

MAPIR SCREENSHOTS

Program Year 2015

Modified Stage 2 With Alternatives

(EPs eligible for Stage 1)

NOTE: This presentation shows the screen shots for providers eligible for Stage 1. **IMPORTANT:** For providers who will be attesting to Stage 2, you will not see the 'Alternate' options, but the options/measures available to you are **also** shown in this presentation.

Please go to this link to view the CMS Specification Sheets for the 10 Meaningful Use Objectives: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_TableofContents.pdf

To view the acceptable pre-payment supporting documentation for the Meaningful Use Objectives, visit:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm#.VzTlaIQrK70>

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Completed	1	2011	\$14,167.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Completed	2	2012	\$5,667.00	Select the "Continue" button to view this application.
<input checked="" type="radio"/>	Stage 1 Meaningful Use	Incomplete	3	2015	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	<i>Future</i>	<i>Future</i>	4	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	5	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	6	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>

REMINDERS:

Approved Grace Period For Program Year 2015 Applications:

- **Eligible Professionals:** EPs have until July 31, 2016 to submit Program Year 2015 applications.
- **Children's and Medicaid-only Hospitals that attest to Meaningful Use with Pennsylvania:** These hospitals have until December 31, 2016 to submit Program Year 2015 applications. The MAPIR system upgrade with the 2015-2017 Modification Rule changes is targeted to be available by October 2016.

Processing time for 2015-2016 applications: We have been working extremely hard on processing the 2015-2016 Medical Assistance EHR Incentive applications. Due to the volume of applications we have received in the past few months, our processing time is taking longer than normal. If we have a question about your application or need additional information you will be contacted by email. Thank you for your patience.

Re-enrollment/Revalidation of MA Providers: This is a reminder of the new enrollment/revalidation requirements of the MA Program for currently enrolled providers. The **DEADLINE of March 24, 2016** has been **EXTENDED** to **September 24, 2016** to complete your re-enrollment/revalidation requirements. This means that provider PROMISE accounts will be closed for those who did not re-enroll or revalidate their information prior to 9/24/2016. Please reference this link to get further instructions on re-enrollment. **NOTE:** Please submit your revalidation documentation at least 90 days prior to September 24, 2016. This link will provide the specific provider type code & description along with the enrollment form that should be used.

Link: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_074003.pdf

Continue

Name: Maryanne Kuo

Applicant NPI: 1184827792

Status: **Incomplete**

[Continue](#)

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

MAPIR

Navigation Keys:

IMPORTANT: If you need to update or change your CMS EHR Certification ID, exit this application and start over. At the dashboard/starting page 'Abort' the application and begin a new application with the appropriate CMS EHR Certification ID. Please remember no information on this application will be saved.

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

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

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

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

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



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

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

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

Begin

R&A Verification

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

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

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

Payee NPI

Business Address

Business Phone

Incentive Program

MEDICAID

State

PA

Eligible Professional Type

Physician

R&A Registration ID

R&A Registration Email Address

CMS EHR Certification Number

(* Red asterisk indicates a required field.

* Is this information accurate? Yes No

Previous

Reset

Save & Continue

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**

* **Phone** - -

* **Email Address**

* **Department**

* **Address Line 1**

Address Line 2

* **City**

* **State** ▼

* **Zip Code**

* **Last Name**

Phone Extension

* **Verify Email**

Alternate Contact

First Name

Phone - -

Email Address

Last Name

Phone Extension

Verify Email

Get Started

R&A/Contact Info

Eligibility

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Submit



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

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

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

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

Continue



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

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

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

Begin

Professional Eligibility Questions 1 (Part 1 of 2)

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

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

(*) Red asterisk indicates a required field.

* Are you a Hospital based eligible professional?

Yes No



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

Yes No



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Save & Continue

Professional Eligibility Questions 2 (Part 2 of 2)

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

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

(* Red asterisk indicates a required field.)

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



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

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

Yes No



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

Yes No



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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



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

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

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

Medicaid patient volume calculations are based on encounters for which a service is rendered on any one day to an individual where the recipient is/was eligible for Medicaid. Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year or over a continuous 90-day period in the preceding 12 month period from the date of attestation. For example, if completing your attestation on September 15th, the volume can be measured from the previous calendar year or from a 90-day period from the previous year starting September 15th and ending the day before your attestation. You will enter the start date and MAPIR will calculate the end date. *Please note:* the 90 day patient volume is revalidated when the application is submitted. If you attempt to submit your application at a date later than when you first entered the dates, the dates you selected may be invalid at that time. If this occurs, you will receive an error message and you will need to change the dates and your patient volume numbers in order to meet the requirements and submit your application.

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

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

Once you have determined how you wish to report patient volumes and for what time period, MAPIR will display your practice location(s) on file with PROMISE™. You must select at least one location where you are meeting Medicaid patient 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.dhs.pa.gov/provider/healthcaremedicaidassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincinentiverepos/eligibleprofessionalvolumecalculator/index.htm>
- For additional information on calculating patient volume, please review the Frequently Asked Questions document that is located at:
<http://www.dhs.pa.gov/provider/healthcaremedicaidassistance/medicalassistancehealthinformationtechnologyinitiative/mahitfaqs/index.htm>

Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

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

Yes No



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

Individual Practitioner



Group/Clinic



Practitioner Panel



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Patient Volume 90 Day Period (Part 2 of 3)

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

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

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Calendar Year Preceding Payment Year

12 Months Preceding Attestation Date

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

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

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Patient Volume 90 Day Period (Part 2 of 3)

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

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

Start Date: Jun 01, 2014

End Date: Aug 29, 2014

Previous

Save & Continue

Patient Volume - Individual (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	1224583254789	Gloria Miller	1 Main St. Anywhere, PA 38291	

Add Location

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

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

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

Begin

Patient Volume - Individual (Part 3 of 3)

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

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

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

(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
1224583254789	Gloria Miller	1 Main St. Anywhere, PA 38291	* 600	* 700	* 800

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Save & Continue

Patient Volume - Individual (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	1224583254789	Gloria Miller	1 Main St. Anywhere, PA 38291	Medicaid Only In State: 600 Total Medicaid: 700 Denominator: 800	88%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
600	700	800	88%

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[Save & Continue](#)

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

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

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

Continue



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

EHR System Adoption Phase

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

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

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

Payment Designations

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

Provider Liability

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

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

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

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

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

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

Begin

Attestation Phase (Part 1 of 3)

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

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

 Meaningful Use (90 days) 

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(*) Red asterisk indicates a required field.

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

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Attestation EHR Reporting Period (Part 1 of 3)

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

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

Start Date: Jan 01, 2015

End Date: Mar 31, 2015

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Save & Continue

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

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

Completed?	Topics	Progress	Action
	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (10)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

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

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

	Clinical Quality Measure - General	64/64	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

Note:

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

Meaningful Use General Requirements

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

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

(*) Red asterisk indicates a required field.

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

* Numerator:

* Denominator:

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

Yes No

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

Yes No

* Is your CQM reporting period the same as your Meaningful Use reporting period? (If No, please upload your Meaningful Use and CQM documentation into the application.)

Yes No

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Reset

Save & Continue

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

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

Completed?	Topics	Progress	Action
	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/> 
	Required Public Health Objective (10)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

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

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

	Clinical Quality Measure - General	64/64	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

Note:

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

Meaningful Use Objectives 1-9: The following section includes 9 of the 10 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to complete all 10 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EP meets the criteria for the Exclusion or Alternate Exclusion, then the EP can claim that Exclusion during Attestation. EPs who have less than 2 years at Stage 1 may choose to report either Modified Stage 2 or Modified Stage 2 with Alternates for Objectives 2 through 10.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each objective, select the '**CLICK HERE**' link at the top left of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY displayed in** whole numbers.
4. Objectives that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80% would not pass.
5. The white checkmark in the green circle  means the section is completed but does not mean you passed or failed the objectives.
6. You may review the completed objectives by selecting the '**EDIT**' button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have an opportunity to change and electronically sign again.

Instructions: Users must adequately answer each measure they intend to meet by either correctly completing the numerator and denominator, answering yes or no to the objective, or choosing an exclusion if they meet the requirements for that exclusion. Use the data obtained from your EHR system for the attestation period. When completing your application you will be prompted to upload a copy of your supporting EHR Objectives into your application. Only PDF formats will be accepted into MAPIR. Please email any other formats to RA-mahealthit@pa.gov.

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Attestation Meaningful Use Objectives

Objective 1 - Protect Patient Health Information

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

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

(*) Red asterisk indicates a required field.

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

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 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 EP's risk management process.

*Did you meet this measure?

Yes No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

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Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

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

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

Modified Stage 2 Alternate Measure 1

Measure 1 - Implement one clinical decision support rule.

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

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Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

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

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

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

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

*Did you meet this measure?

Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.

Yes No

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

Did you meet this measure?

Yes No

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Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

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

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

Modified Stage 2 Alternate Measure 1

Measure 1 - Implement one clinical decision support rule.

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

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Attestation Meaningful Use Objectives

Objective 2 Alternate - Clinical Decision Support (CDS)

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

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

(*) Red asterisk indicates a required field.

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

Measure 1: Implement one clinical decision support rule.

*Did you meet this measure?

Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.

Yes No

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

Did you meet this measure?

Yes No

• You must provide all required information in order to proceed.

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Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
- Measure 1** - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
-
- Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
- Measure 1** - More than 30 percent of all medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.
Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.
-
- Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
- Measure 1** - More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.
Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.
Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.

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Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

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.

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

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

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

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

* Does this exclusion apply to you?

- Yes No

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

Numerator 1: **Denominator 1:**

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

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

Numerator 2: **Denominator 2:**

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

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

Numerator 3: **Denominator 3:**

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Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
 - Measure 1** - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

- Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
 - Measure 1** - More than 30 percent of all medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Alternate Exclusion 2** - Any EP who did not plan to report on this measure may select an exclusion.
 - Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Alternate Exclusion 3** - Any EP who did not plan to report on this measure may select an exclusion.

- Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3
 - Measure 1** - More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.
 - Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Alternate Exclusion 2** - Any EP who did not plan to report on this measure may select an exclusion.
 - Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
 - Alternate Exclusion 3** - Any EP who did not plan to report on this measure may select an exclusion.

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Attestation Meaningful Use Objectives

Objective 3 Alternate 1 - Computerized Provider Order Entry (CPOE)

 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.

* **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: More than 30 percent of all medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

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

Numerator 1: **Denominator 1:**

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

Alternate Exclusion 2: Any EP who did not plan to report on this measure may select an exclusion.

* Does this exclusion apply to you?

- Yes No

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

Numerator 2: **Denominator 2:**

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

Alternate Exclusion 3: Any EP who did not plan to report on this measure may select an exclusion.

* Does this exclusion apply to you?

- Yes No

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

Numerator 3: **Denominator 3:**

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Attestation Meaningful Use Objectives

Objective 3 - Computerized Provider Order Entry (CPOE)

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

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

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3

Measure 1 - More than 30 percent of all medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.

Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3

Measure 1 - More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.

Attestation Meaningful Use Objectives

Objective 3 Alternate 2 - Computerized Provider Order Entry (CPOE)

 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.

* **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: More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.

Numerator 1: Number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator 1: Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

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

* Does this exclusion apply to you?

- Yes No

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

Numerator 1: **Denominator 1:**

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

Alternate Exclusion 2: Any EP who did not plan to report on this measure may select an exclusion.

* Does this exclusion apply to you?

- Yes No

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

Numerator 2: **Denominator 2:**

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

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

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

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

* Does this exclusion apply to you?

- Yes No

Alternate Exclusion 3: Any EP who did not plan to report on this measure may select an exclusion.

* Does this exclusion apply to you?

- Yes No

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

Numerator 3: **Denominator 3:**

Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
-
- Modified Stage 2 Alternate Measure
Measure - More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
-

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Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

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

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

(*) Red asterisk indicates a required field.

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

Measure: More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

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

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

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

* Does this exclusion apply to you?

- Yes No

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

* Does this exclusion apply to you?

- Yes No

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

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

Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

Numerator: **Denominator:**

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Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
-
- Modified Stage 2 Alternate Measure
Measure - More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
-

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Attestation Meaningful Use Objectives

Objective 4 Alternate - Electronic Prescribing

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

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

(*) Red asterisk indicates a required field.

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

Measure: More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

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

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

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

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

- Yes No

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

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

- Yes No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

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

Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

Numerator: **Denominator:**

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Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Measure - The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Modified Stage 2 Alternate Exclusion

Alternate Exclusion - Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

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

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

(*) Red asterisk indicates a required field.

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

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

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

Yes No

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

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

Numerator: **Denominator:**

Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Measure - The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Modified Stage 2 Alternate Exclusion

Alternate Exclusion - Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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Attestation Meaningful Use Objectives

Objective 5 Alternate - Health Information Exchange

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

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

(*) Red asterisk indicates a required field.

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

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

* Does this exclusion apply to you?

Yes No

ALTERNATE EXCLUSION: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

* Does this exclusion apply to you?

Yes No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

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

Numerator: **Denominator:**

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Attestation Meaningful Use Objectives

Objective 6 - Patient-Specific Education

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Measure - Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

Modified Stage 2 Alternate Exclusion

Alternate Exclusion - Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

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Attestation Meaningful Use Objectives

Objective 6 - Patient-Specific Education

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

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

(*) Red asterisk indicates a required field.

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

Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

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

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

Yes No

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

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

Numerator: **Denominator:**

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Reset

Save & Continue

Attestation Meaningful Use Objectives

Objective 6 - Patient-Specific Education

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
-
- Modified Stage 2 Alternate Exclusion
Alternate Exclusion - Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.
-

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Attestation Meaningful Use Objectives

Objective 6 Alternate - Patient-Specific Education

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

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

(*) Red asterisk indicates a required field.

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

Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

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

* Does this exclusion apply to you?

Yes No

ALTERNATE EXCLUSION: Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

* Does this exclusion apply to you?

Yes No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

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

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

Numerator: **Denominator:**

Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
-
- Modified Stage 2 Alternate Exclusion
Alternate Exclusion - Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.
-

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Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

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

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

(*) Red asterisk indicates a required field.

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

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

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

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

Yes No

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.

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

Numerator: **Denominator:**

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Attestation Meaningful Use Objectives

Objective 7 - Medication Reconciliation

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
-
- Modified Stage 2 Alternate Exclusion
Alternate Exclusion - Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.
-

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Attestation Meaningful Use Objectives

Objective 7 Alternate - Medication Reconciliation

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

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

(*) Red asterisk indicates a required field.

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

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

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

* Does this exclusion apply to you?

Yes No

ALTERNATE EXCLUSION: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

* Does this exclusion apply to you?

Yes No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.

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

Numerator: **Denominator:** x

Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Measure 1 - More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Measure 2 - At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Modified Stage 2 Alternate Exclusion

Alternate Exclusion - Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

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

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

(*) Red asterisk indicates a required field.

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

Exclusion Measure 1 and 2: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes No

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Numerator 1: The number of patients in the denominator who have timely (within four business days after the information is available to the EP) online access to their health information.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Exclusion Measure 2: Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2

Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.

Yes No

Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Numerator 2: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: **Denominator 2:**

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Attestation Meaningful Use Objectives

Objective 8 - Patient Electronic Access

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Measure 1 - More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Measure 2 - At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Modified Stage 2 Alternate Exclusion

Alternate Exclusion - Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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Attestation Meaningful Use Objectives

Objective 8 Alternate- Patient Electronic Access

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

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

(*) Red asterisk indicates a required field.

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

Exclusion Measure 1 and 2: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes No

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Numerator 1: The number of patients in the denominator who have timely (within four business days after the information is available to the EP) online access to their health information.

Denominator 1: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Exclusion Measure 2: Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2.

Does the exclusion apply to you?

Yes No

Alternate Exclusion Measure 2: Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure. This will only exclude Measure 2.

Does the exclusion apply to you?

Yes No

If neither of the exclusions apply to you, complete entries for Measure 2.

Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Numerator 2: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

Denominator 2: Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: 150 **Denominator 2:** 600

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Attestation Meaningful Use Objectives

Objective 9 - Secure Electronic Messaging

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2

Measure - The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

- Modified Stage 2 Alternate Exclusion

Alternate Exclusion - An EP may claim an exclusion from the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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Attestation Meaningful Use Objectives

Objective 9 - Secure Electronic Messaging

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

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

(*) Red asterisk indicates a required field.

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

EXCLUSION: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does this exclusion apply to you? If 'Yes', do not complete the measure. If 'No', complete the measure.

Yes No

Measure: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

Did you meet this measure?

Yes No

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Attestation Meaningful Use Objectives

Objective 9 - Secure Electronic Messaging

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Measure - The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?
-
- Modified Stage 2 Alternate Exclusion
Alternate Exclusion - An EP may claim an exclusion from the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
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Attestation Meaningful Use Objectives

Objective 9 Alternate - Secure Electronic Messaging

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

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

(*) Red asterisk indicates a required field.

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

EXCLUSION: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Does this exclusion apply to you?

Yes No

ALTERNATE EXCLUSION: An EP may claim an exclusion from the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply to you?

Yes No

If neither of the exclusions apply to you, complete the measure.

Measure: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

Did you meet this measure?

Yes No

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Save & Continue

Attestation Meaningful Use Objectives

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

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

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 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 EP's risk management process.	Measure = Yes Date = 01/01/2015 Name and Title = Don Johnson	<input type="button" value="EDIT"/>
Objective 2 Alternate	Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.	Implement one clinical decision support rule. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	<input type="button" value="EDIT"/>

Objective 3 Alternate 2	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 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Alternate Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded Alternate Exclusion 3 = No	EDIT
Objective 4 Alternate	Generate and transmit permissible prescriptions electronically (eRx).	More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Patient Records = All Exclusion 1 = Excluded Exclusion 2 = Excluded	EDIT
Objective 5 Alternate	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Exclusion = Excluded Alternate Exclusion = Excluded	EDIT
Objective 6 Alternate	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = Excluded Alternate Exclusion = Excluded	EDIT
Objective 7 Alternate	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Alternate Exclusion = No Numerator = 150 Denominator = 275	EDIT
Objective 8 Alternate	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = Excluded	EDIT
Objective 9 Alternate	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enable during the EHR reporting period?	Exclusion = Excluded Alternate Exclusion = Excluded	EDIT

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

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

Completed?	Topics	Progress	Action
	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (10)	3/3	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

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

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

	Clinical Quality Measure - General		
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

Note:

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

Required Public Health Objective 10: As part of the Meaningful Use Attestation, an EP who is scheduled to be in Stage 1 in 2015 must report at least one (1) Public Health Option unless the EP can claim an exclusion from Options 1, 2, and 3A.

EPs choosing Modified Stage 2:

- Must attest to at least 2 Options from the Public Health Reporting Options 1–3. Option 3 (Specialized Registry) may be reported twice.
- May claim an Alternate Exclusion for Option 2 (Syndromic Surveillance), Option 3 (Specialized Registry) or both.
- There is no Alternate Exclusion in Modified Stage 2 for Option 1 (Immunization) however, the provider may still claim the standard exclusion.

EPs choosing Modified Stage 2 Alternate Exclusions:

- Must attest to at least 1 Option from the Public Health Reporting Options 1–3.
- May claim up to two (2) Alternate Exclusions for Option 1 (Immunization), Option 2 (Syndromic Surveillance), and Option 3 (Specialized Registry).
- If you cannot successfully attest to any Option then you must qualify for an exclusion or Alternate Exclusion for all Options to pass the Public Health Objective.

See the Eligible Professional Public Health Reporting specification sheet for a complete list

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

Helpful Hints:

1. For more details on each objective, select the '**CLICK HERE**' link at the top left of each screen.
2. The white checkmark in the green circle  means the section is completed but does not mean you passed or failed the objectives.
3. You may review the completed objectives by selecting the '**EDIT**' button.
4. Evaluation of the Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. If the Objective is not met, you will have an opportunity to change and electronically sign again.

Begin

Attestation Meaningful Use Objectives

Required Public Health Objective Reporting Options

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

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

(*) Red asterisk indicates a required field.

*Select from the following options:

- Modified Stage 2
Select 2 Options and attest without taking an exclusion or Select 1 Option without taking an exclusion and taking an exclusion on the remaining Options or take an exclusion on each Option. Option 3 may be used twice.
- Modified Stage 2 Alternate Exclusion
Select 1 Option without taking an exclusion or take an exclusion on each option. Alternate exclusions are available for EPs scheduled for Stage 1 in Program Year 2015.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select the two Options for attestation without taking an exclusion. Option 3 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, and 3A. You cannot exclude both Option 3A and Option 3B. Note, selecting all exclusions does not mean the Objective fails.

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

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input type="checkbox"/>

- You must select at least two Required Public Health Options to proceed.**

[Return to Main](#)
[Reset](#)
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Attestation Meaningful Use Objectives

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

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

Required Public Health Objective List Table

<u>Objective Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		<input type="button" value="EDIT"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		<input type="button" value="EDIT"/>

Attestation Meaningful Use Objectives

Objective 10 Option 1 - Immunization Registry Reporting

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

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

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?

Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

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

Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of 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 to meet the CEHRT definition at the start of the EHR reporting period.

Yes No

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Attestation Meaningful Use Objectives

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

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

Required Public Health Objective List Table

<u>Objective Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		<input type="button" value="EDIT"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		<input type="button" value="EDIT"/>

Attestation Meaningful Use Objectives

Objective 10 Option 2 - Syndromic Surveillance Reporting

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

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

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?

Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 2 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Yes No

The EP did not plan to report on syndromic surveillance data, therefore the EP is able to claim an exclusion.

Yes No

Previous

Reset

Save & Continue

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

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.

<u>Completed?</u>	<u>Topics</u>	<u>Progress</u>	<u>Action</u>
✓	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Required Public Health Objective (10)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

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

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

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

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

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit



MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES

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

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

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

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

Please note, you will not be able to proceed with your attestation without selecting a minimum set. You must select nine (9) CQMs from three (3) different domains.

Begin



MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) ADULT RECOMMENDED MEASURES

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

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

For the Adult Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) adult recommended CQMs preselected. You are not able to deselect any of the preselected measures. If you do not want to complete these 9 preselected measures then select the "Return to Main" button and then use the "**Clear All**" button on the previously selected CQM set to enable the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "**Clear All**" button is selected.*

Note, the minimum nine (9) CQMs from three (3) different domains have been pre-selected for you. You may select additional CQMs.

Begin

Adult Recommended CQMs 9 are Already Pre-Selected

- CMS50 v3 – Closing the Referral Loop: Receipt of Specialist Report
- CMS165 v3 – Controlling High Blood Pressure
- CMS166 v4 – Use of Imaging Studies for Low Back Pain
- CMS90 v4 – Functional Status Assessment for Complex Chronic Conditions
- CMS68 v4 – Documentation of Current Medications in the Medical Record
- CMS156 v3 – Use of High-Risk Medications in the Elderly
- CMS2 v4 – Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CMS69 v3 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
- CMS138 v3 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) PEDIATRIC RECOMMENDED MEASURES

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

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

For the Pediatric Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected. You are not able to deselect any of the preselected measures. If you do not want to complete these 9 preselected measures then select the "Return to Main" button and then use the **"Clear All"** button on the previously selected CQM set to enable the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Note, the minimum nine (9) CQMs from three (3) different domains have been pre-selected for you. You may select additional CQMs.

Begin

Pediatric Recommended CQMs 9 are Already Pre-Selected

- CMS117 v3 – Childhood Immunization Status
- CMS153 v3 – Chlamydia Screening for Women
- CMS155 v3 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS75 v3 – Children who have Dental Decay or Cavities
- CMS126 v3 – Use of Appropriate Medications for Asthma
- CMS136 v4 – ADHA: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication
- CMS146 v3 – Appropriate Testing for Children with Pharyngitis
- CMS154 v3 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- CMS2 v4 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.

Station Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

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

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure General set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected. When all CQMs have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

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

Clinical Quality Measure list Table

Measure#	Title	Domain	Selection
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination	<input type="checkbox"/>
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS62 v3	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS64 v4	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS65 v4	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS74 v4	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS75 v3	Children who have dental decay or cavities	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS77 v3	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS122 v3	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS123 v3	Diabetes: Foot Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS124 v3	Cervical Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS128 v3	Anti-depressant Medication Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS130 v3	Colorectal Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS131 v3	Diabetes: Eye Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS133 v3	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS134 v3	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS135 v3	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS136 v4	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS137 v3	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness	<input type="checkbox"/>

CMS140 v3	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS141 v4	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS142 v3	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS143 v3	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS144 v3	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS145 v3	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS148 v3	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS149 v3	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS158 v3	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS159 v3	Depression Remission at Twelve Months	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS160 v3	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS161 v3	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS163 v3	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS164 v3	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS165 v3	Controlling High Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS167 v3	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS169 v3	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS182 v4	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS154 v3	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS166 v4	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS56 v3	Functional status assessment for hip replacement	Patient and Family Engagement	<input checked="" type="checkbox"/>
CMS66 v3	Functional status assessment for knee replacement	Patient and Family Engagement	<input checked="" type="checkbox"/>
CMS90 v4	Functional status assessment for complex chronic conditions	Patient and Family Engagement	<input checked="" type="checkbox"/>
CMS157 v3	Oncology: Medical and Radiation - Pain Intensity Quantified	Patient and Family Engagement	<input type="checkbox"/>
CMS68 v4	Documentation of Current Medications in the Medical Record	Patient Safety	<input type="checkbox"/>
CMS132 v3	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	<input type="checkbox"/>
CMS139 v3	Falls: Screening for Future Fall Risk	Patient Safety	<input type="checkbox"/>
CMS156 v3	Use of High-Risk Medications in the Elderly	Patient Safety	<input type="checkbox"/>
CMS177 v3	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	<input type="checkbox"/>
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	<input type="checkbox"/>
CMS2 v4	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	<input checked="" type="checkbox"/>
CMS22 v3	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health	<input checked="" type="checkbox"/>
CMS69 v3	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	<input checked="" type="checkbox"/>
CMS82 v2	Maternal depression screening	Population/Public Health	<input type="checkbox"/>
CMS117 v3	Childhood Immunization Status	Population/Public Health	<input type="checkbox"/>
CMS138 v3	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health	<input type="checkbox"/>

Attestation Meaningful Use Measures

Clinical Quality Measure 59

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

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

(*) Red asterisk indicates a required field.

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

Domain: Care Coordination
Measure Number: CMS50 v3
Measure Title: Closing the referral loop: receipt of specialist report
Measure Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Previous

Reset

Save & Continue

Attestation Meaningful Use Measures

Clinical Quality Measure 41

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS52 v3
Measure Title: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
Measure Description: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

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

Population Criteria 1: All patients aged 6 years and older

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

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

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

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

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

Attestation Meaningful Use Measures

Clinical Quality Measure 55

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS61 v4
Measure Title: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
Measure Description: Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.

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

Population Criteria 1: Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk >20%

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

Population Criteria 2: Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20%

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

Population Criteria 3: Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk <10%

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

Attestation Meaningful Use Measures

Clinical Quality Measure 40

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS62 v3
Measure Title: HIV/AIDS: Medical Visit
Measure Description: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 56

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS64 v4
Measure Title: Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)
Measure Description: Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception Version 2 Only: A positive whole number, including zero. Use the "Click HERE" above for a definition.

Please Note: The Exception data entry field is only to be used if you are attesting to Version 2 of this measure.

Population Criteria 1: Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10 year Framingham Risk > 20%

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

Population Criteria 2: Moderate Level of Risk: Multiple (2+) Risk Factors OR 10 year Framingham Risk 10-20%

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

Population Criteria 3: Lowest Level of Risk: 0 or 1 Risk Factor OR 10 year Framingham Risk < 10%

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

Attestation Meaningful Use Measures

Clinical Quality Measure 58

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS65 v4
Measure Title: Hypertension: Improvement in blood pressure
Measure Description: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

Attestation Meaningful Use Measures

Clinical Quality Measure 54

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS74 v4
Measure Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
Measure Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

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

Stratum 1: Patients age 0 - 5

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

Stratum 2 : Patients 6 - 12

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

Stratum 3 : Patients 13 - 20

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

Attestation Meaningful Use Measures

Clinical Quality Measure 51

 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: CMS75 v3
Measure Title: Children who have dental decay or cavities
Measure Description: Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 42

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS77 v3
Measure Title: HIV/AIDS: RNA control for Patients with HIV
Measure Description: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Previous

Reset

Save & Continue

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: CMS122 v3
Measure Title: Diabetes: Hemoglobin A1c Poor Control
Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

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: CMS123 v3
Measure Title: Diabetes: Foot Exam
Measure Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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: Clinical Process/Effectiveness
Measure Number: CMS124 v3
Measure Title: Cervical Cancer Screening
Measure Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

Attestation Meaningful Use Measures

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: CMS125 v3
Measure Title: Breast Cancer Screening
Measure Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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: Clinical Process/Effectiveness
Measure Number: CMS126 v3
Measure Title: Use of Appropriate Medications for Asthma
Measure Description: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.

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

Stratum 1 Patient ages 5 - 11

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

Stratum 2 Patient ages 12 - 18

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

Stratum 3 Patient ages 19 - 50

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

Stratum 4 Patient ages 51 - 64

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

Stratum 5 Total Patient ages 5 - 64

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

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: Clinical Process/Effectiveness
Measure Number: CMS127 v3
Measure Title: Pneumonia Vaccination Status for Older Adults
Measure Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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: Clinical Process/Effectiveness
Measure Number: CMS127 v3
Measure Title: Pneumonia Vaccination Status for Older Adults
Measure Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 33

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

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

(* Red asterisk indicates a required field.)

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS128 v3
Measure Title: Anti-depressant Medication Management
Measure Description: Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.

- a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

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

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

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

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: Clinical Process/Effectiveness
Measure Number: CMS130 v3
Measure Title: Colorectal Cancer Screening
Measure Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

Attestation Meaningful Use Measures

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: CMS131 v3
Measure Title: Diabetes: Eye Exam
Measure Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 47

 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: CMS133 v3
Measure Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

Attestation Meaningful Use Measures

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: CMS134 v3
Measure Title: Diabetes: Urine Protein Screening
Measure Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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: Clinical Process/Effectiveness
Measure Number: CMS135 v3
Measure Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

Attestation Meaningful Use Measures

Clinical Quality Measure 34

 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: CMS136 v4
Measure Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Measure Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.

- Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
- Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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

Population Criteria 1: Children 6-12 years of age

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

Population Criteria 2: Children 6-12 years of age

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

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: Clinical Process/Effectiveness
Measure Number: CMS137 v3
Measure Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Measure Description: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.

- Percentage of patients who initiated treatment within 14 days of the diagnosis.
- Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

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

Stratum 1 Patient ages 13 -17

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

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

Stratum 2 Patient ages >=18

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

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

Stratum 3 Total Patient ages >=13

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

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

Attestation Meaningful Use Measures

Clinical Quality Measure 38

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS140 v3
Measure Title: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
Measure Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 37

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

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

(*) Red asterisk indicates a required field.

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

Domain:	Clinical Process/Effectiveness
Measure Number:	CMS141 v4
Measure Title:	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
Measure Description:	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 30

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

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

(*) Red asterisk indicates a required field.

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

Domain: Clinical Process/Effectiveness
Measure Number: CMS142 v3
Measure Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Save & Continue

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: Clinical Process/Effectiveness
Measure Number: CMS143 v3
Measure Title: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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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: CMS144 v3
Measure Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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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: Clinical Process/Effectiveness
Measure Number: CMS145 v3
Measure Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF<40% who were prescribed beta-blocker therapy.

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

Population Criteria 1: Patients with left ventricular systolic dysfunction (LVEF<40%)

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

Population Criteria 2: Patients with a prior (resolved) myocardial infarction

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

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: CMS148 v3
Measure Title: Hemoglobin A1c Test for Pediatric Patients
Measure Description: Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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Attestation Meaningful Use Measures

Clinical Quality Measure 57

 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: CMS149 v3
Measure Title: Dementia: Cognitive Assessment
Measure Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

Attestation Meaningful Use Measures

Clinical Quality Measure 48

 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: CMS158 v3
Measure Title: Pregnant women that had HBsAg testing
Measure Description: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 49

 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: CMS159 v3
Measure Title: Depression Remission at Twelve Months
Measure Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

Attestation Meaningful Use Measures

Clinical Quality Measure 50

 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: CMS160 v3
Measure Title: Depression Utilization of the PHQ-9 Tool
Measure Description: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.

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

Population Criteria 1: All patients diagnosed during months January through April

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

Population Criteria 2: All patients diagnosed during months May through August

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

Population Criteria 3: All patients diagnosed during months September through December

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

Attestation Meaningful Use Measures

Clinical Quality Measure 32

 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: CMS161 v3
Measure Title: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

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: Clinical Process/Effectiveness
Measure Number: CMS163 v3
Measure Title: Diabetes: Low Density Lipoprotein (LDL) Management
Measure Description: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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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: Clinical Process/Effectiveness
Measure Number: CMS164 v3
Measure Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Measure Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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: CMS165 v3
Measure Title: Controlling High Blood Pressure
Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

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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: CMS167 v3
Measure Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Attestation Meaningful Use Measures

Clinical Quality Measure 35

 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: CMS169 v3
Measure Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
Measure Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

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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: Clinical Process/Effectiveness
Measure Number: CMS182 v4
Measure Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
Measure Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).

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

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

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

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Attestation Meaningful Use Measures

Clinical Quality Measure 39

 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: CMS129 v4
Measure Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
Measure Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 1

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

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

(*) Red asterisk indicates a required field.

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

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS146 v3
Measure Title: Appropriate Testing for Children with Pharyngitis
Measure Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

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Attestation Meaningful Use Measures

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: CMS154 v3
Measure Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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: Efficient Use of Healthcare Resources
Measure Number: CMS166 v4
Measure Title: Use of Imaging Studies for Low Back Pain
Measure Description: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 61

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

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

(*) Red asterisk indicates a required field.

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

Domain: Patient and Family Engagement
Measure Number: CMS56 v3
Measure Title: Functional status assessment for hip replacement
Measure Description: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 60

 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: CMS66 v3
Measure Title: Functional status assessment for knee replacement
Measure Description: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

Attestation Meaningful Use Measures

Clinical Quality Measure 62

 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: CMS90 v4
Measure Title: Functional status assessment for complex chronic conditions
Measure Description: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 36

 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: CMS157 v3
Measure Title: Oncology: Medical and Radiation - Pain Intensity Quantified
Measure Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 44

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

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

(*) Red asterisk indicates a required field.

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

Domain: Patient Safety
Measure Number: CMS68 v4
Measure Title: Documentation of Current Medications in the Medical Record
Measure Description: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 46

 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: CMS132 v3
Measure Title: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion: x

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Attestation Meaningful Use Measures

Clinical Quality Measure 31

 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: CMS139 v3
Measure Title: Falls: Screening for Future Fall Risk
Measure Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

Attestation Meaningful Use Measures

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: Patient Safety
Measure Number: CMS156 v3
Measure Title: Use of High-Risk Medications in the Elderly
Measure Description: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

- Percentage of patients who were ordered at least one high-risk medication.
- Percentage of patients who were ordered at least two different high-risk medications.

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

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

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

Attestation Meaningful Use Measures

Clinical Quality Measure 52

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

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

(*) Red asterisk indicates a required field.

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

Domain: Patient Safety
Measure Number: CMS177 v3
Measure Title: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

Clinical Quality Measure 63

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

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

(*) Red asterisk indicates a required field.

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

Domain: Patient Safety
Measure Number: CMS179 v3
Measure Title: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
Measure Description: Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

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

* **Population:** * **Observation (%)**

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

Attestation Meaningful Use Measures

Clinical Quality Measure 43

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

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

(*) Red asterisk indicates a required field.

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

Domain:	Population/Public Health
Measure Number:	CMS2 v4
Measure Title:	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Measure Description:	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

Attestation Meaningful Use Measures

Clinical Quality Measure 64

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS22 v3
Measure Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

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

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

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

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

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

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

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS69 v3
Measure Title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Measure Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

Normal Parameters:

Age 65 years and older BMI=>23 and <30
Age 18-64 years BMI=>18.5 and <25

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

Population Criteria 1: 18 through 64 years

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

Population Criteria 2: 65 years and older

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

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Attestation Meaningful Use Measures

Clinical Quality Measure 53

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS82 v2
Measure Title: Maternal depression screening
Measure Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

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

* Numerator:

* Denominator:

* Performance Rate (%):

Attestation Meaningful Use Measures

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: Population/Public Health
Measure Number: CMS117 v3
Measure Title: Childhood Immunization Status
Measure Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

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

* Numerator:

* Denominator:

* Performance Rate (%):

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: Population/Public Health
Measure Number: CMS138 v3
Measure Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

Attestation Meaningful Use Measures

Clinical Quality Measure 13

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS147 v3
Measure Title: Preventive Care and Screening: Influenza Immunization
Measure Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception: x

Previous

Reset

Save & Continue

Attestation Meaningful Use Measures

Clinical Quality Measure 9

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS153 v3
Measure Title: Chlamydia Screening for Women
Measure Description: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

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

Stratum 1 Patient ages 16 - 20

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

Stratum 2 Patient ages 21 - 24

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

Stratum 3 Total Patient ages 16 - 24

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

Attestation Meaningful Use Measures

Clinical Quality Measure 5

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

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

(*) Red asterisk indicates a required field.

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

Domain: Population/Public Health
Measure Number: CMS155 v3
Measure Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Measure Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.
- Percentage of patients with counseling for nutrition.
- Percentage of patients with counseling for physical activity.

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

Stratum 1 Patient ages 3 - 11

* Numerator 1:	<input type="text" value="175"/>	* Denominator 1:	<input type="text" value="250"/>	* Performance Rate 1(%):	<input type="text" value="1.0"/>	* Exclusion 1:	<input type="text" value="0"/>
* Numerator 2:	<input type="text" value="145"/>	* Denominator 2:	<input type="text" value="250"/>	* Performance Rate 2(%):	<input type="text" value="1.0"/>	* Exclusion 2:	<input type="text" value="0"/>
* Numerator 3:	<input type="text" value="185"/>	* Denominator 3:	<input type="text" value="250"/>	* Performance Rate 3(%):	<input type="text" value="1.0"/>	* Exclusion 3:	<input type="text" value="0"/>

Stratum 2 Patient ages 12 - 17

* Numerator 4:	<input type="text" value="195"/>	* Denominator 4:	<input type="text" value="250"/>	* Performance Rate 4(%):	<input type="text" value="1.0"/>	* Exclusion 4:	<input type="text" value="0"/>
* Numerator 5:	<input type="text" value="250"/>	* Denominator 5:	<input type="text" value="250"/>	* Performance Rate 5(%):	<input type="text" value="1.0"/>	* Exclusion 5:	<input type="text" value="0"/>
* Numerator 6:	<input type="text" value="125"/>	* Denominator 6:	<input type="text" value="250"/>	* Performance Rate 6(%):	<input type="text" value="1.0"/>	* Exclusion 6:	<input type="text" value="0"/>

Stratum 3 Total Patient ages 3 - 17

* Numerator 7:	<input type="text" value="225"/>	* Denominator 7:	<input type="text" value="250"/>	* Performance Rate 7(%):	<input type="text" value="1.0"/>	* Exclusion 7:	<input type="text" value="0"/>
* Numerator 8:	<input type="text" value="225"/>	* Denominator 8:	<input type="text" value="250"/>	* Performance Rate 8(%):	<input type="text" value="1.0"/>	* Exclusion 8:	<input type="text" value="0"/>
* Numerator 9:	<input type="text" value="225"/>	* Denominator 9:	<input type="text" value="250"/>	* Performance Rate 9(%):	<input type="text" value="1.0"/>	* Exclusion 9:	<input type="text" value="0"/>

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

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

Completed?	Topics	Progress	Action
	General Requirements	1/1	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (10)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

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

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

	Clinical Quality Measure - General	64/64	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

Note:

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

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 150 Denominator = 600 Percentage = 25%
Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?	Yes
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes
Is your CQM reporting period the same as your Meaningful Use reporting period? (If No, please upload your Meaningful Use and CQM documentation into the application.)	Yes

Meaningful Use Objective Review

Objective Number	Objective	Entered
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Measure = Yes Date = 01/01/2015 Name and Title = Don Johnson
Objective 2 Alternate	Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes

Objective 3 Alternate 2	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.	Patient Records = All Measure 1 Exclusion 1 = Excluded Measure 2 Exclusion 2 = Excluded Alternate Exclusion 2 = Excluded Measure 3 Exclusion 3 = Excluded Alternate Exclusion 3 = No
Objective 4 Alternate	Generate and transmit permissible prescriptions electronically (eRx).	Patient Records = All Exclusion 1 = Excluded Exclusion 2 = Excluded
Objective 5 Alternate	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	Exclusion = Excluded Alternate Exclusion = Excluded
Objective 6 Alternate	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Exclusion = Excluded Alternate Exclusion = Excluded
Objective 7 Alternate	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	Exclusion = No Alternate Exclusion = No Numerator = 150 Denominator = 275 Percentage = 54%
Objective 8 Alternate	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	Measure 1 Exclusion Measure 1 and 2 = Excluded
Objective 9 Alternate	Use secure electronic messaging to communicate with patients on relevant health information.	Exclusion = Excluded Alternate Exclusion = Excluded

Required Public Health Objective Review

Objective Number	Objective	Entered
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = Yes Active Engagement Option = Completed registration to submit data
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data

Meaningful Use Clinical Quality Measure Review

Measure Code	Domain	Title	Entered
CMS50 v3	Care Coordination	Closing the referral loop: receipt of specialist report	Numerator = 151 Denominator = 260 Performance Rate (%) = 1.0
CMS52 v3	Clinical Process/Effectiveness	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Stratum 1 Numerator 1 = 151 Denominator 1 = 200 Performance Rate 1 (%) = 2.0 Exception 1 = 0 Stratum 2 Numerator 2 = 181 Denominator 2 = 315 Performance Rate 2 (%) = 3.0 Exception 2 = 0 Stratum 3 Numerator 3 = 191 Denominator 3 = 200 Performance Rate 3 (%) = 2.0

CMS61 v4	Clinical Process/Effectiveness	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	<p>Stratum 1 Numerator 1 = 181 Denominator 1 = 200 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Exception 1 = 0</p> <p>Stratum 2 Numerator 2 = 191 Denominator 2 = 200 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Exception 2 = 0</p> <p>Stratum 3 Numerator 3 = 171 Denominator 3 = 250 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Exception 3 = 0</p>
CMS62 v3	Clinical Process/Effectiveness	HIV/AIDS: Medical Visit	<p>Numerator = 201 Denominator = 350 Performance Rate (%) = 1.0</p>
CMS64 v4	Clinical Process/Effectiveness	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	<p>Stratum 1 Numerator 1 = 151 Denominator 1 = 300 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Exception 1 = 0</p> <p>Stratum 2 Numerator 2 = 251 Denominator 2 = 300 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Exception 2 = 0</p> <p>Stratum 3 Numerator 3 = 356 Denominator 3 = 450 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Exception 3 = 0</p>
CMS65 v4	Clinical Process/Effectiveness	Hypertension: Improvement in blood pressure	<p>Numerator = 165 Denominator = 201 Performance Rate (%) = 2.0 Exclusion = 0</p>

CMS74 v4	Clinical Process/Effectiveness	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<p>Stratum 1 Numerator 1 = 198 Denominator 1 = 301 Performance Rate 1 (%) = 1.0</p> <p>Stratum 2 Numerator 2 = 258 Denominator 2 = 300 Performance Rate 2 (%) = 2.0</p> <p>Stratum 3 Numerator 3 = 175 Denominator 3 = 250 Performance Rate 3 (%) = 2.0</p>
CMS75 v3	Clinical Process/Effectiveness	Children who have dental decay or cavities	<p>Numerator = 155 Denominator = 200 Performance Rate (%) = 2.0</p>
CMS77 v3	Clinical Process/Effectiveness	HIV/AIDS: RNA control for Patients with HIV	<p>Numerator = 85 Denominator = 105 Performance Rate (%) = 2.0</p>
CMS122 v3	Clinical Process/Effectiveness	Diabetes: Hemoglobin A1c Poor Control	<p>Numerator = 175 Denominator = 201 Performance Rate (%) = 1.0</p>
CMS123 v3	Clinical Process/Effectiveness	Diabetes: Foot Exam	<p>Numerator = 185 Denominator = 301 Performance Rate (%) = 1.0</p>
CMS124 v3	Clinical Process/Effectiveness	Cervical Cancer Screening	<p>Numerator = 185 Denominator = 210 Performance Rate (%) = 1.0 Exclusion = 0</p>
CMS125 v3	Clinical Process/Effectiveness	Breast Cancer Screening	<p>Numerator = 185 Denominator = 215 Performance Rate (%) = 2.0 Exclusion = 0</p>

CMS126 v3	Clinical Process/Effectiveness	Use of Appropriate Medications for Asthma	<p>Stratum 1 Numerator 1 = 155 Denominator 1 = 201 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0</p> <p>Stratum 2 Numerator 2 = 569 Denominator 2 = 601 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0</p> <p>Stratum 3 Numerator 3 = 251 Denominator 3 = 350 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0</p> <p>Stratum 4 Numerator 4 = 185 Denominator 4 = 201 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0</p> <p>Stratum 5 Numerator 5 = 250 Denominator 5 = 385 Performance Rate 5 (%) = 2.0 Exclusion 5 = 0</p>
CMS127 v3	Clinical Process/Effectiveness	Pneumonia Vaccination Status for Older Adults	<p>Numerator = 185 Denominator = 205 Performance Rate (%) = 1.0</p>
CMS128 v3	Clinical Process/Effectiveness	Anti-depressant Medication Management	<p>Numerator 1 = 195 Denominator 1 = 200 Performance Rate 1 (%) = 2.0 Exclusion 1 = 0</p> <p>Numerator 2 = 206 Denominator 2 = 300 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0</p>
CMS130 v3	Clinical Process/Effectiveness	Colorectal Cancer Screening	<p>Numerator = 198 Denominator = 205 Performance Rate (%) = 2.0 Exclusion = 0</p>

CMS131 v3	Clinical Process/Effectiveness	Diabetes: Eye Exam	Numerator = 305 Denominator = 500 Performance Rate (%) = 2.0
CMS133 v3	Clinical Process/Effectiveness	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Numerator = 301 Denominator = 502 Performance Rate (%) = 2.0 Exclusion = 0
CMS134 v3	Clinical Process/Effectiveness	Diabetes: Urine Protein Screening	Numerator = 402 Denominator = 508 Performance Rate (%) = 1.0
CMS135 v3	Clinical Process/Effectiveness	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Numerator = 260 Denominator = 305 Performance Rate (%) = 2.0 Exception = 0
CMS136 v4	Clinical Process/Effectiveness	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Numerator 1 = 300 Denominator 1 = 450 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 258 Denominator 2 = 359 Performance Rate 2 (%) = 2.0 Exclusion 2 = 0
CMS137 v3	Clinical Process/Effectiveness	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Stratum 1 Numerator 1 = 201 Denominator 1 = 350 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 260 Denominator 2 = 368 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Stratum 2 Numerator 3 = 356 Denominator 3 = 506 Performance Rate 3 (%) = 2.0 Exclusion 3 = 0 Numerator 4 = 456 Denominator 4 = 506 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0 Stratum 3 Numerator 5 = 89 Denominator 5 = 109 Performance Rate 5 (%) = 2.0 Exclusion 5 = 0 Numerator 6 = 96 Denominator 6 = 110 Performance Rate 6 (%) = 1.0 Exclusion 6 = 0

CMS140 v3	Clinical Process/Effectiveness	Breast Cancer: Hormonal Therapy for Stage IC- IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Numerator = 196 Denominator = 250 Performance Rate (%) = 1.0 Exception = 0
CMS141 v4	Clinical Process/Effectiveness	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Numerator = 589 Denominator = 650 Performance Rate (%) = 2.0 Exception = 0
CMS142 v3	Clinical Process/Effectiveness	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Numerator = 189 Denominator = 250 Performance Rate (%) = 2.0 Exception = 0
CMS143 v3	Clinical Process/Effectiveness	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Numerator = 189 Denominator = 220 Performance Rate (%) = 1.0 Exception = 0
CMS144 v3	Clinical Process/Effectiveness	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Numerator = 174 Denominator = 205 Performance Rate (%) = 2.0 Exception = 0
CMS145 v3	Clinical Process/Effectiveness	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)	Numerator 1 = 196 Denominator 1 = 220 Performance Rate 1 (%) = 2.0 Exception 1 = 0 Numerator 2 = 174 Denominator 2 = 240 Performance Rate 2 (%) = 1.0 Exception 2 = 0
CMS148 v3	Clinical Process/Effectiveness	Hemoglobin A1c Test for Pediatric Patients	Numerator = 358 Denominator = 425 Performance Rate (%) = 1.0
CMS149 v3	Clinical Process/Effectiveness	Dementia: Cognitive Assessment	Numerator = 147 Denominator = 220 Performance Rate (%) = 1.0 Exception = 0
CMS158 v3	Clinical Process/Effectiveness	Pregnant women that had HBsAg testing	Numerator = 148 Denominator = 252 Performance Rate (%) = 1.0 Exception = 0
CMS159 v3	Clinical Process/Effectiveness	Depression Remission at Twelve Months	Numerator = 210 Denominator = 302 Performance Rate (%) = 1.0 Exclusion = 0

CMS160 v3	Clinical Process/Effectiveness	Depression Utilization of the PHQ-9 Tool	<p>Stratum 1 Numerator 1 = 175 Denominator 1 = 201 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0</p> <p>Stratum 2 Numerator 2 = 210 Denominator 2 = 302 Performance Rate 2 (%) = 2.0 Exclusion 2 = 0</p> <p>Stratum 3 Numerator 3 = 165 Denominator 3 = 210 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0</p>
CMS161 v3	Clinical Process/Effectiveness	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Numerator = 185 Denominator = 220 Performance Rate (%) = 1.0
CMS163 v3	Clinical Process/Effectiveness	Diabetes: Low Density Lipoprotein (LDL) Management	Numerator = 165 Denominator = 202 Performance Rate (%) = 1.0
CMS164 v3	Clinical Process/Effectiveness	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Numerator = 178 Denominator = 220 Performance Rate (%) = 1.0
CMS165 v3	Clinical Process/Effectiveness	Controlling High Blood Pressure	Numerator = 165 Denominator = 185 Performance Rate (%) = 1.0 Exclusion = 0
CMS167 v3	Clinical Process/Effectiveness	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Numerator = 185 Denominator = 201 Performance Rate (%) = 1.0 Exception = 0
CMS169 v3	Clinical Process/Effectiveness	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Numerator = 195 Denominator = 205 Performance Rate (%) = 1.0
CMS182 v4	Clinical Process/Effectiveness	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	<p>Numerator 1 = 185 Denominator 1 = 201 Performance Rate 1 (%) = 1.0</p> <p>Numerator 2 = 175 Denominator 2 = 250 Performance Rate 2 (%) = 1.0</p>
CMS129 v4	Efficient Use of Healthcare Resources	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Numerator = 251 Denominator = 420 Performance Rate (%) = 1.0 Exception = 0

CMS146 v3	Efficient Use of Healthcare Resources	Appropriate Testing for Children with Pharyngitis	Numerator = 258 Denominator = 325 Performance Rate (%) = 1.0 Exclusion = 0
CMS154 v3	Efficient Use of Healthcare Resources	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Numerator = 296 Denominator = 358 Performance Rate (%) = 1.0 Exclusion = 0
CMS166 v4	Efficient Use of Healthcare Resources	Use of Imaging Studies for Low Back Pain	Numerator = 359 Denominator = 425 Performance Rate (%) = 1.0
CMS56 v3	Patient and Family Engagement	Functional status assessment for hip replacement	Numerator = 175 Denominator = 350 Performance Rate (%) = 2.0 Exclusion = 0
CMS66 v3	Patient and Family Engagement	Functional status assessment for knee replacement	Numerator = 191 Denominator = 200 Performance Rate (%) = 1.0 Exclusion = 0
CMS90 v4	Patient and Family Engagement	Functional status assessment for complex chronic conditions	Numerator = 201 Denominator = 405 Performance Rate (%) = 2.0 Exclusion = 0
CMS157 v3	Patient and Family Engagement	Oncology: Medical and Radiation - Pain Intensity Quantified	Numerator = 185 Denominator = 256 Performance Rate (%) = 1.0
CMS68 v4	Patient Safety	Documentation of Current Medications in the Medical Record	Numerator = 186 Denominator = 201 Performance Rate (%) = 1.0 Exception = 0
CMS132 v3	Patient Safety	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Numerator = 268 Denominator = 325 Performance Rate (%) = 1.0 Exclusion = 0
CMS139 v3	Patient Safety	Falls: Screening for Future Fall Risk	Numerator = 356 Denominator = 458 Performance Rate (%) = 1.0 Exception = 0

CMS156 v3	Patient Safety	Use of High-Risk Medications in the Elderly	Numerator 1 = 169 Denominator 1 = 202 Performance Rate 1 (%) = 1.0 Numerator 2 = 175 Denominator 2 = 252 Performance Rate 2 (%) = 1.0
CMS177 v3	Patient Safety	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Numerator = 195 Denominator = 256 Performance Rate (%) = 1.0
CMS179 v3	Patient Safety	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Population = 1050 Observation (%) = 45.0
CMS2 v4	Population/Public Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Numerator = 185 Denominator = 200 Performance Rate (%) = 1.0 Exclusion = 0 Exception = 0
CMS22 v3	Population/Public Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Numerator = 175 Denominator = 200 Performance Rate (%) = 1.0 Exclusion = 0 Exception = 0
CMS69 v3	Population/Public Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Numerator 1 = 175 Denominator 1 = 200 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 215 Denominator 2 = 300 Performance Rate 2 (%) = 2.0 Exclusion 2 = 0
CMS82 v2	Population/Public Health	Maternal depression screening	Numerator = 356 Denominator = 468 Performance Rate (%) = 1.0
CMS117 v3	Population/Public Health	Childhood Immunization Status	Numerator = 345 Denominator = 468 Performance Rate (%) = 1.0

CMS138 v3	Population/Public Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Numerator = 258 Denominator = 365 Performance Rate (%) = 1.0 Exception = 0
CMS147 v3	Population/Public Health	Preventive Care and Screening: Influenza Immunization	Numerator = 195 Denominator = 260 Performance Rate (%) = 1.0 Exception = 0
CMS153 v3	Population/Public Health	Chlamydia Screening for Women	Stratum 1 Numerator 1 = 175 Denominator 1 = 205 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Stratum 2 Numerator 2 = 225 Denominator 2 = 375 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Stratum 3 Numerator 3 = 285 Denominator 3 = 175 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0
CMS155 v3	Population/Public Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Stratum 1 Numerator 1 = 175 Denominator 1 = 250 Performance Rate 1 (%) = 1.0 Exclusion 1 = 0 Numerator 2 = 145 Denominator 2 = 250 Performance Rate 2 (%) = 1.0 Exclusion 2 = 0 Numerator 3 = 185 Denominator 3 = 250 Performance Rate 3 (%) = 1.0 Exclusion 3 = 0 Stratum 2 Numerator 4 = 195 Denominator 4 = 250 Performance Rate 4 (%) = 1.0 Exclusion 4 = 0 Numerator 5 = 250 Denominator 5 = 250 Performance Rate 5 (%) = 1.0 Exclusion 5 = 0 Numerator 6 = 125 Denominator 6 = 250 Performance Rate 6 (%) = 1.0 Exclusion 6 = 0 Stratum 3 Numerator 7 = 225 Denominator 7 = 250 Performance Rate 7 (%) = 1.0 Exclusion 7 = 0 Numerator 8 = 225 Denominator 8 = 250 Performance Rate 8 (%) = 1.0 Exclusion 8 = 0 Numerator 9 = 225 Denominator 9 = 250 Performance Rate 9 (%) = 1.0 Exclusion 9 = 0

Attestation Phase (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

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

Yes No



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

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

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	1224583254789	Anywhere USA Family Physicians	1 Main St. Anywhere, PA 38291	SERVICE LOCATION ADDRESS: 1 Main St. Anywhere, PA 38291 PAYEE TYPE: Physician EFT: No

Previous

Reset

Save & Continue



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](#)

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Status

Incomplete

CEHRT ID Information

CMS EHR Certification ID:

R&A Verification

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

Payee NPI

Business Address

1 Main St.
Anywhere, PA 38291

Business Phone

Incentive Program

MEDICAID

State

PA

Eligible Professional Type

Physician

R&A Registration ID

R&A Registration Email

CMS EHR Certification Number

Is this information accurate? Yes

Primary Contact Information

First Name Tammy
Last Name Jones
Phone 717-859-2516
Phone Extension
Email Address dragonfly74@yahoo.com
Department EHR Incentive Program
Address 222 Forest Lane
Halifax, PA 17055

Alternate Contact Information

First Name
Last Name
Phone
Phone Extension
Email Address

Eligibility Questions (Part 1 of 2)

Are you a Hospital based eligible professional? **No**

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

Eligibility Questions (Part 2 of 2)

What type of provider are you?

Nurse Practitioner

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

No

Are you licensed in all states in which you practice?

Yes

Patient Volume Practice Type (Part 1 of 3)

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

No

Please indicate if you are submitting volumes for:

Individual Practitioner

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Jun 01, 2014

End Date: Aug 29, 2014

Patient Volume Individual (Part 3 of 3)

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes				Medicaid Only In State: 600 Total Medicaid: 700 Denominator: 800	88%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
600	700	800	88%

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Jan 01, 2015

End Date: Mar 31, 2015

Attestation Meaningful Use Measures

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

[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

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

Yes

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
			SERVICE LOCATION ADDRESS: PAYEE TYPE: Physician EFT: No

Application Submission Questionnaire

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

Question 2:

If you had the option to report Clinical Quality Measures (CQMs) through electronic submissions, would you?

Yes

Question 7:

Are you exchanging patient information electronically with other providers on a regular basis?

Yes

Question 9:

Did the preparation for the application process require an excessive amount of time to collect?

Yes

Question 10:

Did the Pennsylvania MA EHR Incentive Program encourage you to implement an EHR System?

Yes

Application Submission (Part 1 of 2)

By checking the following box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel):



Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

Provider

Application Submission (Part 2 of 2)

Electronic Signature of Provider Receiving Incentive Payment:

Provider Initials:

NPI:

Personal TIN:

[Top](#)

Continue



Check Errors Review

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact your program eligibility.

You are still able to submit the application with these errors, but they may impact the approval determination and delay your processing time as additional information may be required.

A questionnaire is included in this section. Please take a few moments to complete this and provide us with your feedback.

In this section you have the opportunity to upload supporting documentation to your application. All files must be in PDF format and no larger than 10 MB in size.

In order to complete the MAPIR application process, the Eligible Professional is required to provide documentation verifying that a certified EHR system is being adopted, implemented, upgraded or meaningfully used. A list of accepted documents can be found on the HIT website at

<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincinentiverepos/index.htm> You may upload this documentation into your MAPIR application prior to submitting your application.

Note: You will be required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the eligible professional's confirmation that the information is correct and the eligible professional is responsible for all information and overpayments.

After you have completed the electronic signature process, an example of a payment chart will display. Directly below this chart is the Submit Application button. **You must select the Submit Application button to complete the process. Your application will not be processed if you do not complete this step.**

Begin

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:

If you had the option to report Clinical Quality Measures (CQMs) through electronic submissions, would you?

Yes No

Question 3:

Are you exchanging patient information electronically with other providers on a regular basis?

Yes No

Question 4:

Did the preparation for the application process require an excessive amount of time to collect?

Yes No

Question 5:

Did the Pennsylvania MA EHR Incentive Program encourage you to implement an EHR System?

Yes No

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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.dhs.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincintiverepos/index.htm>.

It is also recommended that you upload any documentation used to validate the data submitted for your meaningful use measures. To review acceptable MU documentation for Stage 1 applications, visit: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_088244.pdf To review acceptable MU documentation for Stage 2 applications, visit: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_088245.pdf

NOTE: For Patient Volume documentation, it is preferred to receive this documentation in Excel format. This documentation can be emailed securely to ra-mahealthit@pa.gov.

When ready click 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

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Reset

Save & Continue

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

*By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

Provider Preparer

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Application Submission (Part 2 of 2)

As the actual **provider** who has completed this application, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements or documents or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties. **Authorized User:** I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. **Disclosures:** This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in a recoupment of payment.

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

* Provider Initials:

* NPI:

* Personal TIN:

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

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Application Submission (Part 2 of 2)

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.

Note: Mandatory requirements must be met to qualify for an incentive payment.

Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.

Attestation Meaningful Use Measures

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

[Meaningful Use Measures](#)



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

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Application Submission (Part 2 of 2)

Based on the Medicaid EHR Incentive Program rules, the following chart displays the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

Note: Eligible Professionals that switched between the Medicare and Medicaid EHR Incentive Programs may not exceed the maximum incentive amount of \$63,750.00.

Example Professional Incentive Payment Chart

(First Calendar Year of Participation)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Submit Application

Current Status

Review Application

Document Upload



Your application has been successfully submitted, and will be processed within 15-30 business days.

You will receive an email message when processing has been completed.

OK