpayments.

The meaningful use portion of your attestation is subject to audit by CMS regardless of whether you are a dually-eligible hospital or a Medicaid-only hospital.

After you have completed the electronic signature process, the Submit Application button will be presented. **You must select the Submit Application button to complete the application process. Your application will not be processed if you do not complete this step.**

Begin

Submit (cont.)



This screen lists the current status of your application and any validation messages of concern identified by the system.

You can review/change these identified validation messages for accuracy or leave them as is. You can submit this application without making any changes; however the validation messages identified may impact your eligibility and incentive payment amount.

To review:

Click **Review** to be taken to the specific section identified and make any appropriate changes to the entered information. To return to this section at any time click the **Submit** tab.
Click **Save & Continue** to continue with the application submission.

Submit (cont.)

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | 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:
Did the preparation for the application process require an excessive amount of time to collect? ○ Yes ○ No

Question 6:
Do you need additional technical assistance to help you meet MU standards? ○ 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 Pennsylvania MA EHR Incentive Program encourage you to implement an EHR System? ○ Yes ○ No

Question 10:
Has your EHR System made your operations more efficient and improved the quality of your patient care? ○ Yes ○ No

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

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

Answer the optional questions by selecting **Yes** or **No**.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Submit (cont.)

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Print Contact Us Exit

Wednesday 09/17/2014 10:13:01 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

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/maprovincentiverepos/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: Browse...

Upload File

Previous Reset Save & Continue

Applicants should upload supporting documents to accompany their MAPIR Application in this screen.

Files uploaded will be displayed in the chart at the bottom of the page.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Submit (cont.)

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Wednesday 09/17/2014 10:14:18 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Application Submission (Part 2 of 2)

As the ***preparer*** of this location on behalf of the facility, 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.

The individual signing this attestation on behalf of the hospital is knowledgeable concerning the representations being made and is authorized to make this attestation on behalf of the hospital.

By signing this attestation, the signatory hereby certifies that the foregoing information is true, accurate, and complete. The Hospital understands that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws. The Hospital further understands and agrees that the Department may ask for additional information necessary which, in the Department's estimation, may be necessary to determine or validate EHR Program eligibility and payment amounts.

(*) 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).*

Electronic Signature of Preparer for Facility:

* **Preparer Name:** * **Preparer Relationship:**

*To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

Previous | Reset | Sign Electronically

Enter your **Preparer Name** and **Preparer Relationship** to ensure accuracy.

Check the BOX (located on the left of the MAPIR screen) to acknowledge that you have reviewed all of your information.

Click **Sign Electronically**.

Click **Previous** to return. **Reset** to clear all data.

Submit (cont.)

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Print Contact Us Exit
Wednesday 09/17/2014 10:15:23 AM EDT

Name	MAPIR HOSPITAL2	**NPI**	1313131313
CCN	391112	**Hospital TIN**	666666666
Payment Year	3	**Program Year**	2014

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

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a four year payment. The columns represent the year of participation, and the rows represent the four years of potential participation.

*To submit your application, click the **Submit Application** button **(you will not be able to make any changes to your application after submission).***

Example Payment Disbursement over 4 Years
Year 1 50%, Year 2 30%, Year 3 10%, Year 4 10%

Year	Example Calculation	Example Amount
Year 1	$15,925,500 * 50%	$7,962,750
Year 2	$15,925,500 * 30%	$4,777,650
Year 3	$15,925,500 * 10%	$1,592,550
Year 4	$15,925,500 * 10%	$1,592,550

Submit Application

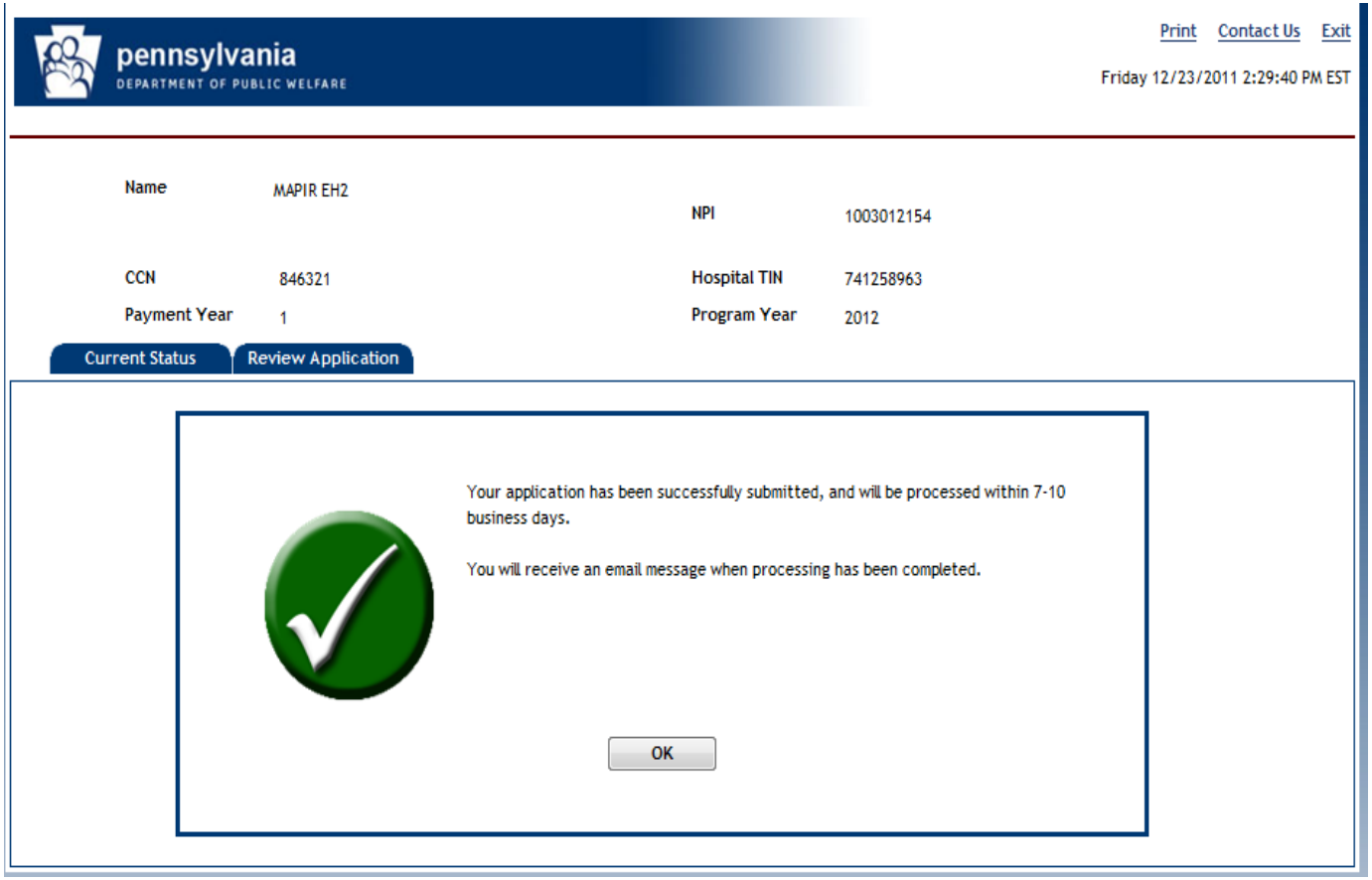
This screen shows an **Example** of a Hospital Incentive Four Year Payment Chart. No information is required on this screen. For information on how incentive payments are calculated, please refer to Part I of this manual.

Note: This is the final step of the Submit process. You will not be able to make any changes to your application after submission.

To submit your application, click **Submit Application** at the bottom of this screen.

Please note that the high incentive payment used in this example is not a typical amount that EHs should expect.

Submit (cont.)



When your application has been successfully submitted, you will see the **Application Submitted** box.

Click **OK**.

Submit (cont.)

-----Original Message-----
From: mapirdonotreply@dpw.state.pa.us [mailto:mapirdonotreply@dpw.state.pa.us]
Sent: Friday, December 23, 2011 2:30 PM
To: MaryM@Mapir.com
Subject: MAPIR EH2 - 1003012154 Application Submitted - Pennsylvania MA EHR Incentive Program

Dear Medical Assistance EHR Incentive Program Applicant:

Thank you for applying for a Medical Assistance (MA) Electronic Health Records (EHR) Incentive Program payment. This letter is to confirm that we have received your completed application through the Medical Assistance Provider Incentive Repository (MAPIR).

During the review of your application, if additional information is needed to determine your eligibility, we will contact you. We anticipate that our review process will take approximately 15-30 days.

If you have any questions, please contact the Medical Assistance Health Information Technology Initiative Support Center at RA-mahealthit@pa.gov.

To better aid us in improving the development of the Medical Assistance Electronic Health Record (EHR) Incentive Program, please take a brief moment to complete the following survey: https://www.surveymonkey.com/s/mapirfollowupsurvey

Thank you again for applying to participate in the Medical Assistance EHR Incentive Program.

Sincerely, Matt McGeorge
HIT Coordinator Department of Public Welfare,
Office of Medical Assistance Programs
www.PAMAHealthIT.org

Please note: All correspondence regarding the Medical Assistance EHR Incentive Program is sent via email.

When your application has been successfully submitted, you will receive an automated email confirming the submission of your application.

This email will be sent to the email address you entered into the MAPIR application.

Review Application

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Print Contact Us Exit

Friday 12/23/2011 2:33:40 PM EST

Name	MAPIR EH2	NPI	1003012154
CCN	846321	Hospital TIN	741258963
Payment Year	1	Program Year	2012

Current Status | Review Application

Name: MAPIR EH2

Applicant NPI: 1003012154

Status: *Submitted*

MAPIR

Select **Review Application** to view the information that was entered on the application that was submitted.

Navigation Keys:

- **Save and Continue:** At the bottom of each screen, it is important that you utilize the Save and Continue button. This will allow you to come back to your application at the page you last saved it.
- **Previous:** Allows you to move to the previous screen.
- **Reset:** Allows you to reset the values within the screen you are currently on. If you saved, a screen reset will return the screen to the last saved information.
- Your MAPIR user session will end if there is no user activity longer than 30 minutes. You will receive timeout warnings.
- The review tab can be accessed at any time to review and print the completed portion of the application.
- Note: The review tab can be accessed at any time to review (and print) the completed portion of the application.

After your application has been submitted, you will be able to return to this screen in order to view the application status.

NOTE: Please do not go to the CMS R&A website to view the status of your application as this will delay the processing of your application.