



# pennsylvania

DEPARTMENT OF HUMAN SERVICES  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

## Promoting Interoperability Program

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Program Year 2018 Eligible Professional Stage 3 Screenshots

# Program Year 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 eQMs 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 application is completed. Contact us right away at [RA-mahealthit@pa.gov](mailto: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](mailto: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

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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](mailto: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/provider/promise/enrollmentinformation/S_001994)
  - [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_228794.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_228794.pdf)

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[Continue](#)

# Select Application Program Year

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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"/>	<i>Future</i>	<i>Future</i>	2	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	3	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	4	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	5	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>Future</i>	6	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>



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:

0015HWG9VLL3HUU

(No dashes or spaces should be entered.)

**Exit** **Reset** **Next**

# CEHRT CONFIRMATION SCREEN

Payment Year 2

Program Year 2018

## 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: **0015HWG9VLL3HUU**

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

# Meaningful Use Stage Selection

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 Selected

**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.**

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

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

# Meaningful Use Stage Selection Review

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**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 Stage 3 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

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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.

UI 106-C

# Getting Started



## Pennsylvania Department of Human Services

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

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

### Name:

Adam Mapir



**Applicant NPI:** 9300002507

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

### Navigation Keys:

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

**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.

- **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




# R&A Contact Verification Page

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DEPARTMENT OF HUMAN SERVICES EDT

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

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.

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

(\* ) Red asterisk indicates a required field.

\* Is this information accurate?  Yes  No

# 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

## 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 Extension	<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 Extension	<input type="text"/>
Email Address	<input type="text"/>	Verify Email	<input type="text"/>

# Contact Information Completed

## 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

---

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

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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/maprovincincentiverepos/index.htm>

[Begin](#)



# Professional Eligibility Questions 1 (Part 1 of 2)

Pennsylvania Department of Human Services

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

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


**Get Started** **R&A/Contact 1** **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 I 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 

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 

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\* Are you licensed in all states in which you practice?  Yes  No 

# Eligibility Completed

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

[Get Started](#) [R&A/Contact I](#) [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.

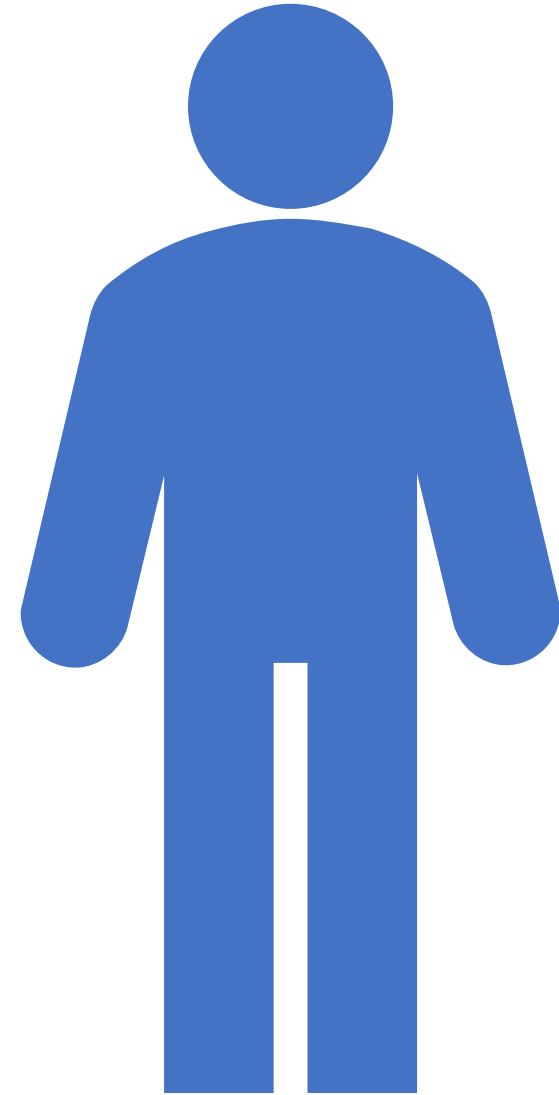
Before submitting your application, please review the information that you have provided in this section, and all previous sections.

[Continue](#)

# Patient Volume


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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 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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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)

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	4444444444	<b>Payee TIN</b>	4444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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 [?](#)

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



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

EDI

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

UI 42

# Patient Volume 90 Day Period (Part 2 of 3) Individual

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

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

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


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

**(\*) Red asterisk indicates a required field.**

\*Please select one of the following two options.

Calendar Year Preceding  
Payment Year

12 Months Preceding Attestation  
Date

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

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

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

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

---

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

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

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

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

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

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# 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

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


# Patient Volume Individual

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

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

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

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

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

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# Patient Volume – Individual (Part 3 of 3) Data Entry Screen

Personal TIN/SSN 444444444  
Payment Year 2

Payee TIN 444444444  
Program Year 2018

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## Patient Volume - Individual (Part 3 of 3)

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

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

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

**(\*) Red asterisk indicates a required field.**

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

Previous Reset Save & Continue

# Patient Volume – Individual (Part 3 of 3) Completed

Personal TIN/SSN 444444444  
Payment Year 2

Payee TIN 444444444  
Program Year 2018

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## Patient Volume - Individual (Part 3 of 3)

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

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

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

**(\*) Red asterisk indicates a required field.**

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

Previous Reset Save & Continue



# Patient Volume – Individual (Part 3 of 3) Error Message

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### Patient Volume - Individual (Part 3 of 3)

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

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

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


**(\*) Red asterisk indicates a required field.**

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
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



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

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

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Attestation
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Submit

### Patient Volume - Individual (Part 3 of 3)

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

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

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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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 [?](#)

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

# Patient Volume – Group (Part 3 of 3)

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

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## Patient Volume - Group (Part 3 of 3)

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

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

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

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

(\*) Red asterisk indicates a required field.

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

[Add Location](#) [Refresh](#)

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# Patient Volume Group

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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](mailto: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/maprovincinentiverepos/index.htm>

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# 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)
*500	*500	* 500

# Patient Volume – Group (Part 3 of 3)

 **pennsylvania**  
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Monday 07/30/2018 12:17:30 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 - 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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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)


**pennsylvania**  
 DEPARTMENT OF HUMAN SERVICES  
 Pennsylvania Department of Human Services

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 Monday 07/30/2018 12:20:08 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 - 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.**

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# Patient Volume FQHC/RHC



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

Name  
Personal TIN/SSN  
Payment Year

Adam Mapir  
444444444  
2

Applicant NPI  
Payee TIN  
Program Year

9300002507  
444444444  
2018

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

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

For more detailed information please refer to the **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

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

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

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

Needy individual encounters include the following:

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

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

(\*) Red asterisk indicates a required field.

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
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)



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

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[Attestation](#)
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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	<b>Medicaid and CHIP</b> 400 <b>Numerator:</b> <b>Other Needy</b> 200 <b>Numerator:</b> <b>Total Needy</b> 600 <b>Numerator:</b> <b>Denominator:</b> 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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[Save & Continue](#)

# Patient Volume FQHC (part 1 of 3) Group

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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 [?](#)

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

# Patient Volume FQHC/RHC Group


---

Personal Info, Cert, Financials, Program Year, 2018

Payment Year 2

Program Year 2018

Get Started R&A/Contact Eligibility Patient Volum 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](mailto: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](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/manual/p_011449.pdf)

Begin

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

## 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 Year 2 Program Year 2018

Get Started R&A/Contact 1 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.



[Print](#) [Contact Us](#) [Exit](#)  
Monday 07/30/2018 2:32:21 PM  
EDT

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

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



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

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

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

[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 Volum 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](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](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

# Attestation Phase (Part 1 of 3)

 **Pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	4444444444	<b>Payee TIN</b>	4444444444
<b>Payment Year</b>	2	<b>Program Year</b>	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.*

# Attestation Phase (Part 1 of 3) MU Period Selected

---

 **Pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

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

**Get Started** **R&A/Contact 1** **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)

---

DEPARTMENT OF HUMAN SERVICES Monday 07/30/2018 4:11:09 PM EDT

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

**Get Started** **R&A/Contact 1** **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

# Attestation EHR Reporting Period (Part 1 of 3) Confirmation



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Monday 07/30/2018 4:13:34 PM EDT

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

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

## 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](#)

# 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.

<u>Completed?</u>	<u>Topics</u>	<u>Progress</u>	<u>Action</u>
	<b>General Requirements</b>		<input type="button" value="Begin"/>
	<b>Meaningful Use Objectives (0-7)</b>		<input type="button" value="Begin"/>
	<b>Required Public Health Objective (8)</b>		<input type="button" value="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](mailto:RA-mahealthit@pa.gov) to request consultation and technical assistance. If you have NOT

# General Requirements

## Meaningful Use General Requirements

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

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

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.      \* Numerator:       \* Denominator:

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

\* Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?       Yes  No ⓘ

\* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?       Yes  No ⓘ

\* Is your CQM reporting period the same as your Meaningful Use reporting period?       Yes  No ⓘ

# General Requirements Completed

## Meaningful Use General Requirements

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

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

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized. **\* Numerator:**  **\* Denominator:**

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

\* Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?  Yes  No

\* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?  Yes  No


\* Is your CQM reporting period the same as your Meaningful Use reporting period?  Yes  No

# Meaningful Use Objectives (0- 7)

---

**Meaningful Use Objectives 0-7:** 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. A navigation panel has been added to the left side of the screen allowing you to complete your selections in any order.
2. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
3. For more details on each objective, select the '**CLICK HERE**' link at the top left of each screen.
4. 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.
5. 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.
6. The white checkmark in the green circle  means the section is completed but does not mean you passed or failed the objectives.
7. You may review the completed objectives by selecting the '**EDIT**' button.
8. 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**

# Objective 0 – ONC Questions

Attestation Meaningful Use Objectives

Objective 0 – ONC Questions

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

Click the **Save & Continue** to proceed. 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.

**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. 300j(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. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor?  
 Yes  No

[Return to Main](#) | [Clear All Entries](#) | [Save & Continue](#)

# Objective 1

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)  
Thursday 08/02/2018 3:08:41 PM EDT

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

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

### Attestation Meaningful Use Objectives

[Objective 0](#)  **Objective 1 - Protect Patient Health Information**

[Objective 1](#)

[Objective 2](#)

[Objective 3](#)

[Objective 4](#)

[Objective 5](#)

[Objective 6](#)

[Objective 7](#)

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

Click the **Save & Continue** to proceed. 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.**

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data 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), implement security updates as necessary, and correct identified security deficiencies as part of the provider'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):

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# Objective 2 Data Entry Screen

[Objective 2](#)

[Objective 3](#)

[Objective 4](#)

[Objective 5](#)

[Objective 6](#)

[Objective 7](#)

Click the **Save & Continue** to proceed. 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.

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

Measure: More than 60 percent of all 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:** Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his 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 prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

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

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# Objective 2 Data Entered

[Objective 2](#)  
[Objective 3](#)  
[Objective 4](#)  
[Objective 5](#)  
[Objective 6](#)  
[Objective 7](#)

Click the **Save & Continue** to proceed. 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.

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

Measure: More than 60 percent of all 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:** Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his 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 prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator:  Denominator:

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)



# Objective 3 Data Entry Screen

DEPARTMENT OF HUMAN SERVICES Thursday 08/02/2018 3:12:40 PM EDT

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

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### Attestation Meaningful Use Objectives

[Objective 0](#)  [Objective 1](#)  [Objective 2](#)  [Objective 3](#)  [Objective 4](#)  [Objective 5](#)  [Objective 6](#)  [Objective 7](#)

#### Objective 3 - Clinical Decision Support

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

*Click the **Save & Continue** to proceed. 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.**

Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

**Measure 1:** Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs 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

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# Objective 3 Data Entered

DEPARTMENT OF HUMAN SERVICES Thursday 08/02/2018 3:12:40 PM EDT

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

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

### Attestation Meaningful Use Objectives

- [Objective 0](#) ✓
- [Objective 1](#) ✓
- [Objective 2](#) ✓
- [Objective 3](#)**
- [Objective 4](#)
- [Objective 5](#)
- [Objective 6](#)
- [Objective 7](#)

#### Objective 3 - Clinical Decision Support

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

Click the **Save & Continue** to proceed. 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.**

Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

**Measure 1:** Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs 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

**Return to Main** **Clear All Entries** **Save & Continue**

# Objective 4 Data Entry Screen

## Objective 7

licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, 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 60 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 60 percent of diagnostic imaging 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 diagnostic imaging orders created by the EP during the EHR reporting period.

**Exclusion 3:** Any EP who writes fewer than 100 diagnostic imaging 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:**

Return to Main

Clear All Entries

Save & Continue

# Objective 4 Data Entered

## Objective 7

icensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, 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 60 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 60 percent of diagnostic imaging 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 diagnostic imaging orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 diagnostic imaging 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:**

[Return to Main](#)

[Clear All Entries](#)

[Save & Continue](#)

# Objective 5 Data Entry Screen

Attestation Meaningful Use Objectives

Objective 0 ✓  
Objective 1 ✓  
Objective 2 ✓  
Objective 3 ✓  
Objective 4 ✓  
Objective 5  
Objective 6  
Objective 7

### Objective 5 - Patient Electronic Access to Health Information

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

Click the **Save & Continue** to proceed. 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.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.  
\* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.  
 Yes  No

**Exclusion 2:** Any EP that 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 may exclude the measure.  
Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.  
 Yes  No

**Measure 1:** For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

**Numerator 1:** The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.  
**Denominator 1:** The number of unique patients seen by the EP during the EHR reporting period.

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

**Measure 2:** The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.  
**Denominator 2:** The number of unique patients seen by the EP during the EHR reporting period.

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

# Objective 5 Data Entered

Attestation Meaningful Use Objectives

Objective 0 ✓  
Objective 1 ✓  
Objective 2 ✓  
Objective 3 ✓  
Objective 4 ✓  
Objective 5  
Objective 6  
Objective 7

### Objective 5 - Patient Electronic Access to Health Information

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

Click the **Save & Continue** to proceed, 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.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.

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

**Exclusion 2:** Any EP that 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 may exclude the measure.

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

**Measure 1:** For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

**Numerator 1:** The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.  
**Denominator 1:** The number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:** 550 **Denominator 1:** 600

**Measure 2:** The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.  
**Denominator 2:** The number of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:** 550 **Denominator 2:** 600 x

Return to Main Clear All Entries Save & Continue

Ulf 689

# Objective 6 Data Entry Screen

[Objective 5](#) ✓  
[Objective 6](#)  
[Objective 7](#)

(\*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.  
\* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.  
 Yes  No


**Exclusion 2:** Any EP that 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 may exclude the measure.  
Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.  
 Yes  No

**Measure 1:** During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).  
**Numerator 1:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.  
**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.  
Numerator 1:  Denominator 1:

**Measure 2:** For more than 5 percent of all 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 their authorized representative.  
**Numerator 2:** 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), during the EHR reporting period.  
**Denominator 2:** Number of unique patients seen by the EP during the EHR reporting period.  
Numerator 2:  Denominator 2:

**Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.  
**Numerator 3:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.  
**Denominator 3:** Number of unique patients seen by the EP during the EHR reporting period.  
Numerator 3:  Denominator 3:

# Objective 6 Data Entered

**Objective 5**  **Objective 6** **Objective 7**

(\*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.

Yes  No

**Exclusion 2:** Any EP that 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 may exclude the measure.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.

Yes  No

**Measure 1:** During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

**Numerator 1:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

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

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

**Measure 2:** For more than 5 percent of all 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 their authorized representative.

**Numerator 2:** 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), during the EHR reporting period.

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

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

**Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.


**Numerator 3:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

**Denominator 3:** Number of unique patients seen by the EP during the EHR reporting period.

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



# Objective 7 Data Entry Screen

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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Thursday 08/02/2018 3:25:05 PM EDT

Name	Adam Mapir	Applicant NPI	930002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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### Attestation Meaningful Use Objectives

- Objective 0
- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5
- Objective 6
- Objective 7

#### Objective 7 - Health Information Exchange (HIE)

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

Click the **Save & Continue** to proceed. 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.**

Based on the selections you make below you may be required to provide more information.

**Exclusion 1:** 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 the exclusion apply to you?

Yes  No

**Exclusion 2:** Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.

\* Does the exclusion apply to you?

Yes  No


**Exclusion 3:** Any EP that 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 may exclude the measures.

\* Does the exclusion apply to you?

Yes  No

UT 671

# Objective 7 Data Entered

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)  
Thursday 08/02/2018 3:25:05 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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### Attestation Meaningful Use Objectives

**Objective 0** ✓  
**Objective 1** ✓  
**Objective 2** ✓  
**Objective 3** ✓  
**Objective 4** ✓  
**Objective 5** ✓  
**Objective 6** ✓  
**Objective 7**

#### Objective 7 - Health Information Exchange (HIE)

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

*Click the **Save & Continue** to proceed. 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.

Based on the selections you make below you may be required to provide more information.

**Exclusion 1:** 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 the exclusion apply to you?

Yes  No

**Exclusion 2:** Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.

\* Does the exclusion apply to you?

Yes  No

**Exclusion 3:** Any EP that 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 may exclude the measures.

\* Does the exclusion apply to you?

Yes  No

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# Objective 7 Data Entry Screen

Objective 0 ✓  
Objective 1 ✓  
Objective 2 ✓  
Objective 3 ✓  
Objective 4 ✓  
Objective 5 ✓  
Objective 6 ✓  
Objective 7

### Objective 7 - Health Information Exchange (HIE)

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

Click the **Save & Continue** to proceed. Click **Previous** to go back. 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.)

Based on your exclusion selections from the previous screen you are required to provide the following information.

**Objective:** The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

**Measure 1:** For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

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

\* Numerator 1:  \* Denominator 1:

**Measure 2:** For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

**Numerator 2:** Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

**Denominator 2:** Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

\* Numerator 2:  \* Denominator 2:

**Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

**Numerator 3:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

**Denominator 3:** Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

\* Numerator 3:  \* Denominator 3:

# Objective 7 Data Entered

Objective 0 ✓  
Objective 1 ✓  
Objective 2 ✓  
Objective 3 ✓  
Objective 4 ✓  
Objective 5 ✓  
Objective 6 ✓  
Objective 7

### Objective 7 - Health Information Exchange (HIE)

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

Click the **Save & Continue** to proceed. Click **Previous** to go back. 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.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

**Measure 1:** For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

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

\* Numerator 1:  \* Denominator 1:

**Measure 2:** For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

**Numerator 2:** Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

**Denominator 2:** Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

\* Numerator 2:  \* Denominator 2:

**Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

**Numerator 3:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

**Denominator 3:** Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

\* Numerator 3:  \* Denominator 3:  x

UI 672

# Required Public Health Objective

**Required Public Health Objective (8)**

**Begin**

# Required Public Health Objective 8

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Address


**Required Public Health Objective (Objective 8):** As part of the Meaningful Use Attestation, Eligible Professionals (EPs) are required to attest to two (2) Public Health Options without taking an exclusion. A navigation panel has been added to the left side of the screen allowing you to complete your selections in any order. 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/MedicaidEPStage3\\_Obj8.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_Obj8.pdf)

If you cannot successfully attest to two (2) Options, then you must qualify for an Exclusion for the remaining Options (**Except Electronic Case Reporting, which is Optional in Program Year 2018**) 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-Electronic Case Reporting	The EP is in active engagement with a public health agency to submit case reporting of reportable conditions	1
Measure Option 4-Public Health Registry Reporting	The EP is in active engagement with a public health agency to submit data to public health registries	2 for EPs*
Measure Option 5-Clinical Data Registry Reporting	The EP is in active engagement to submit data to a clinical data registry	2 for EPs*

**\*EPs may report to public health or clinical data 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**

UI 716-C

# Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using 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 from an urgent care setting.	<input type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>

Return to Main    Reset    Save & Continue

# Required Public Health Objective List Table

- All objectives and options selected for demonstration ONLY
- You are required to successfully attest to 2 public health options without taking an exclusion

Required Public Health Objective List Table			
Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using 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 from an urgent care setting.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>



# Objective 8, Option 1 Data Entry Screen

Objective 8 Option 1  
Objective 8 Option 1A  
Objective 8 Option 1B  
Objective 8 Option 1A  
Objective 8 Option 1B

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.

**Objective:** The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

\*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 their jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

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

# Objective 8, Option 1 Data Entered

4  
Objective 8 Option  
3  
Objective 8 Option  
4A  
Objective 8 Option  
4B  
Objective 8 Option  
5A  
Objective 8 Option  
5B

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.

**Objective:** The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

\*Does this option apply to you?  
 Yes  No

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

**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 their jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

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

**Previous** **Return to Main** **Clear All Entries** **Save & Continue**

# Objective 8, Option 2 Data Entry Screen

attestation-implementation-use-objectives

Objective 8  Objective 8 Option 1  Objective 8 Option 2  Objective 8 Option 3  Objective 8 Option 4A  Objective 8 Option 4B  Objective 8 Option 5A  Objective 8 Option 5B

Objective 8 Option 2 - Syndromic Surveillance Reporting

[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.**

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using 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 from an urgent care setting.

\*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 as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 2 Data Entered

attestation.measuretool.use Objectives

Objective 8  Objective 8 Option 1  Objective 8 Option 2  Objective 8 Option 3  Objective 8 Option 4A  Objective 8 Option 4B  Objective 8 Option 5A  Objective 8 Option 5B

### Objective 8 Option 2 - Syndromic Surveillance Reporting

[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.

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**(\*) Red asterisk indicates a required field.**

**Objective:** The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using 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 from an urgent care setting.

\*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 as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 3 Data Entry Screen

Objective 8  
Option 2  
Objective 8  
Option 3  
Objective 8  
Option 4A  
Objective 8  
Option 4B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

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.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the electronic case reporting 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 treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data 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 electronic case reporting data as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 3 Data Entered

[Objective 8](#)  
[Option 2](#)  
[Objective 8](#)  
[Option 3](#)  
[Objective 8](#)  
[Option 3A](#)  
[Objective 8](#)  
[Option 4B](#)  
[Objective 8](#)  
[Option 5A](#)  
[Objective 8](#)  
[Option 5B](#)

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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.**

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

**Measure:** Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the electronic case reporting 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 treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data 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 electronic case reporting data as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 4A Data Entry Screen

Objective 8 ✓  
Option 2 ✓  
Objective 8  
Option 3  
Objective 8  
Option 4A  
Objective 8  
Option 3B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

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.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 – Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the public health 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 4 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 directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency 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 public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 4A Data Entered

Objective 8   
Option 2   
Objective 8  
Option 3  
Objective 8  
Option 4A  
Objective 8  
Option 3B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

[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.**

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the public health registry used below.  
Cancer Registry

**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 4 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 directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency 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 public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

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# Objective 8, Option 4B Data Entry Screen

[Objective 8](#)   
[Option 2](#)   
[Objective 8](#)   
[Option 3](#)   
[Objective 8](#)   
[Option 4A](#)   
[Objective 8](#)   
[Option 4B](#)   
[Objective 8](#)   
[Option 5A](#)   
[Objective 8](#)   
[Option 5B](#)

[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.**

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

**Measure:** Option 4 – Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the public health 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 4 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 directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency 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 public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 4B Data Entered

Objective 8 ✓  
Option 2 ✓  
Objective 8 ✓  
Option 3 ✓  
Objective 8 ✓  
Option 4A ✓  
Objective 8 ✓  
Option 4B ✓  
Objective 8 ✓  
Option 5A ✓  
Objective 8 ✓  
Option 5B ✓

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.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the public health registry used below.  
ELR

**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 4 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 directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency 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 public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# Objective 8, Option 5A Data Entry Screen

[Objective 8](#)  
[Option 2](#)  
[Objective 8](#)  
[Option 3](#)  
[Objective 8](#)  
[Option 4A](#)  
[Objective 8](#)  
[Option 4B](#)  
[Objective 8](#)  
[Option 5A](#)  
[Objective 8](#)  
[Option 5B](#)

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.

**Objective:** The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

**Measure:** Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

+Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the clinical data 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 5 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 directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data 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 clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 5A Data Entered

[Main](#) [Objective 8](#) [Option 2](#) [Objective 8](#) [Option 3](#) [Objective 8](#) [Option 4A](#) [Objective 8](#) [Option 4B](#) [Objective 8](#) [Option 5A](#) [Objective 8](#) [Option 5B](#)

[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.**

**Objective:** The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

**Measure:** Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

+Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the clinical data 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 5 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 directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data 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 clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 5B Data Entry Screen

Objective 8  
Option 2  
Objective 8  
Option 3  
Objective 8  
Option 4A  
Objective 8  
Option 4B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

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.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.  
\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the clinical data 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 5 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 directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data 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 clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# Objective 8, Option 5B Data Entered

Objective 8  
Option 2  
Objective 8  
Option 3  
Objective 8  
Option 3A  
Objective 8  
Option 3B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

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.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.  
\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the clinical data 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 5 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 directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data 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 clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

# The Meaningful Use Objectives and Measures

- You have completed the following Meaningful Use Sections:
  - General Requirements
  - Meaningful Use Objectives (0-7)
  - Required Public Health Objective (8)
- Next You will enter data for Clinical Quality Measures



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 Thursday 08/02/2018 3:54:19 PM EDT

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**Name** Adam Mapir

**Personal TIN/SSN** 444444444

**Payment Year** 2

**Applicant NPI** 9300002507

**Payee TIN** 444444444

**Program Year** 2018

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**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.

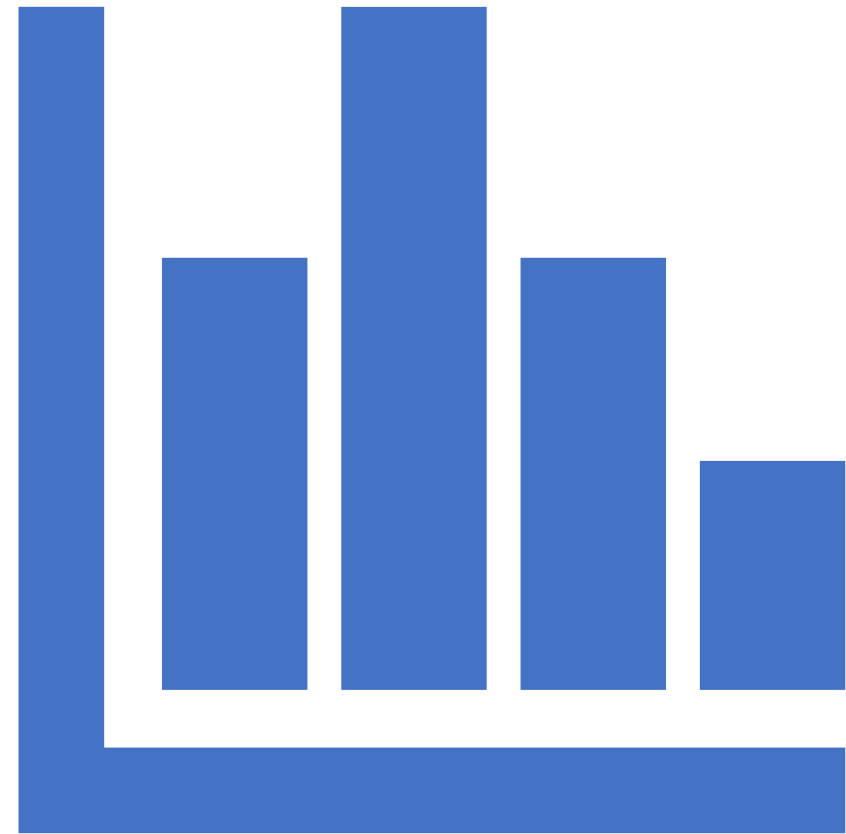
**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a

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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (8)	7/7	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

# 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](mailto:RA-mahealthit@pa.gov).
- You must put eCQM in the subject line so that your request reaches the proper person



Manual Clinical Quality Measures	Select
<hr/>	
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 Clinical Quality Measures

- Eligible Professionals are required to complete a minimum of six (6) CQMs
- There are fifty-three (53) CQMs to choose from
- There are no minimum domain requirements
- When you see a green check mark, you have completed the section

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


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## MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES

As part of the meaningful use attestation process, Eligible Professionals are required to complete a minimum of six (6) CQMs. There are fifty-three (53) CQMs from which to choose and there are no longer minimum domain requirements.

*CQMs are sorted in ascending order by NQF number. You will have the ability to re-sort the CQMs by NQF or CMS number. This sorting function is available at the top of the sort column with arrows to sort the CQMs in ascending or descending order. You will not be able to proceed with your attestation without selecting the minimum required number of CQMs. Once you have selected the CQMs and advanced to the next screen, you may use the Navigation Panel to the left of the screen to choose the order in which you enter your CQMs. You do not need to enter them in the order that they appear on the screen. You may also advance through the CQMs by completing the fields on the CQM screen and selecting Save and Continue; this will take you to the next CQM that needs to be completed.*

**NOTE:** The white checkmark in the green circle  means the section has been completed.

Begin

# Meaningful Use Clinical Quality Measure Worklist Table

- The entire list is selected for demonstration only
- Be sure to scroll to the bottom of the list to hit save and continue when you have selected your CQMs

NQF#	Measure#	Title	Domain	Selection
0004	CMS137 v6.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Effective Clinical Care	<input checked="" type="checkbox"/>
0018	CMS165 v6.2.000	Controlling High Blood Pressure	Effective Clinical Care	<input checked="" type="checkbox"/>
0022	CMS156 v6.4.000	Use of High-Risk Medications in the Elderly	Patient Safety	<input checked="" type="checkbox"/>
0024	CMS155 v6.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Community/Population Health	<input checked="" type="checkbox"/>
0028	CMS138 v6.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	<input checked="" type="checkbox"/>
0032	CMS124 v6.1.000	Cervical Cancer Screening	Effective Clinical Care	<input checked="" type="checkbox"/>
0033	CMS153 v6.2.000	Chlamydia Screening for Women	Community/Population Health	<input checked="" type="checkbox"/>
0034	CMS130 v6.1.000	Colorectal Cancer Screening	Effective Clinical Care	<input checked="" type="checkbox"/>
0038	CMS117 v6.2.000	Childhood Immunization Status	Community/Population Health	<input checked="" type="checkbox"/>
0041	CMS147 v7.2.000	Preventive Care and Screening: Influenza Immunization	Community/Population Health	<input checked="" type="checkbox"/>
0052	CMS166 v7.1.000	Use of Imaging Studies for Low Back Pain	Efficiency and Cost Reduction	<input checked="" type="checkbox"/>
0055	CMS131 v6.2.000	Diabetes: Eye Exam	Effective Clinical Care	<input checked="" type="checkbox"/>
0056	CMS123 v6.2.000	Diabetes: Foot Exam	Effective Clinical Care	<input checked="" type="checkbox"/>
0059	CMS122 v6.1.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Effective Clinical Care	<input checked="" type="checkbox"/>
0062	CMS134 v6.1.000	Diabetes: Medical Attention for Nephropathy	Effective Clinical Care	<input checked="" type="checkbox"/>
0068	CMS164 v6.2.000	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Effective Clinical Care	<input checked="" type="checkbox"/>
0069	CMS154 v6.1.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficiency and Cost Reduction	<input checked="" type="checkbox"/>
0070	CMS145 v6.0.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy: Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Effective Clinical Care	<input checked="" type="checkbox"/>
0081	CMS135 v6.0.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Effective Clinical Care	<input checked="" type="checkbox"/>
0083	CMS144 v6.0.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Effective Clinical Care	<input checked="" type="checkbox"/>
0086	CMS143 v6.0.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Effective Clinical Care	<input checked="" type="checkbox"/>
0088	CMS167 v6.0.000	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Effective Clinical Care	<input checked="" type="checkbox"/>
0089	CMS142 v6.0.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Communication and Care Coordination	<input checked="" type="checkbox"/>
0101	CMS139 v6.1.000	Falls: Screening for Future Fall Risk	Patient Safety	<input checked="" type="checkbox"/>
0104	CMS161 v6.0.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Effective Clinical Care	<input checked="" type="checkbox"/>
0105	CMS126 v6.2.000	Anti-depressant Medication Management	Effective Clinical Care	<input checked="" type="checkbox"/>
0108	CMS136 v7.1.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Effective Clinical Care	<input checked="" type="checkbox"/>
0384	CMS157 v6.0.000	Oncology: Medical and Radiation - Pain Intensity Quantified	Person and Caregiver-Centered Experience and Outcomes	<input checked="" type="checkbox"/>
0389	CMS129 v7.0.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficiency and Cost Reduction	<input checked="" type="checkbox"/>
0405	CMS52 v6.2.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Effective Clinical Care	<input checked="" type="checkbox"/>
0410	CMS2 v7.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Community/Population Health	<input checked="" type="checkbox"/>
0419	CMS68 v7.1.000	Documentation of Current Medications in the Medical Record	Patient Safety	<input checked="" type="checkbox"/>
0421	CMS69 v6.1.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Community/Population Health	<input checked="" type="checkbox"/>
0564	CMS132 v6.1.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	<input checked="" type="checkbox"/>
0565	CMS133 v6.0.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Effective Clinical Care	<input checked="" type="checkbox"/>
0710	CMS159 v6.2.000	Depression Remission at Twelve Months	Effective Clinical Care	<input checked="" type="checkbox"/>
0712	CMS160 v6.1.000	Depression Utilization of the PHQ-9 Tool	Effective Clinical Care	<input checked="" type="checkbox"/>
1365	CMS177 v6.0.000	Child and Adolescent: Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	<input checked="" type="checkbox"/>
2372	CMS125 v6.2.000	Breast Cancer Screening	Effective Clinical Care	<input checked="" type="checkbox"/>
2872	CMS149 v6.0.000	Dementia: Cognitive Assessment	Effective Clinical Care	<input checked="" type="checkbox"/>
Not Applicable	CMS50 v6.0.000	Closing the Referral Loop: Receipt of Specialist Report	Communication and Care Coordination	<input checked="" type="checkbox"/>
Not Applicable	CMS22 v6.0.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Community/Population Health	<input checked="" type="checkbox"/>
Not Applicable	CMS75 v6.1.000	Children Who Have Dental Decay or Cavities	Community/Population Health	<input checked="" type="checkbox"/>
Not Applicable	CMS82 v5.1.000	Maternal Depression Screening	Community/Population Health	<input checked="" type="checkbox"/>
Not Applicable	CMS127 v6.1.000	Pneumococcal Vaccination Status for Older Adults	Community/Population Health	<input checked="" type="checkbox"/>
Not Applicable	CMS65 v7.1.000	Hypertension: Improvement in Blood Pressure	Effective Clinical Care	<input checked="" type="checkbox"/>
Not Applicable	CMS74 v7.1.000	Primary Care: Prevention Intervention as Offered by Primary Care Providers, including Dentists	Effective Clinical Care	<input checked="" type="checkbox"/>
Not Applicable	CMS158 v6.0.000	Pregnant women that had HbA1c testing	Effective Clinical Care	<input checked="" type="checkbox"/>
Not Applicable	CMS169 v6.0.000	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Effective Clinical Care	<input checked="" type="checkbox"/>
Not Applicable	CMS146 v6.1.000	Appropriate Testing for Children with Pharyngitis	Efficiency and Cost Reduction	<input checked="" type="checkbox"/>
Not Applicable	CMS56 v6.0.000	Functional Status Assessment for Total Hip Replacement	Person and Caregiver-Centered Experience and Outcomes	<input checked="" type="checkbox"/>
Not Applicable	CMS66 v6.2.000	Functional Status Assessment for Total Knee Replacement	Person and Caregiver-Centered Experience and Outcomes	<input checked="" type="checkbox"/>
Not Applicable	CMS90 v7.1.000	Functional Status Assessments for Congestive Heart Failure	Person and Caregiver-Centered Experience and Outcomes	<input checked="" type="checkbox"/>

# CQM 1 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 Measures

**CMS137** ✓  
**CMS165** ✓  
**CMS156** ✓  
**CMS155** ✓  
**CMS138** ✓  
**CMS124** ✓  
**CMS153** ✓  
**CMS130** ✓  
**CMS117** ✓  
**CMS147** ✓  
**CMS166** ✓  
**CMS131** ✓  
**CMS123** ✓  
**CMS122** ✓  
**CMS134** ✓  
**CMS164** ✓

#### 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:	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:

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 1 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 Measures

**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.**

<b>Domain:</b>	Community/Population Health
<b>Measure Number:</b>	CMS2 v7.1.000
<b>NQF Number:</b>	0418
<b>Measure Title:</b>	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

[Previous](#) | [Return to Main](#) | [Clear All Entries](#) | [Save & Continue](#)

# CQM 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 Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

#### 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:  \* Exception:

Previous Return to Main Clear All Entries Save & Continue

# CQM 2 Data Entered

Name	Adam Mapir	Applicant NPI	930002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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### Attestation Meaningful Use Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

#### 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:  \* Exception:

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 3 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 Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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 (%):

Previous Return to Main Clear All Entries Save & Continue

# CQM 3 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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 (%):

Previous Return to Main Clear All Entries Save & Continue



# CQM 4 Data Entry Screen

Attestation Meaningful Use Measures

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:** Effective Clinical Care  
**Measure Number:** CMS52 v6.2.000  
**NQF Number:** 0405  
**Measure Title:** HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis  
**Measure Description:** Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

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

**Population Criteria 1: 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:

# CQM 4 Data Entered

Attestation Meaningful Use Measures

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:** Effective Clinical Care  
**Measure Number:** CMSS2 v6.2.000  
**NQF Number:** 0405  
**Measure Title:** HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis  
**Measure Description:** Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

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

**Population Criteria 1: 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:  x

# CQM 5 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 Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Person and Caregiver-Centered Experience and Outcomes
<b>Measure Number:</b>	CMS56 v6.1.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Functional Status Assessment for Total Hip Replacement
<b>Measure Description:</b>	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.

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

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

# CQM 5 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 Info | Eligibility | Patient Volumes | Attestation | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:	Person and Caregiver-Centered Experience and Outcomes
Measure Number:	CMS6 v6.1.000
NQF Number:	Not Applicable
Measure Title:	Functional Status Assessment for Total Hip Replacement
Measure Description:	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:	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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UI 744

# CQM 6 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Effective Clinical Care  
**Measure Number:** CMS65 v7.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Hypertension: Improvement in Blood Pressure  
**Measure Description:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

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

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

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 6 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Effective Clinical Care  
**Measure Number:** CMS65 v7.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Hypertension: Improvement in Blood Pressure  
**Measure Description:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

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

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 7 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Person and Caregiver-Centered Experience and Outcomes
<b>Measure Number:</b>	CMS66 v6.2.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Functional Status Assessment for Total Knee Replacement
<b>Measure Description:</b>	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.

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

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

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# CQM 7 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

#### 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:** Person and Caregiver-Centered Experience and Outcomes  
**Measure Number:** CMS66 v6.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Functional Status Assessment for Total Knee Replacement  
**Measure Description:** 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:** 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 8 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Patient Safety
<b>Measure Number:</b>	CMS68 v7.1.000
<b>NQF Number:</b>	0419
<b>Measure Title:</b>	Documentation of Current Medications in the Medical Record
<b>Measure Description:</b>	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.

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

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

[Previous](#) | [Return to Main](#) | [Clear All Entries](#) | [Save & Continue](#)

# CQM 8 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:  \* Denominator:  \* Performance Rate (%):  \* Exception:  x

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# CQM 9 Data Entry Screen

Attestation Meaningful Use Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

### 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.

<b>Domain:</b>	Community/Population Health
<b>Measure Number:</b>	CMS69 v6.1.000
<b>NQF Number:</b>	0421
<b>Measure Title:</b>	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
<b>Measure Description:</b>	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.
<b>Normal Parameters:</b>	Age 18 years and older BMI=>18.5 and <25 kg/m2.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 9 Data Entered

Attestation Meaningful Use Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

### 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:** Community/Population Health  
**Measure Number:** CMS69 v6.1.000  
**NQF Number:** 0421  
**Measure Title:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  
**Measure Description:** 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:** 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:

Previous Return to Main Clear All Entries Save & Continue

# CQM 10 Data Entry Screen

Attestation/Measurement/95C/ACAS/123

### 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:  \* 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:

# CQM 10 Data Entered

Attestation Measure Purpose Measures

### 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:  \* 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:  x

# CQM 11 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:	Community/Population Health
Measure Number:	CMS75 v6.1.000
NQF Number:	Not Applicable
Measure Title:	Children Who Have Dental Decay or Cavities
Measure Description:	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

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

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

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UI 750

# CQM 11 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Community/Population Health  
**Measure Number:** CMS75 v6.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Children Who Have Dental Decay or Cavities  
**Measure Description:** Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

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

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

Previous Return to Main Clear All Entries Save & Continue



# CQM 12 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 12

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

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# CQM 12 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 12

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

Previous Return to Main Clear All Entries Save & Continue

prof/nlrcontactinfo/splash.jsf

# CQM 13 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 13

[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.

<b>Domain:</b>	Person and Caregiver-Centered Experience and Outcomes
<b>Measure Number:</b>	CMS90 v7.1.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Functional Status Assessments for Congestive Heart Failure
<b>Measure Description:</b>	Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 13 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 Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 13

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:** Person and Caregiver-Centered Experience and Outcomes  
**Measure Number:** CMS90 v7.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Functional Status Assessments for Congestive Heart Failure  
**Measure Description:** 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:** 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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prof/nlr/contactinfo/splash.jsf UI 752

# CQM 14 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 14

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.**

<b>Domain:</b>	Community/Population Health
<b>Measure Number:</b>	CMS117 v6.2.000
<b>NQF Number:</b>	0038
<b>Measure Title:</b>	Childhood Immunization Status
<b>Measure Description:</b>	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.

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

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 14 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 Info** Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#) ✓
- [CMS153](#) ✓
- [CMS130](#) ✓
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 14

[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:** 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:

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 753

# CQM 15 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 Info   Eligibility   Patient Volumes   **Attestation**   Review   Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122**
- CMS134
- CMS164

#### 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:

[Previous](#)   [Return to Main](#)   [Clear All Entries](#)   [Save & Continue](#)

UI 754

# CQM 15 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122
- CMS134
- CMS164

#### 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:

Previous Return to Main Clear All Entries Save & Continue

UI 754



# CQM 16 Data Entry Screen

The screenshot displays the 'Attestation Meaningful Use Measures' interface. At the top, patient and provider information is shown:

Name	Adam Mapir	Applicant NPI	9200002507
Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

Navigation tabs include: Get Started, BAA/Contact Info, Eligibility, Patient Volumes, Attestation (selected), Review, and Submit.

The main content area is titled 'Attestation Meaningful Use Measures' and features a list of measures on the left, each with a green checkmark:

- CMS137
- CMS165
- CMS156
- CMS155
- CMS138
- CMS128
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

The selected measure, 'Clinical Quality Measure 16', is displayed in a detailed view:

**Clinical Quality Measure 16**

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.**

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS123 v6.2.000
<b>NQF Number:</b>	0056
<b>Measure Title:</b>	Diabetes: Foot Exam
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

Buttons at the bottom: Previous, Return to Main, Clear All Entries, Save & Continue.

UI 755

# CQM 16 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 16

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:** 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:

Previous Return to Main Clear All Entries Save & Continue

UI 755

# CQM 17 Data Entry Screen

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)  
Thursday 08/16/2018 12:19:09 PM EDT

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

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

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#)
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 17

[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.**

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS124 v6.1.000
<b>NQF Number:</b>	0032
<b>Measure Title:</b>	Cervical Cancer Screening
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

# CQM 17 Data Entered

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[Print](#) [Contact Us](#) [Exit](#)  
Thursday 08/16/2018 12:19:09 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 Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#)
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 17

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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS124 v6.1.000
<b>NQF Number:</b>	0032
<b>Measure Title:</b>	Cervical Cancer Screening
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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UI 756

# CQM 18 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 18

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:	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:

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 18 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 18

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:	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:

Previous Return to Main Clear All Entries Save & Continue

# CQM 19 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:

Previous Return to Main Clear All Entries Save & Continue

# CQM 19 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 Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:  x

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# CQM 20 Data Entry Screen

Payment Year: 2      Program Year: 2018

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Effective Clinical Care  
**Measure Number:** CMS128 v6.2.000  
**NQF Number:** 0105  
**Measure Title:** Anti-depressant Medication Management  
**Measure Description:** 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:** 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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UI 759

# CQM 20 Data Entered

Payment Year: 2018      Program Year: 2018

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Effective Clinical Care  
**Measure Number:** CMS128 v6.2.000  
**NQF Number:** 0105  
**Measure Title:** Anti-depressant Medication Management  
**Measure Description:** 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:** 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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# CQM 21 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 21

[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.

<b>Domain:</b>	Efficiency and Cost Reduction
<b>Measure Number:</b>	CMS129 v7.0.000
<b>NQF Number:</b>	0389
<b>Measure Title:</b>	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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# CQM 21 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 Info | Eligibility | Patient Volumes | Attestation | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 21

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:** 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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# CQM 22 Data Entry Screen

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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Thursday 08/16/2018 12:22:46 PM EDT

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

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### Attestation Meaningful Use Measures

**CMS137** ✓  
**CMS165** ✓  
**CMS156** ✓  
**CMS155** ✓  
**CMS138** ✓  
**CMS124** ✓  
**CMS153** ✓  
**CMS130**  
**CMS117**  
**CMS147**  
**CMS166**  
**CMS131**  
**CMS123**  
**CMS122**  
**CMS134**  
**CMS164**

#### Clinical Quality Measure 22

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.

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


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

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

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UI 761

# CQM 22 Data Entered

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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Thursday 08/16/2018 12:22:46 PM EDT

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	930002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	2018

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### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#) ✓
- [CMS153](#) ✓
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 22

[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.**

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

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

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	930002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	2018

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131**
- CMS123
- CMS122
- CMS134
- CMS164

#### 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.**

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS131 v6.2.000
<b>NQF Number:</b>	0055
<b>Measure Title:</b>	Diabetes: Eye Exam
<b>Measure Description:</b>	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.

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

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

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UI 762

# CQM 23 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 Info** Eligibility Patient Volumes Attestation **Review** Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### 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:** Effective Clinical Care  
**Measure Number:** CMS131 v6.2.000  
**NQF Number:** 0055  
**Measure Title:** Diabetes: Eye Exam  
**Measure Description:** Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

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

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

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# CQM 24 Data Entry

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Patient Safety
<b>Measure Number:</b>	CMS132 v6.1.000
<b>NQF Number:</b>	0564
<b>Measure Title:</b>	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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# CQM 24 Data Entered

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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# CQM 25 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 25

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:	CMS133 v6.0.000
NQF Number:	0565
Measure Title:	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

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

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

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# CQM 25 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 25

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:** CMS133 v6.0.000  
**NQF Number:** 0565  
**Measure Title:** Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery  
**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

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

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

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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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134
- CMS164

#### Clinical Quality Measure 26

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:	CMS134 v6.1.000
NQF Number:	0062
Measure Title:	Diabetes: Medical Attention for Nephropathy
Measure Description:	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

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

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

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 26 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134
- CMS164

#### Clinical Quality Measure 26

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:** CMS134 v6.1.000  
**NQF Number:** 0062  
**Measure Title:** Diabetes: Medical Attention for Nephropathy  
**Measure Description:** The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

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

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 27 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS135 v6.0.000
<b>NQF Number:</b>	0081
<b>Measure Title:</b>	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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# CQM 27 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:** Effective Clinical Care  
**Measure Number:** CMS135 v6.0.000  
**NQF Number:** 0081  
**Measure Title:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)  
**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

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

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

Previous Return to Main Clear All Entries Save & Continue



# CQM 28 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:

# CQM 28 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 Info | Eligibility | Patient Volumes | Attestation | **Review** | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:

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

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

**Population Criteria 1: Children 6-12 years of age**

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

**Population Criteria 2: Children 6-12 years of age**

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

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# CQM 29 Data Entry Screen

Personal ID/SSN: \_\_\_\_\_ Payment Year: 2018  
Page ID: \_\_\_\_\_ Program Year: 2018

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

### Attestation Meaningful Use Measures

- [CMS137](#)
- [CMS165](#)
- [CMS156](#)
- [CMS155](#)
- [CMS138](#)
- [CMS124](#)
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### 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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# CQM 29 Data Entered

Personal ID/SSN: [REDACTED] Payment Year: 2  
Payee Tax Program Year: 2018  
Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

[CMS137](#)  
[CMS165](#)  
[CMS156](#)  
[CMS155](#)  
[CMS138](#)  
[CMS124](#)  
[CMS153](#)  
[CMS130](#)  
[CMS117](#)  
[CMS147](#)  
[CMS166](#)  
[CMS131](#)  
[CMS123](#)  
[CMS122](#)  
[CMS134](#)  
[CMS164](#)

#### 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:** CMS 137 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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# CQM 30 Data Entry Screen

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

Get Started | **RB A / Contact Info** | Eligibility | Patient Volumes | Attestation | Review | Submit

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#)
- [CMS124](#)
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 30

[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:** 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:

- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.
- 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.
- 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:  \* 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:

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# CQM 30 Data Entered

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

Get Started | RBA/Contact Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138
- CMS124
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 30

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:** 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:

- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.
- 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.
- 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:  \* 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:

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# CQM 31 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 31

[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:	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:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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# CQM 31 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 31

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

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# CQM 32 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 32

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.

<b>Domain:</b>	Communication and Care Coordination
<b>Measure Number:</b>	CMS142 v6.0.000
<b>NQF Number:</b>	0089
<b>Measure Title:</b>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<b>Measure Description:</b>	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.

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

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

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# CQM 32 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 Measures

- CMS137
- CMS165
- CMS156
- CMS155
- CMS138
- CMS124
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 32

[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:	CMS142 v6.0.000
NQF Number:	0089
Measure Title:	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

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

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

# CQM 33 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 33

[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:	CMS143 v6.0.000
NQF Number:	0086
Measure Title:	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.

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

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 33 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 33

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:	CMS143 v6.0.000
NQF Number:	0086
Measure Title:	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

Previous Return to Main Clear All Entries Save & Continue

# CQM 34 Data Entry Screen

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Payment Year	2	Program Year	2018

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 34

[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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS144 v6.0.000
<b>NQF Number:</b>	0083
<b>Measure Title:</b>	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure Description:</b>	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.

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

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

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# CQM 34 Data Entered

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 34

[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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS144 v6.0.000
<b>NQF Number:</b>	0083
<b>Measure Title:</b>	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure Description:</b>	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.

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

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

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# CQM 35 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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# CQM 35 Data Entered

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### Attestation Meaningful Use Measures

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155 ✓  
CMS138 ✓  
CMS124 ✓  
CMS153 ✓  
CMS130 ✓  
CMS117 ✓  
CMS147 ✓  
CMS166 ✓  
CMS131 ✓  
CMS123 ✓  
CMS122 ✓  
CMS134 ✓  
CMS164 ✓

#### 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:  \* Denominator:  \* Performance Rate (%):  \* Exception:



# CQM 36 Data Entry Screen

Name	Adam Mapir	Applicant NPI	9300002507
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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 36

[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.

<b>Domain:</b>	Efficiency and Cost Reduction
<b>Measure Number:</b>	CMS146 v6.1.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Appropriate Testing for Children with Pharyngitis
<b>Measure Description:</b>	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.

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

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

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# CQM 36 Data Entered

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 36

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:** 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:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:  x

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# CQM 37 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 37

[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.**

<b>Domain:</b>	Community/Population Health
<b>Measure Number:</b>	CMS147 v7.2.000
<b>NQF Number:</b>	0041
<b>Measure Title:</b>	Preventive Care and Screening: Influenza Immunization
<b>Measure Description:</b>	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.

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

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

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# CQM 37 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 Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 37

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:** 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:

Previous Return to Main Clear All Entries Save & Continue

# CQM 38 Data Entry Screen

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Personal TIN/SSN	444444444	Payee TIN	444444444
Payment Year	2	Program Year	2018

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 38

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:	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:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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# CQM 38 Data Entered

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Payment Year	2	Program Year	2018

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### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 38

[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:** 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:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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# CQM 39 Data Entry Screen

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Thursday 08/16/2018 12:20:21 PM EDT

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

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### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#) ✓
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 39

[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:** 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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# CQM 39 Data Entered

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

[Get Started](#) [RFA/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#) ✓
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### Clinical Quality Measure 39

[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:** 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:

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)



# CQM 40 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 40

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:	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:

Previous Return to Main Clear All Entries Save & Continue

UI 779

# CQM 40 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS197 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 40

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.

<b>Domain:</b>	Efficiency and Cost Reduction
<b>Measure Number:</b>	CMS154 v6.1.000
<b>NQF Number:</b>	0069
<b>Measure Title:</b>	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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

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UI 779

# CQM 41 Data Entry Screen

[CMS137](#) ✓  
[CMS165](#) ✓  
[CMS156](#) ✓  
[CMS155](#)  
[CMS138](#)  
[CMS124](#)  
[CMS153](#)  
[CMS130](#)  
[CMS117](#)  
[CMS197](#)  
[CMS166](#)  
[CMS131](#)  
[CMS123](#)  
[CMS122](#)  
[CMS134](#)  
[CMS164](#)

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:** 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(%):  0,0 \* 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:

# CQM 41 Data Entered

CMS137 ✓  
CMS165 ✓  
CMS156 ✓  
CMS155  
CMS138  
CMS124  
CMS153  
CMS130  
CMS117  
CMS147  
CMS166  
CMS131  
CMS123  
CMS122  
CMS134  
CMS164

### Clinical Quality Measure 41

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:** 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:	<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"/>
* 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"/>
* 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"/>

**Stratum 2 Patient ages 12 - 17**

* Numerator 4:	<input type="text" value="0"/>	* Denominator 4:	<input type="text" value="0"/>	* Performance Rate 4(%):	<input type="text" value="0.0"/>	* Exclusion 4:	<input type="text" value="0"/>
* Numerator 5:	<input type="text" value="0"/>	* Denominator 5:	<input type="text" value="0"/>	* Performance Rate 5(%):	<input type="text" value="0.0"/>	* Exclusion 5:	<input type="text" value="0"/>
* Numerator 6:	<input type="text" value="0"/>	* Denominator 6:	<input type="text" value="0"/>	* Performance Rate 6(%):	<input type="text" value="0.0"/>	* Exclusion 6:	<input type="text" value="0"/>

**Total Patient ages 3 - 17**

* Numerator 7:	<input type="text" value="0"/>	* Denominator 7:	<input type="text" value="0"/>	* Performance Rate 7(%):	<input type="text" value="0.0"/>	* Exclusion 7:	<input type="text" value="0"/>
* Numerator 8:	<input type="text" value="0"/>	* Denominator 8:	<input type="text" value="0"/>	* Performance Rate 8(%):	<input type="text" value="0.0"/>	* Exclusion 8:	<input type="text" value="0"/>
* Numerator 9:	<input type="text" value="0"/>	* Denominator 9:	<input type="text" value="0"/>	* Performance Rate 9(%):	<input type="text" value="0.0"/>	* Exclusion 9:	<input type="text" value="0"/>

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# CQM 42 Data Entry Screen

Personal TIN/SSN 444444444  
Payment Year 2

Payee TIN 444444444  
Program Year 2018

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156
- CMS155
- CMS138
- CMS124
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 42

[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:** 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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# CQM 42 Data Entered

Personal TIN/SSN 444444444  
Payment Year 2

Payee TIN 444444444  
Program Year 2018

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156
- CMS155
- CMS138
- CMS124
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### Clinical Quality Measure 42

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:** 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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prof/nlrcontactinfo/splash.jsf

# CQM 43 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 43

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

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prof/eligibility/splash.jsf UI 782

# CQM 43 Data Entered

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

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

### Attestation Meaningful Use Measures

- [CMS137](#) ✓
- [CMS165](#) ✓
- [CMS156](#) ✓
- [CMS155](#) ✓
- [CMS138](#) ✓
- [CMS124](#) ✓
- [CMS153](#) ✓
- [CMS130](#) ✓
- [CMS117](#) ✓
- [CMS147](#) ✓
- [CMS166](#) ✓
- [CMS131](#) ✓
- [CMS123](#) ✓
- [CMS122](#) ✓
- [CMS134](#) ✓
- [CMS164](#) ✓

#### Clinical Quality Measure 43

[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.**

<b>Domain:</b>	Person and Caregiver-Centered Experience and Outcomes
<b>Measure Number:</b>	CMS157 v6.0.000
<b>NQF Number:</b>	0384
<b>Measure Title:</b>	Oncology: Medical and Radiation - Pain Intensity Quantified
<b>Measure Description:</b>	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.

<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	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 44 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 44

[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:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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# CQM 44 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 44

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:  \* Denominator:  \* Performance Rate (%):  \* Exception:

Previous Return to Main Clear All Entries Save & Continue

# CQM 45 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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 46 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

**CMS137** ✓  
**CMS165** ✓  
**CMS156** ✓  
**CMS155** ✓  
**CMS138** ✓  
**CMS124** ✓  
**CMS153** ✓  
**CMS130** ✓  
**CMS117** ✓  
**CMS147** ✓  
**CMS166** ✓  
**CMS131** ✓  
**CMS123** ✓  
**CMS122** ✓  
**CMS134** ✓  
**CMS164** ✓

#### Clinical Quality Measure 46

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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS160 v6.1.000
<b>NQF Number:</b>	0712
<b>Measure Title:</b>	Depression Utilization of the PHQ-9 Tool
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	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 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 Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 46

[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:** 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:  x

Previous Return to Main Clear All Entries Save & Continue

# CQM 47 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 47

[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:** 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:  \* Denominator:  \* Performance Rate (%):

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# CQM 47 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 Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure 47

[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:** 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:  \* Denominator:  \* Performance Rate (%):

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# CQM 48 Data Entry Screen

Attestation

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164**

#### Clinical Quality Measure 48

[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:** 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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UI 787

# CQM 48 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164

#### Clinical Quality Measure 48

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:** 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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UI 787

# CQM 49 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137** ✓
- CMS165
- CMS156
- CMS155
- CMS138
- CMS124
- CMS153
- CMS130
- CMS117
- CMS147
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### 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 49 Data Entered

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

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

### Attestation Meaningful Use Measures

- [CMS137](#)
- [CMS165](#)
- [CMS156](#)
- [CMS155](#)
- [CMS138](#)
- [CMS124](#)
- [CMS153](#)
- [CMS130](#)
- [CMS117](#)
- [CMS147](#)
- [CMS166](#)
- [CMS131](#)
- [CMS123](#)
- [CMS122](#)
- [CMS134](#)
- [CMS164](#)

#### 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:  x

# CQM 50 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### 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:** 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:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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UI 789

# CQM 50 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 Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166**
- CMS131
- CMS123
- CMS122
- CMS134
- CMS164

#### 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:** 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:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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UI 789

# CQM 51 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS167 v6.0.000
<b>NQF Number:</b>	0088
<b>Measure Title:</b>	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<b>Measure Description:</b>	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.

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

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

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# CQM 51 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 Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

<b>Domain:</b>	Effective Clinical Care
<b>Measure Number:</b>	CMS167 v6.0.000
<b>NQF Number:</b>	0088
<b>Measure Title:</b>	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<b>Measure Description:</b>	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.

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

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

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# CQM 52 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### Clinical Quality Measure S2

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 (%):

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# CQM 52 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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 (%):

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# CQM 53 Data Entry Screen

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

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

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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:  \* Denominator:  \* Performance Rate (%):

Previous | Return to Main | Clear All Entries | Save & Continue

# CQM 53 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 Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Measures

- CMS137 ✓
- CMS165 ✓
- CMS156 ✓
- CMS155 ✓
- CMS138 ✓
- CMS124 ✓
- CMS153 ✓
- CMS130 ✓
- CMS117 ✓
- CMS147 ✓
- CMS166 ✓
- CMS131 ✓
- CMS123 ✓
- CMS122 ✓
- CMS134 ✓
- CMS164 ✓

#### 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.

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**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

# Clinical Quality Measures Completed

- You have now completed the following sections:
  - General Requirements
  - Meaningful Use Objectives 0-7
  - Required Public Health Objective
  - Clinical Quality Measures
  - Each section now has a green check mark next to it

Payment Year 2 Program Year 2018

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

### 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	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	7/7	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-mhealth@pa.gov](mailto:RA-mhealth@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

UI 180-C

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

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

### Attestation Meaningful Use Measures

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

#### Meaningful Use 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 = 550 Denominator = 600 Percentage = 91%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 550 Denominator = 600 Percentage = 91%
Are you using individual data retrieved from your certified EHR to report your Meaningful Use measures?	Yes
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes
Is your CQM reporting period the same as your Meaningful Use reporting period?	No

Not Applicable	CMS90 v7.1.000	Person and Caregiver-Centered Experience and Outcomes	Functional Status Assessments for Congestive Heart Failure	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0384	CMS157 v6.0.000	Person and Caregiver-Centered Experience and Outcomes	Oncology: Medical and Radiation - Pain Intensity Quantified	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0

[Previous](#)

[Save & Continue](#)

## Meaningful Use Review Screen

- The next section will display everything that you have attested to for meaningful use
- Scroll down to see the entire page, this is just an example
- If everything is correct, save and continue

# Attestation Phase (Part 3 of 3)

<b>name</b>	Adam Mapir	<b>Applicant No1</b>	9300002307
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payment Year</b>	2	<b>Program Year</b>	2018

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

### Attestation Phase (Part 3 of 3)

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

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

**(\*) Red asterisk indicates a required field.**

\* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.  Yes  No

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

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


*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" 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

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

Previous Reset Save & Continue

You Have  
Now  
Completed  
Attestation!

---


 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

Friday 08/17/2018 2:29:29 PM EDT

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

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



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

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

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

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

[Continue](#)

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# Review Panel

- Make sure you make a copy of your application
- You will review everything that you have entered
- Scroll to the bottom to see the entire page – this is just a sample
- To sign and submit your application, click the submit tab at the top of the menu

Payment Year 2 Program Year 2018

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

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

**Status**

**Incomplete**

**CEHRT ID Information**

CMS EHR Certification ID: 0015HWG9VLL3HUU

**R&A Verification**

<b>Name</b>	Adam Mapir	<b>Applicant NPI</b>	9300002507
<b>Personal TIN/SSN</b>	444444444	<b>Payee TIN</b>	444444444
<b>Payee NPI</b>	9300002507		

**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](#)

# Check Errors Review Screen

---

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

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



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

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

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

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

In order to complete the MAPIR application process, the Eligible Professional is required to provide documentation verifying that a certified EHR system is being meaningfully used. A list of accepted documents can be found on the HIT website at <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincinentiverepos/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.**

# Application Questionnaire

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

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## Application Questionnaire

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

**Question 1:**  
Did you utilize any of CMS's or the Department's education resources (i.e. provider manual, webinars, FAQs, Meaningful Use Calculator) before applying for an EHR incentive payment?  Yes  No

**Question 2:**  
If you had the option to report Clinical Quality Measures (QMs) through electronic submissions, would you?  Yes  No

**Question 3:**  
Is your Electronic Health Record System certified to the 2015 Edition?  Yes  No

**Question 4:**  
Do you need additional technical assistance to help you meet the MU standards?  Yes  No

**Question 5:**  
During the time you have been utilizing an EHR system, have you ever switched to a new EHR System?  Yes  No

**Question 6:**  
If you have switched EHR Systems, do you have access to usable records from your previous EHR System?  Yes  No

**Question 7:**  
Are you exchanging patient information electronically with other providers on a regular basis?  Yes  No

**Question 8:**  
Do you participate with any of Pennsylvania's (HIOs) i.e. Clinical Connect Health Information Exchange, eVantageHealth, Health Share Exchange of Southeastern Pennsylvania (HEX), Keystone Health Information Exchange (KeyHIE), or Mount Nittany Exchange?  Yes  No

**Question 9:**  
Are you required to participate in the Merit Based Incentive Payment Program (MIPS)?  Yes  No

**Question 10:**  
Did the Pennsylvania MA EHR Incentive Program encourage you to implement an EHR System?  Yes  No

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

# Application Questionnaire Completed

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

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

Question 1:  
Did you utilize any of CMS's or the Department's education resources (i.e. provider manual, webinars, FAQs, Meaningful Use Calculator) before applying for an EHR incentive payment?  Yes  No

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Previous

Reset

Save & Continue

# Application Submission (Part 1 of 2)

You will upload your prepayment documentation here

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

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

### Application Submission (Part 1 of 2)

You will now be asked to upload 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 identifying 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](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/maprovincentiverepos/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:

# Application Submission (Part 1 of 2)

File Uploaded

**\*\*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 identifying 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](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:  
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File name must be less than or equal to **100 characters**.

File Location:

#### Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
Test file to Upload to MAPIR for Screenshots 2.pdf	7002	08/17/2018	<input type="button" value="View"/> <input type="button" value="Delete"/>

- **File has been successfully uploaded.**

# Application Submission (Part 1 of 2)



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

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## Application Submission (Part 1 of 2)

Please answer the following questions.

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

(\*) Red asterisk indicates a required field.

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

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

Provider  Preparer

[Previous](#)

[Reset](#)

[Save & Continue](#)

# Application Submission (Part 2 of 2)

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

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## Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

### This is to certify that the foregoing information is true, accurate, and complete.

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements or documents or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties. **Authorized User:** I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. **Disclosures:** This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in a recoupment of payment.

(\*) Red asterisk indicates a required field.

### Electronic Signature of Preparer:

\* Preparer Name:  \* Preparer Relationship:  

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

[Previous](#) [Reset](#) [Sign Electronically](#)



You Have Now  
Completed  
Applying for  
the Program



- If you have questions about your application email us at:
  - [RA-mahealthit@pa.gov](mailto:RA-mahealthit@pa.gov)