



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

Promoting Interoperability Program

Program Year 2018 Eligible Professional Modified Stage 2 Screenshots

Program 2018

Meaningful Use Reporting Period

- The Meaningful Use Reporting Period is any continuous 90-days between January 1, 2018 and December 31, 2018

Acceptable Certified Electronic Health Record Technology Editions

- 2014
- 2015
- Combination of 2014/2015.

Available Meaningful Use Stages for EPs in 2018

- Modified Stage 2
- Stage 3
- In order to attest to Stage 3, the EP must use 2015 CEHRT

Clinical Quality Measure Reporting

- If you have attested to Meaningful Use in a previous year, the CQM Reporting Period is 1-Full Year
- If this is your first time attesting to Meaningful Use then the CQM Reporting Period is 90-days
- EPs must report any six available eCQMs relevant to their practice

Get Prepared to Apply

Common Application Issues

- Program Year 2016 was the last year that providers could start the program for the first time
- If your PROMISe™ account is closed for any reason, any pending MAPIR applications will be canceled automatically.
- Your service location must be connected to your PROMISe™ account until the payment is issued **AND** the CMS R&A must match what is in PROMISe™
- Make sure to hit the Submit Registration button anytime you go into the CMS R&A even if you don't change anything to avoid processing delays.
- If your registration status is fine and you don't see the MAPIR Link check to make sure that your previous program year application is in a completed status. You cannot start a new program year application until the previous years application is completed. Contact us right away at RA-mahealthit@pa.gov if this happens to you.

Get Prepared to Apply

Common Application Issues

- Patient Volume Reporting
 - Make sure that you are submitting encounters for the correct 90-day patient volume period
- The report must:
 - Be sent SECURE in Excel format to:
RA-Mahealthit@pa.gov
- Include the date of service and 2-digit place of service code
 - Include the eligible professional name
 - Include the primary and secondary insurance carrier name
 - Include the **Medicaid Access ID** (not the carrier plan ID), or the patient(s) full name and date of birth, or social security number
 - Have Y (for yes) or N (for No) indicating that that the encounter is medical assistance or not

Getting Started

MAPIR Dashboard Information

- The first screen you see after logging into MAPIR is the DASHBOARD
- You will select the program year for your application
- There are also reminders and other helpful information on this screen
- When you have read the reminders; click continue to advance

Top of
MAPIR
Dashboard

Medicaid EHR Incentive Program Participation
Dashboard

NPI 9300002507 TIN 444444444
CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
	Adoption	Completed	1	2016	\$21,250.00	Select the "Continue" button to view this application.
		Not Started	2	2017	Unknown	Select the "Continue" button to begin this application.
		Not Started	2	2018	Unknown	Select the "Continue" button to begin this application.

Bottom of MAPIR Dashboard

The deadline for Eligible Professionals to submit Program Year 2017 applications was **May 15, 2018**.

As of **May 18, 2018** Program Year 2018 is now available for Eligible Professionals. EPs attesting to Meaningful Use (MU) for the first time will attest to 90 days MU and CQMs. All providers who have already attested to MU in previous years are required to report 90 days for MU and for a Full Year for CQMs.

EPs attesting to MU previously can start their application(s), but will not be able to complete them until after **December 31, 2018**, in order to meet the full year CQM reporting requirement.

- Although our Promoting Interoperability Program (a.k.a the Medical Assistance Electronic Health Record Incentive Program) has had a name change, the program requirements and objectives will remain the same for the foreseeable future. When you visit the CMS website for spec sheets and program information, make sure that you are on the Medicaid Promoting Interoperability Program page. You will begin to see the new name referenced in communications, but remember, it is the same program. If you have questions, contact us at **RA-mahealthit@pa.gov**
- If you visit your registration at the CMS Registration & Attestation website, for any reason, please be sure to go completely through the registration and submit it (even if you did not make any changes). If you do not re-submit it, then your registration will go into an 'In Progress' status and you will not be able to continue with your MAPIR applications.
- Moving forward, **EHS can no longer "skip" years**. The EH must participate in Program Year 2016 in order to participate in Program Year 2017 and every year thereafter until the program ends in 2021. **NOTE:** The EH will get an error message if the EH did not participate in program year 2016 and attempts to participate in program 2017. You will not be able to advance past this page.
- **RE-Enrollment/Revalidation** — RE-Enrollment/Revalidation occurs on a rolling basis for group and individual providers. If it has been 5 years or more since you have updated your **Medical Assistance (MA) Enrollment, your PROMISE™ Accounts may be CLOSED!** To avoid delay, please update your MA enrollment at least 90-days before your MA enrollment expires. We recommend that you always make a copy of your MAPIR applications for your records. If your PROMISE™ account is closed, for any reason, you must contact us right away to let us know. Please reference these links for instructions on revalidation at:
 - http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994
 - http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_228794.pdf

[Continue](#)

Select Application Program Year

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Completed	1	2016	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>		Not Started	2	2017	Unknown	Select the "Continue" button to begin this application.
<input checked="" type="radio"/>		Not Started	2	2018	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Future	Future	2	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

CEHRT
NUMBER
ENTERED

Payment Year 2

Program Year 2018

MAPIR

Name: Adam Mapir

Applicant NPI: 9300002507

Status: **Not Started**

Please enter your CMS EHR Certification ID as indicated below. It must be a 2014 or 2015 certified edition EHR.

Please note the CMS EHR Certification ID must be a combination of numbers and upper case letters only.

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

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.


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

1314E01OSBOUEAR

(No dashes or spaces should be entered.)

Exit **Reset** **Next**

CEHRT CONFIRMATION SCREEN

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Contact UsExit

Tuesday 09/04/2018 2:24:58 PM EDT

Payment Year2Program Year2018

MAPIR

Name:Adam Mapir

Applicant NPI:9300002507

Status:

Not Started

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

When ready click the **Next** button to continue, or click **Previous** to go back.

CMS EHR Certification ID: 1314E010SBOUEAR

Previous

Next

UI 482

Meaningful Use Stage Selection



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Wednesday 06/27/2018 3:38:2
PM EDT

Payment Year 2

Program Year 2018

MAPIR

Name: Adam Mapir

Applicant NPI: 9300002507

Status: **Not Started**

Please select the Meaningful Use reporting option from the choices presented below.

When ready click the **Next** button to continue, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Option (Select to Continue)	Meaningful Use Reporting Option
<input type="radio"/>	2018 Modified Stage 2 Objectives and CQMs
<input type="radio"/>	2018 Stage 3 Objectives and CQMs

[Previous](#) [Next](#)

Meaningful Use Stage Selection Review



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

Wednesday 06/27/2018 3:39:10
PM EDT

Payment Year 2

Program Year 2018

MAPIR

Name: Adam Mapir

Applicant NPI: 9300002507

Status: **Not Started**

Please review the current information to verify what you have entered is correct.

When ready click the **Next** button to continue, or click **Previous** to go back.

CMS EHR Certification ID: 0015HWG9VLL3HUU

Meaningful Use Reporting Option: 2018 Modified Stage 2 Objectives and CQMs

[Previous](#) [Next](#)

Authorized Provider Statement

Payment Year 2

Program Year 2018

MAPIR

Name: Adam Mapir

Applicant NPI: 9300002507

Status: **Not Started**

IMPORTANT:

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

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

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

[Exit](#) [Get Started](#)

Internet Account Confirmation



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Pennsylvania Department of Human Services

Monday 07/30/2018 11:33:28
AM EDT

MAPIR

Confirmation

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

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


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

Cancel

Confirm

UI 106-C

Getting Started

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Print Contact Us Exit
Monday 07/30/2018 11:34:12 AM EDT

Pennsylvania Department of Human Services

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get StartedR&A/ContactEligibilityPatient VolumAttestationReviewSubmit

Name:
Adam Mapir

Applicant NPI: 9300002507

Status: **Incomplete**
[Continue](#)

Navigation Keys:

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

MAPIR

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.

R&A Contact Verification Page

DEPARTMENT OF HUMAN SERVICES

EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get Started


R&A/Contact

Eligibility

Patient Volum Attestation

Review

Submit



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

- You will need to verify the accuracy of 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 registration 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

Payment Year	2	Program Year	2018
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Get Started

R&A/Contact

Eligibility

Patient Volum

Attestation

Review

Submit

R&A Verification

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

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

Name	Adam Mapir			Applicant NPI	9300002507
Personal TIN/SSN	444444444	//	Payee TIN	444444444	
Payee NPI	9300002507				
Business Address	3344 Washington St				
	//				
	MapirCity, PA 18064				
	//				
Business Phone	610-555-1313				
Incentive Program	MEDICAID		State	PA	
Eligible Professional Type	Physician				
R&A Registration ID	1000673586				
R&A Registration Email Address	c-sammoore@pa.gov				
CMS EHR Certification Number	1314E01Q9APDEAV				

(*) Red asterisk indicates a required field.

* Is this information accurate? ☐ Yes ☐ No

Previous

Reset

Save & Continue

Error Message

– Enter all required Information

R&A Verification

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

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

Click **Reset** to restore this panel back to the starting point.

Name

Adam Mapir

Applicant NPI 9300002507

Personal TIN/SSN

444444444

Payee NPI

9300002507

Payee TIN

444444444

Business Address

3344 Washington St

MapirCity, PA 18064

Business Phone

610-555-1313

Incentive Program

MEDICAID

State

PA

Eligible Professional Type

Physician

R&A Registration ID

1000673586

R&A Registration Email Address

c-sammoore@pa.gov

CMS EHR Certification Number

1314E01Q9APDEAV

(*) Red asterisk indicates a required field.

* Is this information accurate? ☐ Yes ☐ No

Please enter all required information.

Previous

Reset

Save & Continue

Contact Information

[Get Started](#) [R&A/Consent](#) [Eligibility](#) [Patient Visit](#) [Attestation](#) [Review](#) [Submit](#)

Contact Information

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

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

Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

Primary Contact

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>	* Phone	<input type="text"/>
* Email Address	<input type="text"/>	* Verify Email	<input type="text"/>
* Department	<input type="text"/>		
* Address Line 1	<input type="text"/>		
* Address Line 2	<input type="text"/>		
* City	<input type="text"/>		
* State	<input type="text"/>		
* Zip Code	<input type="text"/>		

Alternate Contact

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>	Verify Email	<input type="text"/>

[Previous](#) [Reset](#) [Save & Continue](#)

Contact Information Completed

[Get Started](#) [R&A/Con](#) [Eligibility](#) [Patient V](#) [Attestation](#) [Review](#) [Submit](#)

Contact Information

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

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

Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

Primary Contact

* First Name	Adam	* Last Name	MAPIR
* Phone	717 - 346 - 4377	* Phone	
		* Extension	
* Email Address	c-mofisher@pa.gov	* Verify Email	c-mofisher@pa.gov
* Department	BDCM		
* Address Line 1	7th & Forster Streets		
* Address Line 2			
* City	Harrisburg		
* State	Pennsylvania ▼		
* Zip Code	17110		

Alternate Contact

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

[Previous](#) [Reset](#) [Save & Continue](#)

R & A Contact Information Completed



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Monday 07/30/2018 11:42:47 AM
EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#)

[R&A/Contact I](#)

[Eligibility](#)

[Patient Volume](#)

[Attestation](#)

[Review](#)

[Submit](#)



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

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

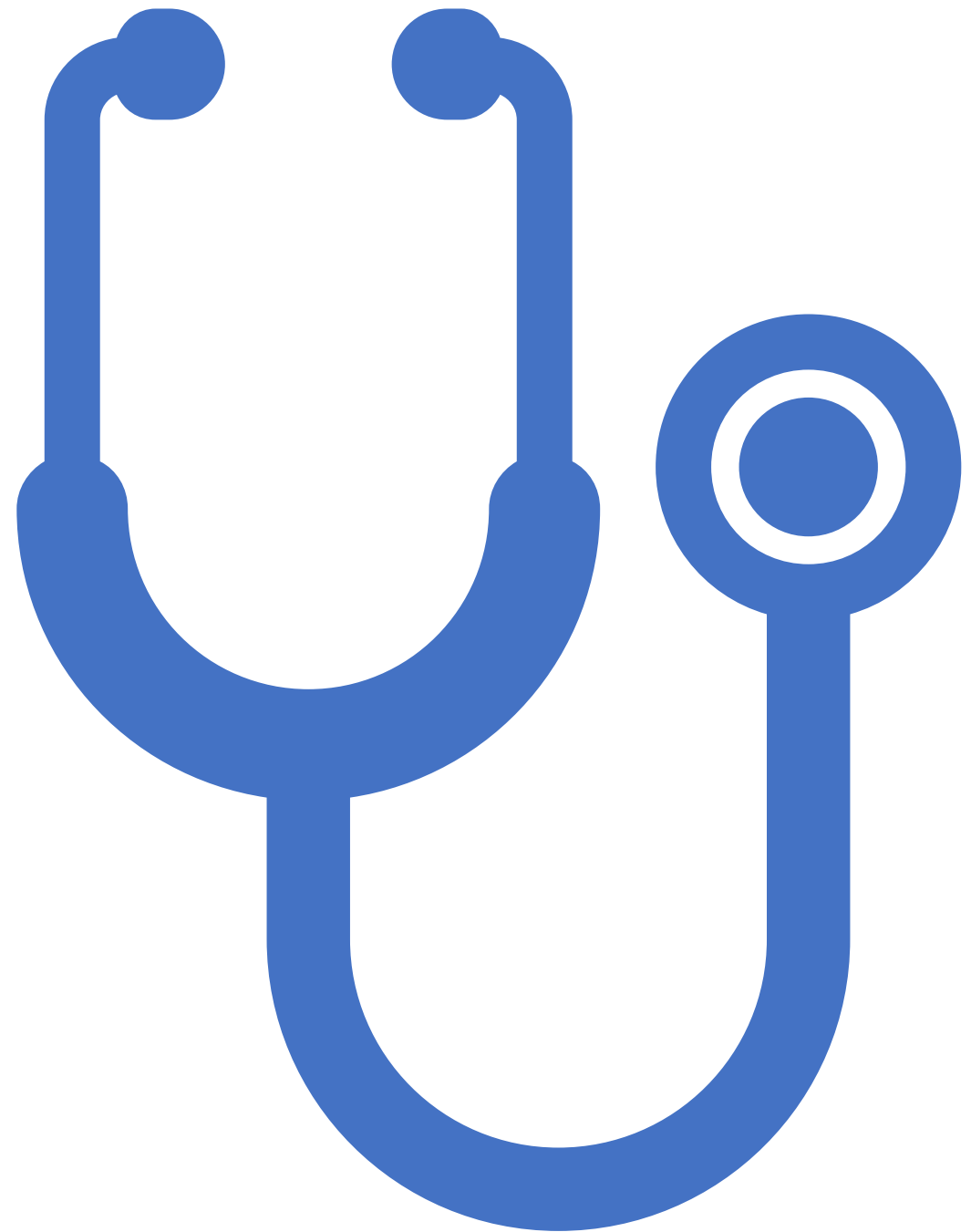
The **Eligibility** section of the application is now available.

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

[Continue](#)

Eligibility

In this section you will provide basic information to confirm your eligibility for the program, including noting that you are not a hospital-based provider, that you are an eligible professional type and that you are licensed to practice in Pennsylvania



Eligibility

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume Attestation](#) [Review](#) [Submit](#)




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

- You are not a hospital-based provider.
- You are applying to participate in the Pennsylvania Medical Assistance EHR Incentive Program.
- You are an eligible professional type.
- You do not have current Medicare or Medicaid sanctions in any state.
- You are licensed in all states in which you practice.

For more detailed information please refer to the **Medical Assistance Provider Incentive Repository (MAPIR) Resources Page:**
<http://dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincentiverepos/index.htm>

[Begin](#)

Professional Eligibility Questions 1 (Part 1 of 2)

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Monday 07/30/2018 11:46:40 AM EDT

Pennsylvania Department of Human Services

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018


Get Started **R&A/Contact I** **Eligibility** **Patient Volume Attestation** **Review** **Submit**


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 

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

Professional Eligibility Questions 1 (Part 1 of 2) Completed

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Monday 07/30/2018 11:46:40 AM EDT

Pennsylvania Department of Human Services

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018


Get Started **R&A/Contact I** **Eligibility** **Patient Volume** **Attestation** **Review** **Submit**


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 

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

Professional Eligibility Questions 2 (Part 2 of 2)

Get Started R&A/Contact 1 Eligibility Patient Volume Attestation Review Submit

Tab is enabled and not selected.

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 ?

Previous Reset Save & Continue

lash.jsf UI 34

Professional Eligibility Questions 2 (Part 2 of 2) Completed

Get Started

R&A/Contact 1

Eligibility

Patient Volume Attestation

Review

Submit

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

Previous

Reset

Save & Continue

Eligibility Completed

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact 1](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)



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

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

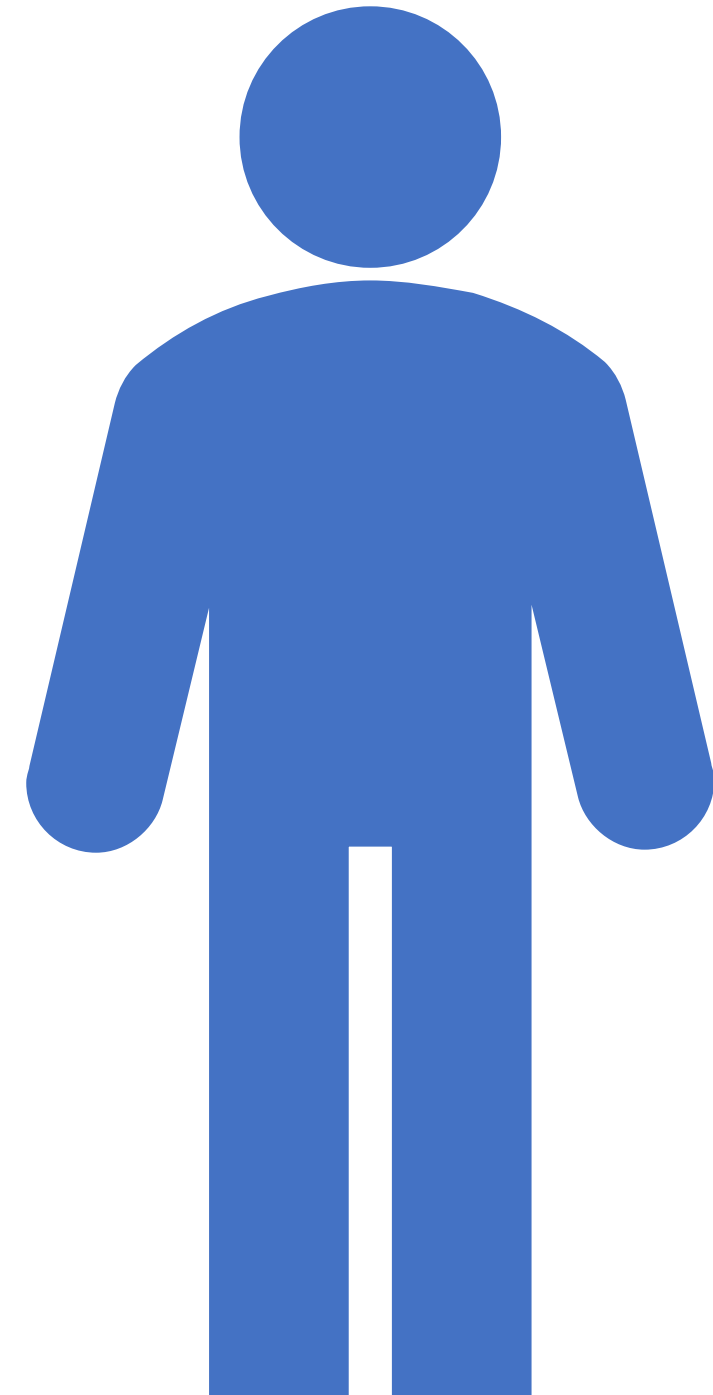
The **Patient Volumes** section of the application is now available.

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

[Continue](#)


Patient Volume

The next section will collect data to verify your Medicaid patient encounter volume. The patient volume threshold for EP's is 30%, unless you are a pediatrician. The patient volume threshold for pediatricians is 20%.



Patient Volume




- Don't forget to scroll to down to see the entire page and to click continue when you have read the instructions for this section

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)
Monday 07/30/2018 11:52:35 AM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volum](#) [Attestation](#) [Review](#) [Submit](#)



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

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

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

Medicaid patient volume calculations are based on encounters for which a service is rendered on any one day to an individual where the recipient is/was eligible for Medicaid. Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year or over a continuous 90-day period in the preceding 12 month period from the

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™. In order to proceed to the next section, you must select either 'Yes' or 'No' by each service location listed.

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/provid>

Patient Volume Practice Type (Part 1 of 3)

EDI

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get Started **R&A/Contact 1** **Eligibility** **Patient Volume** **Attestation** **Review** **Submit**

Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? ☐ Yes ☒ No

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

☐ Individual Practitioner ☒ Group/Clinic ☐ Practitioner Panel

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

Patient Volume Practice Type Individual

EDI

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018


Get Started **R&A/Contact 1** **Eligibility** **Patient Volume** **Attestation** **Review** **Submit**




Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? ☐ Yes ☒ No 

* Please indicate if you are submitting volumes for: **(Select one)** ☒ Individual Practitioner  ☐ Group/Clinic  ☐ Practitioner Panel 

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

UI 42

Patient Volume 90 Day Period (Part 2 of 2) Individual

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	4444444444	Payee TIN	4444444444
Payment Year	2	Program Year	2018

Get Started

R&A/Contact I

Eligibility

Patient Volume

Attestation

Review

Submit

Patient Volume 90 Day Period (Part 2 of 3)

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


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

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

☒ Calendar Year Preceding Payment Year

☐ 12 Months Preceding Attestation Date

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


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

Previous

Reset

Save & Continue

Patient Volume 90 Day Period (Part 2 of 3) Review

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Monday 07/30/2018 12:02:48 PM
EDT

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)**Patient Volume 90 Day Period (Part 2 of 3)**

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

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

Start Date: Jul 02, 2017
End Date: Sep 29, 2017

[Previous](#) [Save & Continue](#)

UI 468

Patient Volume- Individual (Part 3 of 3)

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 type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	

Add Location

Refresh

Previous

Reset

Save & Continue

Patient Volume- Individual (Part 3 of 3) Completed

Get StartedReady to Submit?Sign OutPatient Volume RegistrationReviewSubmit

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	4000000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	

Add Location


Refresh

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Save & Continue

Patient Volume Individual



printContact UsExit

Monday 07/30/2018 12:05:29 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get StartedR&A/Contact IEligibilityPatient VolumeAttestationReviewSubmit



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 **Medical Assistance Provider Incentive Repository (MAPIR) Resources Page:**
<http://dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincentiverepos/index.htm>

Begin

UI 46-C

Patient Volume

– Individual

(Part 3 of 3)

Data Entry

Screen

Personal TIN/SSN 444444444

Payment Year 2

Payee TIN 444444444

Program Year 2018

Get Started

R&A/Contact 1

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Patient Volume

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Submit

Patient Volume - Individual (Part 3 of 3)

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

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

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

(*) Red asterisk indicates a required field.

?

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?

?

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

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UI 47

Patient Volume

– Individual

(Part 3 of 3)

Completed

Personal TIN/SSN 4444444444

Payment Year 2

Payee TIN 4444444444

Program Year 2018

Get Started

R&A/Contact 1

Eligibility

Patient Volume

Attestation

Review

Submit

Patient Volume - Individual (Part 3 of 3)

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

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

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

(*) Red asterisk indicates a required field.

?

?

?

?

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	* 200	* 200	*

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Save & Continue

UI 47

Patient Volume

– Individual

(Part 3 of 3)

Error Message

Get Started

R&A/Contact I

Eligibility

Patient Volume

Attestation

Review

Submit

Patient Volume - Individual (Part 3 of 3)

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

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

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

(*) Red asterisk indicates a required field.

?

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?

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Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	* 200	* 200	*


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

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Patient Volume Individual (Part 3 of 3) Review

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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Monday 07/30/2018 12:11:14 PM
EDT

NameAdam Mapir

Applicant NPI9300002507

Personal TIN/SSN444444444

Payee TIN444444444

Payment Year2

Program Year2018

Get Started

R&A/Contact

Eligibility

Patient Volume

Attestation

Review

Submit

Patient Volume - Individual (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	Medicaid Only In State: Total Medicaid: 200 Denominator: 200	100%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
200	200	200	100%

Previous

Save & Continue

Patient Volume Practice Type (Part 1 of 3) Group

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	4444444444	Payee TIN	4444444444
Payment Year	2	Program Year	2018

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Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

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

☐ Yes ☐ No



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

☐ Individual Practitioner
☐ Group/Clinic
☐ Practitioner Panel




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Patient Volume – Group (Part 3 of 3)

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Monday 07/30/2018 12:14:19 PM
EDT

Name Adam Mapir

Applicant NPI 9300002507

Personal TIN/SSN 4444444444

Payee TIN 4444444444

Payment Year 2

Program Year 2018

Get Started

R&A/Contact

Eligibility

Patient Volume

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Review

Submit

Patient Volume – Group (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	

Add Location

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UI 53


Patient Volume Group

 **pennsylvania**
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Monday 07/30/2018 12:15:02 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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

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

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

For more detailed information please refer to the **Medical Assistance Provider Incentive Repository (MAPIR) Resources Page:**
<http://dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>

[Begin](#)

UI 54-C

Patient Volume – Group (Part 3 of 3)

Patient Volume – Group (Part 3 of 3)

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

* 

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

For reporting Group patient volumes:

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

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

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

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


Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
* <input type="text" value="500"/>	* <input type="text" value="500"/>	* <input type="text" value="500"/>

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Patient Volume – Group (Part 3 of 3)

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Monday 07/30/2018 12:17:30 PM
EDT

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2
Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

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Patient Volume - Group (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064


Group Practice ID(s) 9300002507

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
500	500	500	100%

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Patient Volume Practice Type (Part 1 of 3) FQHC Individual

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Monday 07/30/2018 12:18:15 PM
EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? ☒ Yes ☐ No [?](#)

* Please indicate if you are submitting volumes for: **(Select one)** ☒ Individual Practitioner [?](#)
☐ Group/Clinic [?](#)
☐ Practitioner Panel [?](#)

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

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PHHC CONTACT US EXIT
Monday 07/30/2018 12:20:08 PM EDT

Pennsylvania Department of Human Services

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2

Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

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

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

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

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

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

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

(*) Red asterisk indicates a required field.


*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	

Add Location Refresh

You must select Yes or No to utilizing certified EHR technology in this location.

Previous Reset Save & Continue


Patient Volume FQHC/RHC

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

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Monday 07/30/2018 12:20:43 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)




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

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

For more detailed information please refer to the **Medical Assistance Provider Incentive Repository (MAPIR) Resources Page:**
<http://dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>

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

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

Print Contact Us Exit
Monday 07/30/2018 12:21:23 PM EDT

Pennsylvania Department of Human Services

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2
Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

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

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

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

Needy individual encounters include the following:

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


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

(*) Red asterisk indicates a required field.

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064- 8064	* 400	* 200	* 600	* 600

Previous Reset Save & Continue

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

 **pennsylvania**
Pennsylvania Department of Human Services

[Print](#) [Contact Us](#) [Exit](#)
Monday 07/30/2018 12:22:21 PM EDT

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2
Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

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Patient Volume- FQHC/RHC Individual (Part 3 of 3)
The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.
*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064	Medicaid and CHIP 400 Numerator: Other Needy Numerator: 200 Total Needy Numerator: 600 Denominator: 600	100%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
400	200	600	600	100%

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Patient Volume FQHC Group

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

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

☒ Yes ☐ No



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

☐ Individual Practitioner
☐ Group/Clinic
☐ Practitioner Panel



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[Save & Continue](#)

Patient Volume FQHC/RHC Group

Payment Year 2 Program Year 2018

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



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

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

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

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 – FQHC/RHC Group (Part 3 of 3)

[Get Started](#) [Go to Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

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

Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements.

You must enter at least one Group Practice Provider ID.

*9300002507

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

Group Volumes

For reporting Group patient volumes:

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

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

Needy individual encounters include the following:

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

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

(*) Red asterisk indicates a required field.

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
*	*	*	*
400	200	600	600

[Previous](#) [Reset](#) [Save & Continue](#)

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

Payment Year2Program Year2018

Get Started

R&A/Contact I

Eligibility

Patient Volume

Attestation

Review

Submit

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

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064

Group Practice ID(s) 9300002507

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
400	200	600	600	100%

Previous

Save & Continue

UI 60

Patient Volume Completed

Your session may have expired.



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Monday 07/30/2018 2:32:21 PM
EDT

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2

Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

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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](#)


Attestation

In this section, you will attest to program participation requirements, including the EHR system phase, payment designation, and provider liability.



Attestation

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)



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

EHR System Phase

As part of the application process, we require verification of your Certified EHR Technology. You must include documentation that supports your use of certified EHR technology. A list of accepted documents can be found on the HIT website at http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_022832.pdf

Please refer to the *Eligible Professional Provider Manual* for additional guidance on Meaningful Use: http://www.dhs.pa.gov/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](#)

UI 75-C

Attestation Phase (Part 1 of 3)

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Monday 07/30/2018 4:09:23 PM
EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get Started **R&A/Contact I** **Eligibility** **Patient Volume** **Attestation** **Review** **Submit**

Attestation Phase (Part 1 of 3)


Please select the appropriate **EHR System 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.

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

Attestation Phase (Part 1 of 3) MU Period Selected

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Monday 07/30/2018 4:09:23 PM
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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get Started **R&A/Contact I** **Eligibility** **Patient Volume** **Attestation** **Review** **Submit**

Attestation Phase (Part 1 of 3)


Please select the appropriate **EHR System 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.

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

Attestation EHR Reporting Period (Part 1 of 3)

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Monday 07/30/2018 4:11:09 PM
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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)


Attestation EHR Reporting Period (Part 1 of 3)

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

[Previous](#) [Reset](#) [Save & Continue](#)

UI 80

Attestation EHR Reporting Period (Part 1 of 3) Confirmation



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Monday 07/30/2018 4:13:34 PM
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Payment Year	2	Program Year	2018

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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: Feb 01, 2018

End Date: May 01, 2018

[Previous](#)

[Save & Continue](#)

UI 464

Attestation Meaningful Use Objectives

In this portion, you will be able to attest to general requirements, meaningful use objectives, the required public health objective, and clinical quality measures

Attestation Meaningful Use Objectives

Make sure you scroll down to see
the entire page

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). 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 (8). 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		Begin
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin

The Department is testing accepting Electronic Clinical Quality Measures (eCQMs) from selected EPs. You can only choose eCQMs if you have been approved and notified by the program office. If you are interested in participating in eCQM testing contact us at RA-mahealthit@pa.gov to request consultation and technical assistance. If you have NOT

Attestation Meaningful Use Objectives

Name Adam Mapir
Personal TIN/SSN 444444444
Payment Year 2

Applicant NPI 9300002507
Payee TIN 444444444
Program Year 2018

Get Started R&A/Contact Us Eligibility Patient Volume Attestation Review Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-9), Required Public Health Objective (10) and the Clinical Quality Measures (CQMs). 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		Begin
	Meaningful Use Objectives (0-9)		Begin
	Required Public Health Objective (10)		Begin

The Department is testing accepting Electronic Clinical Quality Measures (eCQMs) from selected EPs. You can only choose eCQMs if you have been approved and notified by the program office. If you are interested in participating in eCQM testing contact us at RA-mahealthit@pa.gov to request consultation and technical assistance. If you have NOT received notification that you can submit test files DO NOT check the eCQM button on the selection screen.

IMPORTANT: Only choose the Electronic Clinical Quality Measures option IF you are an Eligible Professional working with a health information organization (HIO), have ability to submit Quality Reporting Document Architecture III (QRDA III) files, **AND have been approved to submit these files.**

Manual Clinical Quality Measures	Select
Electronic Clinical Quality Measures	Select

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

Previous Save & Continue

Meaningful Use General Requirements

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

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:

200

* Denominator:

300

* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.

* Numerator:

200

* Denominator:

300

* 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?

☒ Yes ☐ No




Previous


Reset

Save & Continue

Meaningful Use General Requirements 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	2/2	EDIT Clear All
	Meaningful Use Objectives (0-9)		Begin
	Required Public Health Objective (10)		Begin

The Department is testing accepting Electronic Clinical Quality Measures (eCQMs) from selected EPs. You can only choose eCQMs if you have been approved and notified by the program office. If you are interested in participating in eCQM testing contact us at RA-mahealthit@pa.gov to request consultation and technical assistance. If you have NOT received notification that you can submit test files DO NOT check the eCQM button on the selection screen.

IMPORTANT: Only choose the Electronic Clinical Quality Measures option IF you are an Eligible Professional working with a health information organization (HIO), have ability to submit Quality Reporting Document Architecture III (QRDA III) files, **AND have been approved to submit these files.**

Manual Clinical Quality Measures	Select
Electronic Clinical Quality Measures	Select

Note:

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

[Previous](#)[Save & Continue](#)


Meaningful Use Objectives 0- 9

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Meaningful Use Objectives 0-9: The following section includes the Meaningful Use Objectives. A CMS final rule effective 1/1/2017 requires the EP to attest to cooperating with ONC's EHR system surveillance and review activities. Objective 0 has been added to capture this requirement. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to complete all Objectives. Some Objectives provide Exclusions. If an EP meets exclusion criteria, then the EP can claim that Exclusion during Attestation.

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 any objectives are not met. You will have an opportunity to change and electronically sign again.

Instructions: You must answer each objective. Objectives are completed by entering the numerator and denominator, answering yes or no, or choosing an exclusion if eligible. 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.

[Begin](#)

Attestation Meaningful Use Objectives

- This is a long page, so don't forget to scroll down to the bottom to answer each question
- You must click edit next to each question to enter your answer for this screen

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

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 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct			


Attestation Meaningful Use Objectives 0-9

- Here's the edit button for Question 1
- Click the edit button. You will be taken to the screen where you can answer the question
- Do this for each question until you are done
- After you have completed each question, click the return to main button at the bottom of the page next section

	<p>ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange</p>	
	<p>EDIT</p>	

Objective 0 ONC Questions Completed

Objective 0 – ONC Questions

 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.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?

☐ Yes ☐ No

*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?

☐ Yes ☐ No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?

☐ Yes ☐ No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?

☐ Yes ☐ No ☐ Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?

☐ Yes ☐ No ☐ Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?

☐ Yes ☐ No ☐ Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?

☐ Yes ☐ No

*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;

☐ Yes ☐ No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;

☐ Yes ☐ No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;

☐ Yes ☐ No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.

☐ Yes ☐ No

*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?

☐ Yes ☐ No

[Previous](#) [Reset](#) [Save & Continue](#)

Meaningful Use Objective 0 Completed

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

<u>Objective Number</u>	<u>Objective</u>	<u>Measure</u>	<u>Entered</u>	<u>Select</u>
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did		Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 2 = No Question 3 = Yes Question 4 = No Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = No Question 2 = Yes Yes Yes Yes Question 3 = Yes	

Meaningful Use Objective 1

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements 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 under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		EDIT
-------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------

Meaningful Use Objective 1 Data Entry Screen

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Monday 07/02/2018 2:52:17 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
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Payment Year	2	Program Year	2018

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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 protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements 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 under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the 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):

[Previous](#) [Reset](#) [Save & Continue](#)

Meaningful Use Objective 1 Data Entered



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Monday 07/02/2018 2:52:17 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
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Payment Year	2	Program Year	2018

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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 protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements 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 under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the 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):

[Previous](#) [Reset](#) [Save & Continue](#)

Meaningful Use Objective 1 Completed

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements 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 under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 07/15/2017 Name and Title = Adam Mapir	EDIT
-------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------	----------------------

Meaningful Use Objective 2

Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		<div>EDIT</div>
-------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------


Meaningful Use Objective 2 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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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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Meaningful Use Objective 2 Data Entered

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Monday 07/02/2018 2:58:16 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
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Payment Year	2	Program Year	2018

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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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Meaningful Use Objective 2 Completed

Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. 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	EDIT
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Meaningful Use Objective 3

Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. 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.	EDIT
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Meaningful Use Objective 3 Data Entry Screen

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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Meaningful Use Objective 3 Data Entered

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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Meaningful Use Objective 3 Completed

Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. 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 = No Numerator 1 = 200 Denominator 1 = 300 Measure 2 Exclusion 2 = No Numerator 2 = 200 Denominator 2 = 300 Measure 3 Exclusion 3 = No Numerator 3 = 200 Denominator 3 = 300	EDIT
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Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
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Meaningful Use Objective 4

Meaningful Use Objective 4 Data Entry Screen

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 permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

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

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

EXCLUSION 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 Certified EHR Technology.

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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Meaningful Use Objective 4 Data Entered

Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

0 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 permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

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

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

EXCLUSION 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 Certified EHR Technology.

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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Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	Patient Records = All Exclusion 1 = No Exclusion 2 = No Numerator 1 = 200 Denominator 1 = 300	<div>EDIT</div>
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Meaningful Use Objective 4 Completed

Objective 5	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 Certified EHR Technology 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.		<div>EDIT</div>
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Meaningful Use Objective 5

Meaningful Use Objective 5 Data Entry Screen

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Tuesday 07/03/2018 12:12:28 PM EDT

Name	Pennsylvania Department of Human Services		Ant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444	
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Attestation Meaningful Use Objectives

Objective 5 - Health Information Exchange

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

(*) Red asterisk indicates a required field.

Objective: 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.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology 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: 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

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology 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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Meaningful Use Objective 5 Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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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.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use Certified EHR Technology 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: 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

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology 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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Objective 5	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 Certified EHR Technology 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 = No Numerator = 200 Denominator = 300	EDIT
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Meaningful Use Objective 5 Completed

			Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.			EDIT		
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Meaningful Use Objective 6

Meaningful Use Objective 6 Data Entry Screen



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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 Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

EXCLUSION: 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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Meaningful Use Objective 6 Data Entered



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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 Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

EXCLUSION: 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: 200

Denominator: 300

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Meaningful Use Objective 6 Completed

Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 200 Denominator = 300	EDIT
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Meaningful Use Objective 7

Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		EDIT
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Meaningful Use Objective 7 Data Entry Screen

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Tuesday 07/03/2018 12:20:22 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	4444444444	Payee TIN	4444444444
Payment Year	2	Program Year	2018

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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 performs medication reconciliation.

Measure: The EP 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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Meaningful Use Objective 7 Data Entered

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Payment Year	2	Program Year	2018

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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 performs medication reconciliation.

Measure: The EP 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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Meaningful
Use
Objective 7
Completed


Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 200 Denominator = 300	EDIT
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Meaningful Use Objective 8

Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	<p>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.</p> <p>More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period.</p>	<div>EDIT</div>
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Meaningful Use Objective 8 Data Entry Screen

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 access to view online, download and transmit their health information within four business days after the information is available to the EP.

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

Numerator 2: The number of patients in the denominator 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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Meaningful Use Objective 8 Data Entered

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 access to view online, download and transmit their health information within four business days after the information is available to the EP.

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

Numerator 2: The number of patients in the denominator 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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Meaningful Use Objective 8 Completed

Objective 8	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. More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download, or transmit their health information to a third party during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = No Numerator 1 = 200 Denominator 1 = 300 Measure 2 Exclusion Measure 2 = No Numerator 2 = 200 Denominator 2 = 300	EDIT
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Meaningful Use Objective 9

Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.	EDIT
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[Return to Main](#)

Meaningful Use Objective 9 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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

☐ Yes ☐ No

Measure: For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

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

Numerator: Denominator:

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Meaningful Use Objective 9 Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Get Started

R&A/Contact

Eligibility

Patient Volum

Attestation

Review

Submit

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

☐ Yes ☒ No

Measure: For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

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

Numerator: 200 Denominator: 300

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Save & Continue

Meaningful Use Objective 9 Completed

Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.	Exclusion = No Numerator = 200 Denominator = 300	EDIT
Return to Main				

Meaningful Use Objectives 0-9

You have just completed the Meaningful Use Objectives 0-9

Next, you must complete Objective 10, Required Public Health Objective

To get back to the Meaningful Use Objectives List, click the return to main button by scrolling to the bottom of the Meaningful Use Objectives Table List screen

Required Public Health Objective 10

Eligible Professionals (EPs) are required to attest to two (2) Public Health Options without taking an exclusion. In the next section you will select your Public Health Options


Required Public Health Objective 10

Required Public Health Objective (Objective 10): As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to attest to two (2) Public Health Options without taking an exclusion. In the next section you will select two (2) options for Attestation without taking an Exclusion. There are multiple Exclusions for each of the Public Health Options. See the Eligible Professional Public Health Reporting specification sheet for all of the requirements:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2_Obj10.pdf

If you cannot successfully attest to two (2) Options, then you must qualify for an Exclusion for the remaining Options to pass the Public Health Objective.

Public Health Reporting Measure Options for EPs		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure Option 1– Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data	1
Measure Option 2– Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure Option 3– Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry	2 for EPs*
*EPs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective		

Helpful Hints:

1. For more details on each option, select the '**CLICK HERE**' link at the top left of each screen.
2. You may review the completed options by selecting the '**EDIT**' button.
3. The white checkmark in the green circle  means the section is completed but does not indicate you passed or failed the objective.
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. You will have an opportunity to change and electronically sign again.
5. Supporting documentation is required for all Objectives, including non-numeric Objectives.

Begin

Required Public Health Objective List Table

Attestation Meaningful Use Objectives

You must attest to 2 Public Health options without taking an exclusion. If you are unable to successfully attest to 2 options, you must attest or take an exclusion for all 3 options. Note: Option 3 may be attested to twice, but only 3A can be excluded.

When all options 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 Certified EHR Technology 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="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology 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="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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 Certified EHR Technology 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"/>

[Return to Main](#) [Reset](#) [Save & Continue](#)

Objective 10-For Demonstration All Options have been Selected

Option 3 may be attested to twice, but only 3A can be excluded.

When all options 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

<u>Objective Number</u>	<u>Objective</u>	<u>Measure</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 Certified EHR Technology 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 Certified EHR Technology 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 Certified EHR Technology 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 checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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 checked="" type="checkbox"/>

Return to Main

Reset

Save & Continue

Objective 10, Option 1

<u>Objective Number</u>	<u>Objective</u>	<u>Measure</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 Certified EHR Technology 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 1 Data Entry Screen

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 Certified EHR Technology 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

If 'Yes', enter the name of the immunization registry used below.

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 ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. 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 for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of 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

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[Save & Continue](#)

Objective 10, Option 2 Data Entered

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 Certified EHR Technology 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

If 'Yes', enter the name of the immunization registry used below.

PA SIIS

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 ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. 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 for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of 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

Objective 10, Option 1 Completed

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 Certified EHR Technology 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.	Measure Option 1 = Yes Registry Name = PA SIIS Active Engagement Option = Completed registration to submit data	EDIT

Objective 10, Option 2

Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology 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.		<div>EDIT</div>
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Objective 10, Option 2 Data Entry Screen

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 Certified EHR Technology 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 ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. 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 Certified EHR Technology 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

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Objective 10, Option 2 Data Entered

Attestation Meaningful Use Objectives

Objective 10 Option 2 - Syndromic Surveillance Reporting

i 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 Certified EHR Technology 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 ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. 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 Certified EHR Technology 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

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Objective 10, Completed


			Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology 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.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data	<div>EDIT</div>			
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Objective 10, Option 3A

Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Techonology 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.		EDIT
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Objective 10, Option 3A Data Entry Screen

Objective 10 Option 3A - Specialized 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 a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?

☐ Yes ☐ No

Enter the name of the specialized registry used below.

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 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by, a specialized registry in their jurisdiction during the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

☐ Yes ☐ No


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Objective 10, Option 3A Data Entered

Objective 10 Option 3A - Specialized 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 a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?

☒ Yes ☐ No

Enter the name of the specialized registry used below.

PDMP

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 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by, a specialized registry in their jurisdiction during the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

☐ Yes ☐ No

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Objective 10, Option 3A Completed

Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Techonology 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.	Measure Option 3A = Yes Registry Name = PDMP Active Engagement Option = Completed registration to submit data	EDIT
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Objective 10, Option 3B

Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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.		EDIT
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Objective 10, Option 3B Data Entry Screen

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

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Thursday 07/05/2018 10:55:53 AM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Attestation Meaningful Use Objectives

Objective 10 Option 3B - Specialized Registry Reporting

i 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 specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

***Enter the name of the specialized registry used below.**

***Active Engagement Options:** Select one of the options listed below.

- ☐ Completed registration to submit data
- ☐ Testing and validation
- ☐ Production

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Objective 10, Option 3B Data Entered



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Thursday 07/05/2018 10:55:53 AM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Attestation Meaningful Use Objectives

Objective 10 Option 3B - Specialized 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 a specialized registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Enter the name of the specialized registry used below.

Electronic Lab Reporting

*Active Engagement Options: Select one of the options listed below.

- ☒ Completed registration to submit data
- ☐ Testing and validation
- ☐ Production

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Objective 10, Option 3B Completed

Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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.	Registry Name = Electronic Lab Reporting Active Engagement Option = Completed registration to submit data	EDIT
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You Have Completed Public Health Objective 10

Click Return to Selection List at the Bottom of the Page

Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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.	Registry Name = Electronic Lab Reporting Active Engagement Option = Completed registration to submit data	EDIT
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[Return to Selection List](#)

To Get Back to the Meaningful Use Main Page

Click Return to Main

	practice.		
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from Certified EHR Technology 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.	
<div>Return to MainResetSave & Continue</div>			

Clinical Quality Measure (CQM) Reporting

- There are (2) options for attesting to CQMs
- Please **DO NOT** select eCQMS if you have not received prior approval to do so.
- If you would like to submit Electronic Clinical Quality Measures, please contact us at
 - RA-mahealthit@pa.gov.
- You must put eCQM in the subject line so that your request reaches the proper person



Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Begin

Cancel and Choose Electronic

Cancel

Note:

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

Previous

Save & Continue

After Selecting Manual CQMs, Select Begin

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures

Begin

Cancel and Choose Electronic

Cancel

Note:

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

Previous

Save & Continue

CQM Reporting



Scroll to Bottom to See Entire
List

Meaningful Use Clinical Quality Measure Worklist Table

You must select a minimum of six (6) CQMs in order to proceed. 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: CQMs below are listed by NQF number. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Clinical Quality Measure list Table

NQF# 	Measure# 	Title	Domain	Selection
0004	CMS137 v6.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Effective Clinical Care	<input type="checkbox"/>
0018	CMS165 v6.2.000	Controlling High Blood Pressure	Effective Clinical Care	<input type="checkbox"/>
0022	CMS156 v6.4.000	Use of High-Risk Medications in the Elderly	Patient Safety	<input type="checkbox"/>
0024	CMS155 v6.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Community/Population Health	<input type="checkbox"/>
0028	CMS138 v6.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	<input type="checkbox"/>
0032	CMS124 v6.1.000	Cervical Cancer Screening	Effective Clinical Care	<input type="checkbox"/>
0033	CMS153 v6.2.000	Chlamydia Screening for Women	Community/Population Health	<input type="checkbox"/>
0034	CMS130 v6.1.000	Colorectal Cancer Screening	Effective Clinical Care	<input type="checkbox"/>
0038	CMS117 v6.2.000	Childhood Immunization Status	Community/Population Health	<input type="checkbox"/>
0041	CMS147 v7.2.000	Preventive Care and Screening: Influenza Immunization	Community/Population Health	<input type="checkbox"/>
0052	CMS166 v7.1.000	Use of Imaging Studies for Low Back Pain	Efficiency and Cost Reduction	<input type="checkbox"/>
0055	CMS131 v6.2.000	Diabetes: Eye Exam	Effective Clinical Care	<input type="checkbox"/>

CQM 1 Data Entry Screen

DEPARTMENT OF HUMAN SERVICES

Tuesday 07/17/2018 1:11:14 PM EDT

Name

Virginia Department of Human Services

Personal TIN/SSN

444444444

Payment Year

2

Applicant NPI

9300002507

Payee TIN

444444444

Program Year

2018

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Clinical Quality Measure 1

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Community/Population Health

Measure Number:

CMS2 v7.1.000

NQF Number:

0418

Measure Title:

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measure Description:

Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

Numerator:

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

Denominator:

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

Performance Rate(%):

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion:

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

Exception:

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

* Numerator:

* Denominator:

* Performance Rate(%):

* Exclusion:

* Exception:

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DEPARTMENT OF HUMAN SERVICES

Tuesday 07/17/2018 1:11:14 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 1

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Exception:

* Numerator:

* Denominator:

* Performance Rate(%):

* Exclusion:

* Exception:


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CQM 2 Data Entry Screen



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania Department of Human Services

Name

Adam Mapir

Personal TIN/SSN

444444444

Payment Year

2

Applicant NPI

9300002507

Payee TIN

444444444

Program Year

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Clinical Quality Measure 2

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Community/Population Health

Measure Number:

CMS22 v6.0.000

NQF Number:

Not Applicable

Measure Title:

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Measure Description:

Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Numerator:

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

Denominator:

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

Performance Rate(%):

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion:

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

Exception:

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

* Numerator:

* Denominator:

* Performance Rate(%):

* Exclusion:

* Exception:


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CQM 2 Data Entered



pennsylvania
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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 2

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Community/Population Health

Measure Number:

CMS22 v6.0.000

NQF Number:

Not Applicable

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:

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Clinical Quality Measure 3

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Communication and Care Coordination
Measure Number: CMS50 v6.0.000
NQF Number: Not Applicable
Measure Title: Closing the Referral Loop: Receipt of Specialist Report
Measure Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

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

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

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

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

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Clinical Quality Measure 3

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Communication and Care Coordination

CMS50 v6.0.000

Not Applicable

Closing the Referral Loop: Receipt of Specialist Report

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:

Denominator:

Performance Rate(%):

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

0

0

0.0

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Clinical Quality Measure 4

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Exception:

Effective Clinical Care

CMS52 v6.2.000

0405

HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

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(%): * Exclusion 1: * Exception 1:

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

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

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

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

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Clinical Quality Measure 4

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS52 v6.2.000

0405

HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

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: 0 * Denominator 1: 0 * Performance Rate 1(%): 0.0 * Exclusion 1: 0 * Exception 1: 0

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

* Numerator 2: 0 * Denominator 2: 0 * Performance Rate 2(%): 0.0 * Exclusion 2: 0 * Exception 2: 0

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

* Numerator 3: 0 * Denominator 3: 0 * Performance Rate 3(%): 0.0 * Exclusion 3: d

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
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Clinical Quality Measure 5

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Person and Caregiver-Centered Experience and Outcomes

CMS56 v6.1.000

Not Applicable

Functional Status Assessment for Total Hip Replacement

Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
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Clinical Quality Measure 5

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Person and Caregiver-Centered Experience and Outcomes

CMS56 v6.1.000

Not Applicable

Functional Status Assessment for Total Hip Replacement

Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
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Clinical Quality Measure 6

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Effective Clinical Care

CMS65 v7.1.000

Not Applicable

Hypertension: Improvement in Blood Pressure

Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
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Clinical Quality Measure 6

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Effective Clinical Care

CMS65 v7.1.000

Not Applicable

Hypertension: Improvement in Blood Pressure

Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 7

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Person and Caregiver-Centered Experience and Outcomes

CMS66 v6.2.000

Not Applicable

Functional Status Assessment for Total Knee Replacement

Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
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Clinical Quality Measure 7

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Person and Caregiver-Centered Experience and Outcomes

CMS66 v6.2.000

Not Applicable

Functional Status Assessment for Total Knee Replacement

Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

0

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Clinical Quality Measure 8

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:Patient Safety

Measure Number:CMS68 v7.1.000

NQF Number:0419

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 or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Clinical Quality Measure 8

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:Patient Safety

Measure Number:CMS68 v7.1.000

NQF Number:0419

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 or eligible clinician 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:0

* Denominator:0

* Performance Rate (%):0.0

* Exception:0

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CQM 9 Data Entry Screen

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Clinical Quality Measure 9

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Community/Population Health
CMS69 v6.1.000
0421
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.

Normal Parameters:

Age 18 years and older BMI=>18.5 and <25 kg/m2.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Exception:

A positive whole number, including zero. Use the "Click HERE" above for a definition.
A positive whole number, including zero. Use the "Click HERE" above for a definition.
A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
A positive whole number, including zero. Use the "Click HERE" above for a definition.
A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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Clinical Quality Measure 9

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Community/Population Health

CMS69 v6.1.000

0421

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.

Normal Parameters:

Age 18 years and older BMI=>18.5 and <25 kg/m2.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

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

* Numerator:

* Denominator:

* Performance Rate(%):

* Exclusion:

* Exception:

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Clinical Quality Measure 10

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS74 v7.1.000

Not Applicable

Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

Population 1: Patients age 0 - 5

* Numerator 1:

* Denominator 1:

* Performance Rate 1(%):

* Exclusion 1:

Population 2: Patients age 6 - 12

* Numerator 2:

* Denominator 2:

* Performance Rate 2(%):

* Exclusion 2:

Population 3: Patients age 13 - 20

* Numerator 3:

* Denominator 3:

* Performance Rate 3(%):

* Exclusion 3:

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Clinical Quality Measure 10

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS74 v7.1.000

NQF Number:

Not Applicable

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.

Exclusion:

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

Population 1: Patients age 0 - 5

* Numerator 1:

0

* Denominator 1:

0

* Performance Rate 1(%):

0.0

* Exclusion 1:

0

Population 2: Patients age 6 - 12

* Numerator 2:

0

* Denominator 2:

0

* Performance Rate 2(%):

0.0

* Exclusion 2:

0

Population 3: Patients age 13 - 20

* Numerator 3:

0

* Denominator 3:

0

* Performance Rate 3(%):

0.0

* Exclusion 3:

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CQM 11 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 11

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Community/Population Health

CMS75 v6.1.000

Not Applicable

Children Who Have Dental Decay or Cavities

Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 11

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 11

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Community/Population Health

CMS75 v6.1.000

Not Applicable

Children Who Have Dental Decay or Cavities

Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Clinical Quality Measure 12

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS82 v5.1.000
NQF Number:	Not Applicable
Measure Title:	Maternal Depression Screening
Measure Description:	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

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Payment Year: 2019 Program Year: 2019

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Community/Population Health

Measure Number: CMS82 v5.1.000

NQF Number: Not Applicable

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: 0 * Denominator: 0 * Performance Rate (%): 0.0

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CQM 13 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 13

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

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%)

Exclusion:

Person and Caregiver-Centered Experience and Outcomes

CMS90 v7.1.000

Not Applicable

Functional Status Assessments for Congestive Heart Failure

Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 13

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 13

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

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Person and Caregiver-Centered Experience and Outcomes

CMS90 v7.1.000

Not Applicable

Functional Status Assessments for Congestive Heart Failure

Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator: 0 * Denominator: 0 * Performance Rate (%): 0.0 * Exclusion: 0


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CQM 14 Data Entry Screen

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 14

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(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS117 v6.2.000
NQF Number:	0038
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.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Thursday 07/05/2018
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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 14

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Community/Population Health
Measure Number: CMS117 v6.2.000
NQF Number: 0038
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.

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

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

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CQM 15 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 15

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care

Measure Number: CMS122 v6.1.000

NQF Number: 0059

Measure Title: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

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

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

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

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	4444444444	Payee TIN	4444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 15

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS122 v6.1.000

0059

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS123 v6.2.000
NQF Number:	0056
Measure Title:	Diabetes: Foot Exam
Measure Description:	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

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

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

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Clinical Quality Measure 16

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(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS123 v6.2.000

NQF Number:

0056

Measure Title:

Diabetes: Foot Exam

Measure Description:

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

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:

0

* Denominator:

0

* Performance Rate (%):

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* Exclusion:

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Clinical Quality Measure 17

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(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS124 v6.1.000
NQF Number:	0032
Measure Title:	Cervical Cancer Screening
Measure Description:	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
	*Women age 21-64 who had cervical cytology performed every 3 years.
	*Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.


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

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

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Clinical Quality Measure 17

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(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS124 v6.1.000
NQF Number:	0032
Measure Title:	Cervical Cancer Screening
Measure Description:	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: *Women age 21-64 who had cervical cytology performed every 3 years. *Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%)	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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Clinical Quality Measure 18

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(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS125 v6.2.000

NQF Number:

2372

Measure Title:

Breast Cancer Screening

Measure Description:

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Numerator:

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

Denominator:

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

Performance Rate(%):

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exclusion:

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 18

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Clinical Quality Measure 18

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS125 v6.2.000

2372

Breast Cancer Screening

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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CQM 19 Data Entry Screen

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CMS137 **Clinical Quality Measure 19**

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

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS127 v6.1.000
NQF Number:	Not Applicable
Measure Title:	Pneumococcal 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.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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Clinical Quality Measure 19

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Community/Population Health

CMS127 v6.1.000

Not Applicable

Pneumococcal Vaccination Status for Older Adults

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

0

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Clinical Quality Measure 20

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS128 v6.2.000

0105

Anti-depressant Medication Management

Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an 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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator 1:

* Denominator 1:

* Performance Rate 1(%):

* Exclusion 1:

* Numerator 2:

* Denominator 2:

* Performance Rate 2(%):

* Exclusion 2:

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Clinical Quality Measure 20

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS128 v6.2.000

0105

Anti-depressant Medication Management

Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an 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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator 1:

* Denominator 1:

* Performance Rate 1(%):

* Exclusion 1:

* Numerator 2:

* Denominator 2:

* Performance Rate 2(%):

* Exclusion 2:

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Clinical Quality Measure 21

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(*) Red asterisk indicates a required field.

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

Domain:

Efficiency and Cost Reduction

Measure Number:

CMS129 v7.0.000

NQF Number:

0389

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 (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Numerator:

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

Denominator:

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

Performance Rate(%):

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

Exception:

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Clinical Quality Measure 21

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(*) Red asterisk indicates a required field.

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

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Measure Number:

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Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exception:

* Numerator:

* Denominator:

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Clinical Quality Measure 22

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(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care
Measure Number: CMS130 v6.1.000
NQF Number: 0034
Measure Title: Colorectal Cancer Screening
Measure Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.


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

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

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Clinical Quality Measure 22

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(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS130 v6.1.000
NQF Number:	0034
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:	<input type="text" value="0"/>	* Denominator:	<input type="text" value="0"/>	* Performance Rate (%):	<input type="text" value="0.0"/>	* Exclusion:	<input type="text" value="0"/>
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Clinical Quality Measure 23

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS131 v6.2.000

0055

Diabetes: Eye Exam

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 23

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 23

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS131 v6.2.000

0055

Diabetes: Eye Exam

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Clinical Quality Measure 24

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

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(*) Red asterisk indicates a required field.

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

Domain:	Patient Safety
Measure Number:	CMS132 v6.1.000
NQF Number:	0564
Measure Title:	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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Clinical Quality Measure 24

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Patient Safety

Measure Number:

CMS132 v6.1.000

NQF Number:

0564

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:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Clinical Quality Measure 25

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

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS133 v6.0.000

0565

Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Data Entered

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Clinical Quality Measure 25

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS133 v6.0.000

0565

Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

0

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CQM 26 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 26

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

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS134 v6.1.000

0062

Diabetes: Medical Attention for Nephropathy

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 26

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 26

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS134 v6.1.000

0062

Diabetes: Medical Attention for Nephropathy

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Clinical Quality Measure 27

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exception:

Effective Clinical Care

CMS135 v6.0.000

0081

Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Clinical Quality Measure 27

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exception:

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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CQM 28 Data Entry Screen

Personal ID/SSN	XXXXXXXXXX	Payee ID	XXXXXXXXXX
Payment Year	2	Program Year	2018

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Clinical Quality Measure 28

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS136 v7.1.000
NQF Number:	0108
Measure Title:	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Measure Description:	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported; a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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

Population Criteria 1: Children 6-12 years of age

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

Population Criteria 2: Children 6-12 years of age

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

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Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.					
(*) Red asterisk indicates a required field.					
Responses are required for the clinical quality measure displayed on this page.					
Domain:		Effective Clinical Care			
Measure Number:		CMS136 v7.1.000			
NQF Number:		0108			
Measure Title:		Follow-Up Care for Children Prescribed ADHD Medication (ADD)			
Measure Description:		Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported;			
		a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.			
		b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.			
Numerator:		A positive whole number, including zero. Use the "Click HERE" above for a definition.			
Denominator:		A positive whole number, including zero. Use the "Click HERE" above for a definition.			
Performance Rate(%):		A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.			
Exclusion:		A positive whole number, including zero. Use the "Click HERE" above for a definition.			
Population Criteria 1: Children 6-12 years of age					
* Numerator 1:		0	* Denominator 1:		0
			* Performance Rate 1(%):		0.0
			* Exclusion 1:		0
Population Criteria 2: Children 6-12 years of age					
* Numerator 2:		0	* Denominator 2:		0
			* Performance Rate 2(%):		0.0
			* Exclusion 2:		0

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Clinical Quality Measure 29

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care
Measure Number: CMS137 v6.2.000
NQF Number: 0004
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;
a. Percentage of patients who initiated treatment within 14 days of the diagnosis.
b. 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:

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Clinical Quality Measure 29

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS137 v6.2.000

NQF Number:

0004

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;

a. Percentage of patients who initiated treatment within 14 days of the diagnosis.
b. 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:

0

* Denominator 1:

0

* Performance Rate 1(%):

0.0

* Exclusion 1:

0

* Numerator 2:

0

* Denominator 2:

0

* Performance Rate 2(%):

0.0

* Exclusion 2:

0

Stratum 2 Patient ages >=18

* Numerator 3:

0

* Denominator 3:

0

* Performance Rate 3(%):

0.0

* Exclusion 3:

0

* Numerator 4:

0

* Denominator 4:

0

* Performance Rate 4(%):

0.0

* Exclusion 4:

0

Stratum 3 Total Patient ages >=13

* Numerator 5:

0

* Denominator 5:

0

* Performance Rate 5(%):

0.0

* Exclusion 5:

0

* Numerator 6:

0

* Denominator 6:

0

* Performance Rate 6(%):

0.0

* Exclusion 6:

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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 1

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

Population 2

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

Population 3

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

CQM 30

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Attestation Meaningful Use Measures

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Clinical Quality Measure 30

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(*) Red asterisk indicates a required field.

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

Domain:

Community/Population Health

Measure Number:

CMS138 v6.1.000

NQF Number:

0028

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 tobacco cessation intervention if identified as a tobacco user. Three rates are reported;

a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.
b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention.
c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation 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.

Population 1

* Numerator 1: 0 * Denominator 1: 0 * Performance Rate 1(%): 0.0 * Exception 1: 0

Population 2

* Numerator 2: 0 * Denominator 2: 0 * Performance Rate 2(%): 0.0 * Exception 2: 0

Population 3

* Numerator 3: 0 * Denominator 3: 0 * Performance Rate 3(%): 0.0 * Exception 3: 0

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 31

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Patient Safety

CMS139 v6.1.000

0101

Falls: Screening for Future Fall Risk

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Clinical Quality Measure 31

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Patient Safety

Measure Number:

CMS139 v6.1.000

NQF Number:

0101

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.

Exclusion:

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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Clinical Quality Measure 32

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Communication and Care Coordination

CMS142 v6.0.000

0089

Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Communication and Care Coordination

CMS142 v6.0.000

0089

Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exception:

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Name	Adam Mapir	Applicant NPI	9300002507
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Clinical Quality Measure 33

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS143 v6.0.000

0086

Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS143 v6.0.000

0086

Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exception:

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS144 v6.0.000

0083

Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS144 v6.0.000

0083

Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exception:

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exception:

Effective Clinical Care

CMS145 v6.0.000

0070

Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

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.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Clinical Quality Measure 35

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS145 v6.0.000

NQF Number:

0070

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.

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exception:

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
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Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Efficiency and Cost Reduction

CMS146 v6.1.000

Not Applicable

Appropriate Testing for Children with Pharyngitis

Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Data Entered

NameAdam MapirApplicant NPI9300002507

Personal TIN/SSN444444444Payee TIN444444444

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Clinical Quality Measure 36

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:Efficiency and Cost Reduction

Measure Number:CMS146 v6.1.000

NQF Number:Not Applicable

Measure Title:Appropriate Testing for Children with Pharyngitis

Measure Description:Percentage of children 3-18 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:0

* Denominator:0

* Performance Rate (%):0.0

* Exclusion:0


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(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS147 v7.2.000
NQF Number:	0041
Measure Title:	Preventive Care and Screening: Influenza Immunization
Measure Description:	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

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

*** Numerator:**

*** Denominator:**

*** Performance Rate (%)**:

*** Exception:**


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DEPARTMENT OF HUMAN SERVICES

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Pennsylvania Department of Human Services

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
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(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS147 v7.2.000
NQF Number:	0041
Measure Title:	Preventive Care and Screening: Influenza Immunization
Measure Description:	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%) :	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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Name	Adam Mapir	Applicant NPI	9300002507
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Clinical Quality Measure 38

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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS149 v6.0.000

2872

Dementia: Cognitive Assessment

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:

Denominator:

Performance Rate(%):

Exception:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care

Measure Number: CMS149 v6.0.000

NQF Number: 2872

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: 0

* Denominator: 0

* Performance Rate (%): 0.0

* Exception: 0

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(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS153 v6.2.000
NQF Number:	0033
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:

Total Patient ages 16 - 24

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

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(*) Red asterisk indicates a required field.

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

Domain:	Community/Population Health
Measure Number:	CMS153 v6.2.000
NQF Number:	0033
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:	<input type="text" value="0"/>	* Denominator 1:	<input type="text" value="0"/>	* Performance Rate 1(%):	<input type="text" value="0.0"/>	* Exclusion 1:	<input type="text" value="0"/>
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Stratum 2 Patient ages 21 - 24

* Numerator 2:	<input type="text" value="0"/>	* Denominator 2:	<input type="text" value="0"/>	* Performance Rate 2(%):	<input type="text" value="0.0"/>	* Exclusion 2:	<input type="text" value="0"/>
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Total Patient ages 16 - 24

* Numerator 3:	<input type="text" value="0"/>	* Denominator 3:	<input type="text" value="0"/>	* Performance Rate 3(%):	<input type="text" value="0.0"/>	* Exclusion 3:	<input type="text" value="0"/>
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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Efficiency and Cost Reduction

CMS154 v6.1.000

0069

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

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:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CMS137 **Clinical Quality Measure 40**

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Efficiency and Cost Reduction
Measure Number: CMS154 v6.1.000
NQF Number: 0069
Measure Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

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

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

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Clinical Quality Measure 41

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(*) Red asterisk indicates a required field.

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

Domain: Community/Population Health
Measure Number: CMS155 v6.1.000
NQF Number: 0024
Measure Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Measure Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported;

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

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

Stratum 1 Patient ages 3 - 11

* Numerator 1:	* Denominator 1:	* Performance Rate 1(%):	* Exclusion 1:
* Numerator 2:	* Denominator 2:	* Performance Rate 2(%):	* Exclusion 2:
* Numerator 3:	* Denominator 3:	* Performance Rate 3(%):	* Exclusion 3:

Stratum 2 Patient ages 12 - 17

* Numerator 4:	* Denominator 4:	* Performance Rate 4(%):	* Exclusion 4:
* Numerator 5:	* Denominator 5:	* Performance Rate 5(%):	* Exclusion 5:
* Numerator 6:	* Denominator 6:	* Performance Rate 6(%):	* Exclusion 6:

Total Patient ages 3 - 17

* Numerator 7:	* Denominator 7:	* Performance Rate 7(%):	* Exclusion 7:
* Numerator 8:	* Denominator 8:	* Performance Rate 8(%):	* Exclusion 8:
* Numerator 9:	* Denominator 9:	* Performance Rate 9(%):	* Exclusion 9:

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(*) Red asterisk indicates a required field.			
Responses are required for the clinical quality measure displayed on this page.			
Domain:	Community/Population Health		
Measure Number:	CMS155 v6.1.000		
NQF Number:	0024		
Measure Title:	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents		
Measure Description:	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported;		
	a. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.		
	b. Percentage of patients with counseling for nutrition.		
	c. Percentage of patients with counseling for physical activity.		
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.		
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.		
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.		
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.		
Stratum 1 Patient ages 3 - 11			
* Numerator 1:	0	* Denominator 1:	0
* Numerator 2:	0	* Denominator 2:	0
* Numerator 3:	0	* Denominator 3:	0
* Performance Rate 1(%):	0.0	* Exclusion 1:	0
* Performance Rate 2(%):	0.0	* Exclusion 2:	0
* Performance Rate 3(%):	0.0	* Exclusion 3:	0
Stratum 2 Patient ages 12 - 17			
* Numerator 4:	0	* Denominator 4:	0
* Numerator 5:	0	* Denominator 5:	0
* Numerator 6:	0	* Denominator 6:	0
* Performance Rate 4(%):	0.0	* Exclusion 4:	0
* Performance Rate 5(%):	0.0	* Exclusion 5:	0
* Performance Rate 6(%):	0.0	* Exclusion 6:	0
Total Patient ages 3 - 17			
* Numerator 7:	0	* Denominator 7:	0
* Numerator 8:	0	* Denominator 8:	0
* Numerator 9:	0	* Denominator 9:	0
* Performance Rate 7(%):	0.0	* Exclusion 7:	0
* Performance Rate 8(%):	0.0	* Exclusion 8:	0
* Performance Rate 9(%):	0.0	* Exclusion 9:	0

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Clinical Quality Measure 42

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(*) Red asterisk indicates a required field.

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


Domain: Patient Safety
Measure Number: CMS156 v6.4.000
NQF Number: 0022
Measure Title: Use of High-Risk Medications in the Elderly
Measure Description: Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported;
a. Percentage of patients who were ordered at least one high-risk medication.
b. Percentage of patients who were ordered at least two of the same 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.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1:	<input type="text"/>	* Denominator 1:	<input type="text"/>	* Performance Rate 1(%):	<input type="text"/>	* Exclusion 1:	<input type="text"/>
* Numerator 2:	<input type="text"/>	* Denominator 2:	<input type="text"/>	* Performance Rate 2(%):	<input type="text"/>	* Exclusion 2:	<input type="text"/>

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(*) Red asterisk indicates a required field.

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

Domain:	Patient Safety
Measure Number:	CMS156 v6.4.000
NQF Number:	0022
Measure Title:	Use of High-Risk Medications in the Elderly
Measure Description:	Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported;
	a. Percentage of patients who were ordered at least one high-risk medication.
	b. Percentage of patients who were ordered at least two of the same 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.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1:

* Denominator 1:

* Performance Rate 1(%):

* Exclusion 1:

* Numerator 2:

* Denominator 2:

* Performance Rate 2(%):

* Exclusion 2:

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(*) Red asterisk indicates a required field.

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

Domain:	Person and Caregiver-Centered Experience and Outcomes
Measure Number:	CMS157 v6.0.000
NQF Number:	0384
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:	<input type="text"/>	* Denominator:	<input type="text"/>	* Performance Rate (%):	<input type="text"/>
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(*) Red asterisk indicates a required field.

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

Domain:	Person and Caregiver-Centered Experience and Outcomes
Measure Number:	CMS157 v6.0.000
NQF Number:	0384
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:	<input type="text" value="0"/>	* Denominator:	<input type="text" value="0"/>	* Performance Rate (%):	<input type="text" value="0.0"/>
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(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exception:

Effective Clinical Care

CMS158 v6.0.000

Not Applicable

Pregnant women that had HBsAg testing

This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS158 v6.0.000

NQF Number:

Not Applicable

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:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exception:

0

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CQM 45 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 45

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Effective Clinical Care

Measure Number:

CMS159 v6.2.000

NQF Number:

0710

Measure Title:

Depression Remission at Twelve Months

Measure Description:

The percentage of patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 30 days) after an index 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.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 45

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 45

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS159 v6.2.000

0710

Depression Remission at Twelve Months

The percentage of patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 30 days) after an index visit.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

0

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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 46

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care
Measure Number: CMS160 v6.1.000
NQF Number: 0712
Measure Title: Depression Utilization of the PHQ-9 Tool
Measure Description: The percentage of patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 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.

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

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CQM 46 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 46

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS160 v6.1.000

0712

Depression Utilization of the PHQ-9 Tool

The percentage of patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4 month period in which there was a qualifying visit.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS161 v6.0.000
NQF Number:	0104
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:	<input type="text"/>	* Denominator:	<input type="text"/>	* Performance Rate (%):	<input type="text"/>
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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS161 v6.0.000
NQF Number:	0104
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:	<input type="text" value="0"/>	* Denominator:	<input type="text" value="0"/>	* Performance Rate (%):	<input type="text" value="0.0"/>
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Clinical Quality Measure 48

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS164 v6.2.000
NQF Number:	0068
Measure Title:	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
Measure Description:	Percentage of patients 18 years of age and older who were diagnosed with 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 antiplatelet during the measurement period.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Clinical Quality Measure 48

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Effective Clinical Care

CMS164 v6.2.000

0068

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Percentage of patients 18 years of age and older who were diagnosed with 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 antiplatelet during the measurement period.

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

0

* Denominator:

0

* Performance Rate (%):

0.0

* Exclusion:

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CQM 49

pennsylvania
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Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 49

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS165 v6.2.000
NQF Number:	0018
Measure Title:	Controlling High Blood Pressure
Measure Description:	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

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

* Numerator:

* Denominator:


* Performance Rate (%):

* Exclusion:

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CQM 49

Data Entered

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)
Thursday 07/05/2018
11:59:43 AM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Attestation Meaningful Use Measures

CMS1 **Clinical Quality Measure 49**

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS165 v6.2.000
NQF Number:	0018
Measure Title:	Controlling High Blood Pressure
Measure Description:	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

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

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

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CQM 50 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 50

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Measure Number:

NQF Number:

Measure Title:

Measure Description:

Numerator:

Denominator:

Performance Rate(%):

Exclusion:

Efficiency and Cost Reduction

CMS166 v7.1.000

0052

Use of Imaging Studies for Low Back Pain

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.

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

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

A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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CQM 50

Data Entered

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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Clinical Quality Measure 50

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Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Efficiency and Cost Reduction

Measure Number: CMS166 v7.1.000

NQF Number: 0052

Measure Title: Use of Imaging Studies for Low Back Pain

Measure Description: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

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

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

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

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

* Numerator: 0

* Denominator: 0

* Performance Rate (%): 0.0

* Exclusion: d

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Clinical Quality Measure 51

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS167 v6.0.000
NQF Number:	0088
Measure Title:	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exception:

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Clinical Quality Measure 51

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:Effective Clinical Care

Measure Number:CMS167 v6.0.000

NQF Number:0088

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:0

* Denominator:0

* Performance Rate (%):0.0

* Exception:0

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Clinical Quality Measure 52

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Effective Clinical Care
Measure Number:	CMS169 v6.0.000
NQF Number:	Not Applicable
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 (%):

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

CQM 52

Data Entered

Payment Year: 2019 Program Year: 2019

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

Attestation Meaningful Use Measures

[CMS137](#) [CMS165](#) [CMS156](#) [CMS155](#) [CMS138](#) [CMS124](#) [CMS153](#) [CMS130](#) [CMS117](#) [CMS147](#) [CMS166](#) [CMS131](#) [CMS123](#) [CMS122](#) [CMS134](#) [CMS164](#) [CMS154](#)

Clinical Quality Measure 52

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain: Effective Clinical Care
Measure Number: CMS169 v6.0.000
NQF Number: Not Applicable
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: 0 * Denominator: 0 * Performance Rate (%): 0.0

Previous Return to Main Clear All Entries Save & Continue

CQM 53 Data Entry Screen

Payment Year	2	Program Year	2018
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Get Started	R&A/Contact	Eligibility	Patient Volum	Attestation	Review	Submit
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Attestation Meaningful Use Measures

[CMS137](#)
[CMS165](#)
[CMS156](#)
[CMS155](#)
[CMS138](#)
[CMS124](#)
[CMS153](#)
[CMS130](#)
[CMS117](#)
[CMS147](#)
[CMS166](#)
[CMS131](#)
[CMS123](#)
[CMS122](#)
[CMS134](#)
[CMS164](#)
[CMS154](#)

Clinical Quality Measure 53

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:	Patient Safety
Measure Number:	CMS177 v6.0.000
NQF Number:	1365
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:	<input type="text"/>	* Denominator:	<input type="text"/>	* Performance Rate (%):	<input type="text"/>
--------------	----------------------	----------------	----------------------	-------------------------	----------------------

Previous

Return to Main

Clear All Entries

Save & Continue

CQM 53

Data Entered

Payment Year	2	Program Year	2018
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Get Started

R&A/Contact

Eligibility

Patient Volum

Attestation

Review

Submit

Attestation Meaningful Use Measures

CMS137

CMS165

CMS156

CMS155

CMS138

CMS124

CMS153

CMS130

CMS117

CMS147

CMS166

CMS131

CMS123

CMS122

CMS134

CMS164

CMS154

Clinical Quality Measure 53

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

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

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

Domain:

Patient Safety

Measure Number:

CMS177 v6.0.000

NQF Number:

1365

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:

0

* Denominator:

0

* Performance Rate (%):

0.0

Previous

Return to Main

Clear All Entries

Save & Continue

Meaningful Use and CQMs Completed

- Once all measures have been completed you will see a green check mark next to each measure
- Click save and continue to begin to review the information that you have submitted
- You will be taken to a screen with the data that you have entered in the last column

✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-9)	10/10	EDIT Clear All
✓	Required Public Health Objective (10)	4/4	EDIT Clear All

The Department is testing accepting Electronic Clinical Quality Measures (eCQMs) from selected EPs. You can only choose eCQMs if you have been approved and notified by the program office. If you are interested in participating in eCQM testing contact us at RA-mahealthit@pa.gov to request consultation and technical assistance. If you have NOT received notification that you can submit test files DO NOT check the eCQM button on the selection screen.

IMPORTANT: Only choose the Electronic Clinical Quality Measures option IF you are an Eligible Professional working with a health information organization (HIO), have ability to submit Quality Reporting Document Architecture III (QRDA III) files, **AND have been approved to submit these files.**

Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

✓	Clinical Quality Measures	53/53	EDIT Clear All
Cancel and Choose Electronic			Cancel

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

Previous Save & Continue

Completed MU, PH, and CQM Measures Page

- Make sure that you scroll down to the bottom of the page to review each of the 4 sections
 - Meaningful Use Requirements Review
 - Meaningful Use Objective Review
 - Meaningful Use Clinical Quality Measure Review
 - Click Save and Continue when done

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 = 200 Denominator = 300 Percentage = 66%		
Meaningful Use Objective Review				
Objective Number	Objective	Entered		
	Activities related to supporting providers with the performance of Certified EHR Technology:			
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 Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = Yes Registry Name = PA SIIS Active Engagement Option = Completed registration to submit data		
Meaningful Use Clinical Quality Measure Review				
NQF	Measure Code	Domain	Title	Entered
Not Applicable	CMS50 v6.0.000	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0

Attestation Phase (Part 3 of 3)

Get Started

R&A/Contact

Eligibility

Patient Volum

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Submit

Attestation Phase (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. Yes No

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

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


*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	4000000040001	Adam Mapir	3344 Washington St MapirCity, PA 18064-8064	SERVICE LOCATION ADDRESS: 3344 Washington St MapirCity, PA 18064-8064 PAYEE TYPE: Physician EFT: No

Previous

Reset

Save & Continue


Attestation Complete

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)
Monday 07/23/2018 12:34:25 PM
EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volum](#) [Attestation](#) [Review](#) [Submit](#)



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

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


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

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

[Continue](#)

Review Panel

- The next 4 slides will show the review panel
- Please make sure to scroll to the bottom of the page to see the entire screen
- When you have finished your review, click Continue
- Clicking continue will take you back to the attestation screen
- Click the Submit tab at the top to proceed

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)
Monday 07/23/2018 12:34:49 PM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

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

[Print](#)

Status

Incomplete

CEHRT ID Information

CMS EHR Certification ID: 0015HWG9VLL3HUU

R&A Verification

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payee NPI	9300002507		

Business Address
3344 Washington St
//
MapirCity, PA 18064
//

Business Phone 610-555-1313

Incentive Program MEDICAID **State** PA

Eligible Professional Type Physician

Middle of the Review Panel

R&A Registration ID	1000673586
R&A Registration Email	c-sammoore@pa.gov
CMS EHR Certification Number	1314E01Q9APDEAV
Is this information accurate?	Yes

Primary Contact Information

First Name	Adam
Last Name	MAPIR
Phone	222-222-2222
Phone Extension	
Email Address	c-mofisher@pa.gov
Department	BDCM
Address	7th & Forster Streets Harrisburg, PA 17110

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?	Physician
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	No

Review Panel

Patient Volume Practice Type (Part 1 of 3)

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

Yes

Please indicate if you are submitting volumes for:

Group/Clinic

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Jul 01, 2017

End Date: Sep 28, 2017

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	400000004, 0001	Adam Mapir	3344 Adam Street MapirCity, PA 18064-8064

Group Practice ID(s) 9300002507

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
200	100	300	400	75%

Attestation Phase (Part 1 of 3)

EHR System Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Feb 01, 2018

End Date: May 01, 2018

Review Panel

Attestation Phase (Part 1 of 3)

EHR System Phase: Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)

Start Date: Feb 01, 2018
End Date: May 01, 2018

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
4000000040001	Adam Mapir	3344 Washington St MapirCity, PA 18064-8064	SERVICE LOCATION ADDRESS: 3344 Washington St MapirCity, PA 18064-8064 PAYEE TYPE: Physician EFT: No

[Top](#)

Continue

Submit Tab

Get Started R&A/Contact Eligibility Patient Volum Attestation Review Submit



Check Errors Review

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

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

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

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

In order to complete the MAPIR application process, the Eligible Professional is required to provide documentation verifying that a certified EHR system is being meaningfully used. A list of accepted documents can be found on the HIT website at <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm> You must 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

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: ◦ Yes ◦ No

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?

Question 2: ◦ Yes ◦ No

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

Question 3: ◦ Yes ◦ No

Is your Electronic Health Record System certified to the 2015 Edition?

Question 4: ◦ Yes ◦ No

Do you need additional technical assistance to help you meet the MU standards?

Question 5: ◦ Yes ◦ No

During the time you have been utilizing an EHR system, have you ever switched to a new EHR System?

Question 6: ◦ Yes ◦ No

If you have switched EHR Systems, do you have access to usable records from your previous EHR System?

Question 7: ◦ Yes ◦ No

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

Question 8: ◦ Yes ◦ No

Do you participate with any of Pennsylvania's (HIOs) i.e. Clinical Connect Health Information Exchange, eVantageHealth, Health Share Exchange of Southeastern Pennsylvania (HSX), Keystone Health Information Exchange (KeyHIE), or Mount Nittany Exchange?

Question 9: ◦ Yes ◦ No

Are you required to participate in the Merit Based Incentive Payment Program (MIPS)?

Question 10: ◦ Yes ◦ No

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

[Previous](#)

[Reset](#)

[Save & Continue](#)

Application Questionnaire Completed

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: ◦ Yes ◦ No

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?

Question 2: ◦ Yes ◦ No

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

Question 3: ◦ Yes ◦ No

Is your Electronic Health Record System certified to the 2015 Edition?

Question 4: ◦ Yes ◦ No

Do you need additional technical assistance to help you meet the MU standards?

Question 5: ◦ Yes ◦ No

During the time you have been utilizing an EHR system, have you ever switched to a new EHR System?

Question 6: ◦ Yes ◦ No

If you have switched EHR Systems, do you have access to usable records from your previous EHR System?

Question 7: ◦ Yes ◦ No

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

Question 8: ◦ Yes ◦ No

Do you participate with any of Pennsylvania's (HIOs) i.e. Clinical Connect Health Information Exchange, eVantageHealth, Health Share Exchange of Southeastern Pennsylvania (HSX), Keystone Health Information Exchange (KeyHIE), or Mount Nittainny Exchange?

Question 9: ◦ Yes ◦ No

Are you required to participate in the Merit Based Incentive Payment Program (MIPS)?

Question 10: ◦ Yes ◦ No

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

[Previous](#)

[Reset](#)

[Save & Continue](#)

Application Submission (Part 1 of 2)

Application Submission (Part 1 of 2)

You will now be asked to upload documentation verifying the information entered in the MAPIR application.

Prepayment Required Documentation: All Applications require documentation be submitted prior to the application being processed. **Note:** Failure to provide required documentation will result in further delay of application processing.

****You will NOT be able to proceed to the next screen without uploading at least one document**

- Certified Electronic Health Record Technology (CEHRT) - please provide one of the following: a signed contract or user agreement between you and the vendor; a signed lease between you and the vendor; or a receipt of purchase/paid invoice. We cannot accept a screen print of the ONC website that shows the CMS Certification ID number.
- Signed Vendor Letter - a signed letter from your EHR vendor indentifying the CMS EHR Certification ID number. A sample vendor letter can be viewed on this web site: http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_022831.pdf

Meaningful Use Documentation - to view our Meaningful Use Documentation Guide, please visit the following webpage and scroll down to the Medical Assistance Auditing Acceptable Supporting Documentation section:

<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>

*When ready click 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: No file chosen

Choose File to Upload

- Click the Choose File to Upload Button
- Your system should open a window that will allow you to search for the documents you want to upload into MAPIR
- Select the file you want and then click open

Application Submission (Part 1 of 2)

You will now be asked to upload documentation verifying the information entered in the

Prepayment Required Documentation: All Applications require documentation provide required documentation will result in further delay of application processing.

****You will NOT be able to proceed to the next screen without uploading at least one of the following documents:**

- Certified Electronic Health Record Technology (CEHRT) - please provide one of the following: a signed letter from your EHR vendor identifying the CMS certification number; or a receipt of purchase/paid invoice. We cannot accept a screenshot of the CEHRT screen.
- Signed Vendor Letter - a signed letter from your EHR vendor identifying the CMS certification number.

Meaningful Use Documentation - to view our Meaningful Use Documentation Guide, please click the <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistance> link in the Acceptable Supporting Documentation section:

<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistance>

When ready click the **Save & Continue** button to review your selection, or click the **Back** button to return to the previous screen.

REC

Screenshots and Documents

2012 OPS M

2017 MAPIR

2018 MAPIR

2018 MAPIR

EH Provider

EP Provider

MAPIR Screenshots

Splash Page

Test Upload

Surveys

Name	Date modified	Type
Test file to Upload to MAPIR for Screenshots 2	9/12/2017 11:28 AM	Microsoft Word Document
Test file to Upload to MAPIR for Screenshots 2	9/12/2017 11:32 AM	Adobe PDF File
Test file to Upload to MAPIR for Screenshots 3	9/12/2017 11:29 AM	Microsoft Word Document
Test file to Upload to MAPIR for Screenshots	9/12/2017 11:26 AM	Microsoft Word Document
Test file to Upload to MAPIR for Screenshots	9/12/2017 11:32 AM	Adobe PDF File

File name: Test file to Upload to MAPIR for Screen

All Files

Open

Cancel

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: No file chosen

Choose File to Upload

Make sure that the file you
upload is a PDF

You will now be asked to upload documentation verifying the information entered in the MAPIR application.

Prepayment Required Documentation: All Applications require documentation be submitted prior to the application being processed. **Note:** Failure to provide required documentation will result in further delay of application processing.

****You will NOT be able to proceed to the next screen without uploading at least one document**

- Certified Electronic Health Record Technology (CEHRT) - please provide one of the following: a signed contract or user agreement between you and the vendor; a signed lease between you and the vendor; or a receipt of purchase/paid invoice. We cannot accept a screen print of the ONC website that shows the CMS Certification ID number.
- Signed Vendor Letter - a signed letter from your EHR vendor indentifying the CMS EHR Certification ID number. A sample vendor letter can be viewed on this web site: http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_022831.pdf

Meaningful Use Documentation - to view our Meaningful Use Documentation Guide, please visit the following webpage and scroll down to the Medical Assistance Auditing Acceptable Supporting Documentation section:

<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincintiverepos/index.htm>

*When ready click 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: No file chosen

- **File must be in .pdf format.**

Choose File to Upload

- Click the Upload File Button
- You will get a message at the bottom of the screen that reads
- “File has been successfully uploaded”
- Click save and Continue

lease between you and the vendor; or a receipt or purchase/paid invoice. We cannot accept a screen print of the UNC website that shows the CMS Certification ID number.

- Signed Vendor Letter - a signed letter from your EHR vendor indentifying the CMS EHR Certification ID number. A sample vendor letter can be viewed on this web site: http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_022831.pdf

Meaningful Use Documentation - to view our Meaningful Use Documentation Guide, please visit the following webpage and scroll down to the Medical Assistance Auditing Acceptable Supporting Documentation section:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincintiverepos/index.htm>

When ready click 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: No file chosen

Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
Test file to Upload to MAPIR for Screenshots 2.pdf	7002	07/30/2018	<input type="button" value="View"/> <input type="button" value="Delete"/>

- **File has been successfully uploaded.**

Application Submission (Part 1 of 2)

**pennsylvania**
DEPARTMENT OF HUMAN SERVICES
Pennsylvania Department of Human Services

[Print](#) [Contact Us](#) [Exit](#)
Monday 07/30/2018 10:54:22 AM EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

☐ Provider ☐ Preparer

[Previous](#) [Reset](#) [Save & Continue](#)

Application Submission (Part 1 of 2) Completed



[Print](#) [Contact Us](#) [Exit](#)
Monday 07/30/2018 10:54:22 AM
EDT

Name	Adam Mapir	Applicant NPI	9300002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

[Get Started](#) [R&A/Contact I](#) [Eligibility](#) [Patient Volume](#) [Attestation](#) [Review](#) [Submit](#)

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)

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements or documents or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties. **Authorized User:**

I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. **Disclosures:** This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in a recoupment of payment.

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name:

* Preparer Relationship:



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

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Sign Electronically

Application Submission (Part 2 of 2) Completed

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements or documents or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties. **Authorized User:**

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(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name:

Monica Fisher

* Preparer Relationship:

Adam Mapir



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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Sign Electronically

You Have Now
Completed
Applying for the
Program



- If you have questions about your application email us at:
 - RA-mahealthit@pa.gov