

# Medicaid EHR Incentive Program - EP Meaningful Use

Version 1.8

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## Welcome to the Medicaid EHR Incentive Payment Program!

### About This Site

The Medicaid Electronic Health Records (EHR) incentive program will provide incentive payments to Eligible Professionals and Eligible Hospitals as they demonstrate adoption, implementation, upgrading and/or meaningful use of certified EHR technology. This incentive program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our state to improve the quality, safety, and efficiency of patient health care.

**Eligible to Participate** – There are two types of eligible providers who can participate in the programs. For detailed information, visit the [CMS Website](#).

### Eligible Hospitals (EHs)

Medicaid EHs include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include Critical Access Hospitals (CAHs) and Cancer Hospitals
- Children's Hospitals

### Eligible Professionals (EPs)

Medicaid EPs include:

- Physicians (MD and DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

**NOTE:** EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their Medicaid services in a hospital setting (inpatient or emergency room).

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Manage Account

Bill Lawson (NPI: 1111111111)

## Notifications

Welcome to the Medicaid EHR Incentive Program Enrollment & Attestation System.

As a Medicaid EHR incentive program participant you will need to demonstrate Adoption, Implementation and Upgrading of certified EHR technology in your first year and demonstrate Meaningful Use for the remaining years in the program.

## Instructions

Select any section or tab to continue.

### Enrollment

Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Medicaid EHR Incentive Program.
- Modify or Continue an existing enrollment.
- Review enrollment status.

### Documents

Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.

### Appeals

Click the Appeals tab above to perform the following actions:

- Initiate a new appeal.
- View the status of an existing appeal.

### Status

Click the Status tab above to review the following:

- View enrollment status.
- View payment status.

### Manage Account

Click the Account Management tab above to perform the following actions:

- Update enrollment email address and phone number/extension.
- View instructions for updating Federal or State Medicaid EHR Incentive Payment Program registration information.
- View instructions for resetting account password.

Bill Lawson (NPI: 1111111111)

### Enrollment Home

#### Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
  - Enroll for the EHR Incentive program
- Modify**
  - Modify or continue an existing enrollment
- View Status**
  - Display enrollment status

#### Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Bill Lawson	1111111111	****1111	*****1234	2012	2	Not Started	<input type="button" value="Enroll"/>
Bill Lawson	1111111111	****1111	*****1234	2011	1	Paid	<input type="button" value="View Status"/>



Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: Not Completed

Step 3 - Meaningful Use Status: Not Completed

Step 2 - Volume Determination Status: Not Completed

Step 4 - Payment Determination Status: Not Completed

Step 1 - Provider Registration Verification

Confirm the provider registration information that will be used to determine your eligibility for this program.

CMS Provider Information

Name: Bill Lawson  
 Provider Type: Physician  
 Provider Specialty: Family Practice  
 Address: 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111  
 Phone #: (111) 111-1111 Ext: 11  
 Tax ID: \*\*\*\*\*1111 (SSN)  
 NPI: 1111111111  
 CMS Registration ID: \*\*\*\*\*1234

State Provider Information

Attest if you are a Pediatrician, a hospital-based provider or if you practice predominantly in a FQHC/RHC where 50% of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs through an FQHC or RHC. For the purpose of the Medicaid EHR Incentive Program only, a Pediatrician means a Medical Doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. A Pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology or the American Osteopathic Board of Pediatrics.

If practicing predominately in FQHC/RHC, you are required to select your affiliated FQHC/RHC, and should select "NO" for hospital based as this does not apply to EPs who practice predominantly through an FQHC/RHC.

**You are hospital based if 90% or more of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.**

\*Are you a hospital based provider?:

Yes  No

\*Are you attesting as a Pediatrician?:

Yes  No

\*Do you practice predominantly (>50% during 6 month period) in a FQHC or RHC?:

Yes  No

Affiliated FQHC or RHC:

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

\*Are you reporting as part of a Group Practice?:

Yes  No

Group TIN:

Group Practice ID:

Group Practice Name:

Payment Assignment

Select your payee Medicaid ID by clicking the button below.

Payee Name:

\*Payee Medicaid ID:

Payee Address:

Payee TIN: \*\*\*\*\*1111 (SSN)

Payee NPI: 1111111111

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No



Bill Lawson (NPI: 1111111111)

Medicaid ID Selector

Please select the billing Medicaid ID that is to receive your EHR Payment from the list below.

Select	Medicaid ID	Provider Name	Type	Practice Address	Practice Alternate Address
<input type="radio"/>	222222222	Bill Lawson	Billing	123 Main Street, Suite 2 Anywhere, TX 11111-1111	123 Main Street, Suite 2 Anywhere, TX 11111-1111
<input type="radio"/>	333333333	Bill Lawson	Billing	123 Main Street, Suite 2 Anywhere, TX 11111-1111	123 Main Street, Suite 2 Anywhere, TX 11111-1111
<input checked="" type="radio"/>	444444444	Bill Lawson	Billing	123 Main Street, Suite 2 Anywhere, TX 11111-1111	123 Main Street, Suite 2 Anywhere, TX 11111-1111
<input type="radio"/>	555555555	Bill Lawson	Billing	123 Main Street, Suite 2 Anywhere, TX 11111-1111	123 Main Street, Suite 2 Anywhere, TX 11111-1111

Previous

Select & Continue



Page 4: Select Payee Medicaid ID

**NOTE:** The EP will be required to select the Payee MMIS ID of the entity receiving the incentive payment. The EP will select from the table and click the Save & Continue to be navigated back to the Step 1 Provider Registration Information Page. Clicking the Previous Button will navigate the EP back to the Step 1 Provider Registration Information Page without saving data.

Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: Not Completed

Step 3 - Meaningful Use Status: Not Completed

Step 2 - Volume Determination Status: Not Completed

Step 4 - Payment Determination Status: Not Completed

Step 1 - Provider Registration Verification

(\*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Name: Bill Lawson  
 Provider Type: Physician  
 Provider Specialty: Family Practice  
 Address: 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111  
 Phone #: (111) 111-1111 Ext: 11  
 Tax ID: \*\*\*\*\*1111 (SSN)  
 NPI: 1111111111  
 CMS Registration ID: \*\*\*\*\*1234

State Provider Information

Attest if you are a Pediatrician, a hospital-based provider or if you practice predominantly in a FQHC/RHC where 50% of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs through an FQHC or RHC. For the purpose of the Medicaid EHR Incentive Program only, a Pediatrician means a Medical Doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. A Pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology or the American Osteopathic Board of Pediatrics.

If practicing predominately in FQHC/RHC, you are required to select your affiliated FQHC/RHC, and should select "NO" for hospital based as this does not apply to EPs who practice predominately through an FQHC/RHC.

**You are hospital based if 90% or more of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.**

\*Are you a hospital based provider?:

Yes  No

\*Are you attesting as a Pediatrician?:

Yes  No

\*Do you practice predominantly (>50% during 6 month period) in a FQHC or RHC?:

Yes  No

Affiliated FQHC or RHC:

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

\*Are you reporting as part of a Group Practice?:

Yes  No

Group TIN:

Group Practice ID:

Group Practice Name:

Payment Assignment

Select your payee Medicaid ID by clicking the button below.

Payee Name:

\*Payee Medicaid ID:

Payee Address: 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111

Payee TIN: \*\*\*\*\*1111 (SSN)

Payee NPI: 1111111111

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No



Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊗

Step 2 - Volume Determination Status: **Not Completed** ⊗

Step 4 - Payment Determination Status: **Not Completed** ⊗

Step 2 - Medicaid Patient Volume Determination

(\*) Red asterisk indicates a required field.

Please provide the Medicaid Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Patient Volume Reporting Period

Please choose your continuous three month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

\*Select Start Date: 10/01/2011

Three-Month Reporting Start Date: 10/01/2011

Three-Month Reporting End Date: 12/31/2011

Out-Of-State Encounters

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, they must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

\*Were out-of-state encounters included in your patient volume calculation?

Yes  No

Selected States:

Patient Volume Attestation

When entering your Medicaid Patient Volume you must choose one of the following two options:

- **Encounter Option** – This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters
- **Panel Option** – This option is based on the total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service
- Services rendered on any one day to an individual for where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing

\*What is your Medicaid patient volume calculation option?:

Encounter Option  Panel Option

Encounter Option

Medicaid Patient Encounters: 597

Total Patient Encounters: 1,368

Medicaid Patient Volume: 43.64%

Previous

Upload PV Documents

Save & Continue





Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊗

Step 2 - Volume Determination Status: **Not Completed** ⊗

Step 4 - Payment Determination Status: **Not Completed** ⊗

Step 2 - Needy Patient Volume Determination

(\*) Red asterisk indicates a required field.

Please provide the Needy Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Needy Patient Volume (20% for Pediatricians).

Patient Volume Reporting Period

Please choose your continuous three month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

\*Select Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting End Date:

Out-Of-State Encounters

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, they must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

\*Were out-of-state encounters included in your patient volume calculation?

Yes  No

Selected States:

Patient Volume Attestation

The following are considered Needy Encounters:

- Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service.
- Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their premiums, copayments, and/or cost-sharing.
- Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

When entering your Needy patient encounter volume, you must choose one of the following options:

- **Individual Volume** - The Patient Volume associated with an individual EP
- **Clinic Volume** - The Patient Volume associated with an EP in a Clinic

\*What is your needy patient volume calculation option?:

Individual Volume Option  Clinic Volume Option

Needy Patient Encounters:

Total Patient Encounters:

Needy Patient Volume:

Previous

Upload PV Documents

Save & Continue



Page 5: Medicaid Patient Volume (PV) Determination (Var 1)

**NOTE:** The EP will be required to attest to the Medicaid Patient Volume reporting period as well as using Out-Of-State encounters in the patient volume calculation. The EP will select the appropriate patient volume option (Encounter vs Panel). Once selected, the EP will be required to enter the appropriate patient volume data. In this variation the EP has selected the Encounter Option. Clicking the Save & Continue button will navigate the EP to the Step 3 - EHR Solution Page. Clicking the Previous button will navigate the EP to the Step 1 - Provider Registration Verification Page.

Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012 Payment Year: 2  
 Step 1 - Registration Verification Status: Completed ✓ Step 3 - Meaningful Use Status: Not Completed ⊖  
 Step 2 - Volume Determination Status: Completed ✓ Step 4 - Payment Determination Status: Not Completed ⊖


Step 3 - Identify Certified EHR Technology


(\*) Red asterisk indicates a required field.

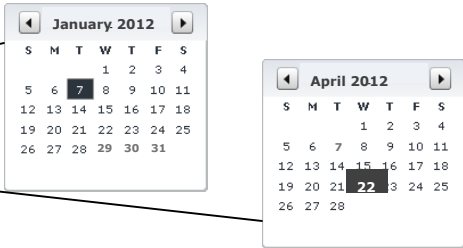
EHR Meaningful Use Reporting Period

Click the calendar icons to select your EHR Reporting Period Start and End Dates. Meaningful Use year 1 requires at least a 90-day reporting period within the Calendar Year. Further reporting years require the entire Calendar Year as the reporting period.

Meaningful Use Stage: 1

\*EHR Reporting Period Start Date: 01/07/2012 

\*EHR Reporting Period End Date: 04/22/2012 



EHR Certification Information

As an Eligible Professional, you are required to attest to all practice locations. If attesting to practicing in multiple locations, you must have at least 50% of your total patient encounters occur at sites with certified EHR technology. As an additional eligibility requirement, you must also have at least 80% of your unique patients data in a certified EHR system during the EHR reporting period. If you practice in multiple locations, you are required to attest to each location, whether the location utilizes certified EHR technology, and, where applicable, the CMS EHR Certification ID for each location. You are also required to attest to the number of unique patients that have their data in the certified EHR system.

**Unique Patient:** If a patient is seen by an Eligible Professional more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Click the **Add Location** button below to add each of your practice locations.

Add Location

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Unique Patients in EHR	# Unique Patients	# Encounters	Action
Test Clinic 1	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(111) 111-1111 Ext: 0	No		0	31	46	<a href="#">Edit Location</a> <a href="#">Delete Location</a>
Test Clinic 2	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(111) 111-1111 Ext:	Yes	30000001TMDUEAS	76	89	298	
Test Clinic 3	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(111) 111-1111 Ext: 11	Yes	30000001TKREEAC	399	412	1123	
Test Clinic 4	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(111) 111-1111 Ext:	No		0	26	51	
<b>Totals:</b>					<b>475</b>	<b>558</b>	<b>1518</b>	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator: 1421 Denominator: 1518 Actual: 93.61%

Percent of Unique Patients in EHR:

Numerator: 475 Denominator: 558 Actual: 85.13%

Previous

Upload EHR Documents

Save & Continue



Confirm Practice Location Removal

Practice Location Name: Test Clinic 1

Click the Delete button to complete the removal of the practice location or click the Cancel button to return the Identify Certified EHR Technology page without deleting the practice location.

Cancel

Delete

Bill Lawson (NPI: 1111111111)

Add/Edit Practice Location

(\*) Red asterisk indicates a required field.

Practice Location Details

Enter the address of your practice location below. You must also attest if this is your primary location.

\*Name:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip 5:

Zip 4:

\*Phone #:

Extension #:

EHR Solution Details

Please complete the following:

\*Does this practice location have certified EHR technology?

Yes  No

You are required to attest to the number of your unique patients at this practice location, the number of your unique patients in EHR (if applicable) at this practice location, and the number of your patient encounters that occurred at this practice location.

\*Number of Unique Patients in EHR:

\*Number of Unique Patients:

\*Number of Patient Encounters:

If this practice location has certified EHR technology you are required to enter your CMS EHR Certification ID for this location. Please enter your CMS EHR Certification ID below.

\*CMS EHR Certification ID:

Select the Previous button to return without saving or Save Location button to save and return.

Previous

Save Location



Page 6a: Add/Edit Practice Location

NOTE: The EP will utilize this page to enter a new practice location or edit an existing location. The EP will be required to enter the practice location details and attest if the location is the EP's primary location. The EP will also required to attest if the practice has certified EHR technology. If so, the CMS EHR Certification ID must also be entered. The EP must also enter the numerator (# of patients in denominator that have records in the EHR) and the denominator (total unique patients). If the practice location does not have certified EHR technology then the EP will enter "0" in the numerator. Clicking the Previous button will navigate the EP back to the Step 3 – Identify EHR Solution page without saving the data. Clicking the Save Location button will save the data and return the EP to the Step 3 – Identify EHR Solution page.

### Screen-pop 1

**Confirm Meaningful Use Failure**

**Provider Name:** Bill Lawson

**Reason:** The EP did not have at least 50% of all patient encounters occur at sites with certified EHR technology during the EHR reporting period.

**If you confirm the failure(s) you will be deemed not eligible for the EHR incentive program for this payment year. Click the Update button to return and correct.**

### Screen-pop 2

**Confirm Meaningful Use Failure**

**Provider Name:** Bill Lawson

**Reason:** The EP did not have at least 80% of all unique patients with their data in the certified EHR during the EHR reporting period.

**If you confirm the failure(s) you will be deemed not eligible for the EHR incentive program for this payment year. Click the Update button to return and correct.**

### Screen-pop 3

**Confirm Meaningful Use Failure**

**Provider Name:** Bill Lawson

**Reason:** The EP did not have at least 80% of all unique patients with their data in the certified EHR AND at least 50% of all patient encounters occur at sites with certified EHR technology during the EHR reporting period.

**If you confirm the failure(s) you will be deemed not eligible for the EHR incentive program for this payment year. Click the Update button to return and correct.**

### Page 6b: Failed EHR Solution MU Requirements Screen-pops

**NOTE:** The Step 3 – Identify EHR Solution Page will evaluate the EP's entry of practice locations. The EP must have at least 50% of encounters take place in locations with certified EHR technology. This criteria will be evaluated first. If failed, the system will display screen-pop 1 above. If the EP passes this validation then the system will evaluate the second requirement that at least 80% of unique patients must have their data in the certified EHR solution across all entered practice sites. If the EP failed, the system will display screen-pop 2 above. If both validations fail then screen-pop 3 above will display. In all cases the EP will be able to click the Update button to return to the Step 2 – Identify EHR Solution page to correct. The EP can also confirm the requirement failure by clicking the Confirm button. This will status the EP's enrollment as Not Eligible for the payment year.

Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. **To view each Meaningful Use measure click the + button to expand or the - button to collapse.** Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ Meaningful Use Core Measures Summary

Eligible Professionals are required to attest to fifteen Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Core Measure.

Start Core Attestation

+ Meaningful Use Menu Measures Summary

Eligible Professionals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation

+ Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start CQM Attestation

Previous

Save & Continue



Page 7: Meaningful Use Summary Page (Variation 1)

**NOTE:** The Summary of Meaningful Use Measures Page will allow the EP to view attested Core, Menu and Clinical Quality Measures. In this variation EP has navigated to this page for the first time with no MU attestation data collected. By default each section is collapsed showing the intro paragraph and a Start Attestation button. The EP will have the ability to expand each section by clicking the '+' button or contract each section by clicking the '-' button in the section title. The EP can view each Core, Menu, and Clinical Quality Measure and click an "Edit" button to edit the specific measure once the attestation has started for the measure type. The EP must complete all three section prior to moving to Step 4 in the enrollment process. Clicking the Previous Page button will navigate the user to the Step 3 - Identify Certified EHR Technology Page. Clicking the Save & Continue button will validate that all four content sections have been completed AND passed. If successful, the user will complete this step and be navigated to the Step 4 - Verify EHR Incentive Payment Page. If all sections were not complete, the EP will be presented with the error and not allowed to continue. If the EP has failed MU the system will present the Failure of Meaningful Use Measures screen-pop.

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Bill Lawson (NPI: 1111111111)

### Meaningful Use Core Measures

Eligible Professionals must report on all fifteen Meaningful Use Core Measures. Enter positive whole numbers for the denominator and numerator (if applicable) for all fifteen Core Measures. The numerator must not exceed the denominator where applicable. Eligible Professionals can be excluded from meeting some of the Core Measures if they meet the requirements of the applicable exclusion and answer, "Yes" to the exclusion question.

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary

Save & Continue



#### Page 8: Core Measures Home Page

**NOTE:** The EP will be presented with the MU Core introduction page. The EP will read the Core Measures introduction and continue to the Core Measures attestation questionnaire. Clicking the Continue button will navigate the user to the MU Core Measure 1 Page. Clicking the MU Summary Page button will navigate the EP back to the MU Summary Page.

Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (1 of 15) - MUCP001

(\*) Red asterisk indicates a required field.

Objective

Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure

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

Attestation

**Exclusion - Based on ALL patient records:** Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

\*Patient Records: Select whether data 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.

Complete the following information:

**Numerator:** The number of patients in the denominator that have at least one medication order entered using CPOE.

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

\*Numerator:  \*Denominator:  Actual:

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



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Manage Account

Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (2 of 15) - MUCP002

(\*) Red asterisk indicates a required field.

#### Objective

Implement drug-drug and drug-allergy interaction checks.

#### Measure

The EP has enabled this functionality for the entire EHR reporting period.

#### Attestation

Complete the following information:

\*Did you enable the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



#### Page 10: Meaningful Use Core Measure 2 of 15

**NOTE:** The EP is required to select a Yes or No attestation to this core measure. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next core measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.



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Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (3 of 15) - MUCP003

(\*) Red asterisk indicates a required field.

#### Objective

Maintain an up-to-date problem list of current and active diagnoses.

#### Measure

More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

#### Attestation

Complete the following information:

**Numerator:** Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

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

\***Numerator:**       \***Denominator:**       **Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (4 of 15) - MUCP004

(\*) Red asterisk indicates a required field.

Objective

Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

- Yes No

\*Patient Records: Select whether data 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.

Complete the following information:

Numerator: Number of prescriptions in the denominator generated and transmitted electronically.

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

\*Numerator: 335 \*Denominator: 576 Actual: 58.16%

Complete the following information. Response to the following question does not prevent an EP from achieving meaningful use.

\*Name your eRx service and one pharmacy that you transmit to: (500 Character Max Limit)

eRx Network, CVS Pharmacy 500 Congress Ave Austin, TX 78701

Please reference the CMS Meaningful Use Specification Page for more information.

Select the Previous or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



NOTE: The EP is required to select a Patient Record method and to select if an exclusion applies. If the EP is not excluding, the system will then display the numerator/denominators to attest. The EP will also be required to name the eRx service and one pharmacy that the EP transmits to. This numerator/denominator section does not display until the user selects "No". It is required to enter the numerator and denominator. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (5 of 15) - MUCP005

(\*) Red asterisk indicates a required field.

#### Objective

Maintain active medication list.

#### Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

#### Attestation

Complete the following information:

**Numerator:** Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

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

\***Numerator:**       \***Denominator:**       **Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



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Bill Lawson (NPI: 1111111111)

**Core Measures Questionnaire (6 of 15) - MUCP006**

(\*) Red asterisk indicates a required field.

**Objective**

Maintain active medication allergy list.

**Measure**

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

**Attestation**

Complete the following information:

**Numerator:** Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.**\*Numerator:**  **\*Denominator:**  **Actual:** Please reference the [CMS Meaningful Use Specification Page](#) for more information.Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save &amp; Return

Save &amp; Continue



**NOTE:** The EP is required to enter the numerator and denominator. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

## Core Measures Questionnaire (7 of 15) - MUCP007

(\*) Red asterisk indicates a required field.

### Objective

Record all of the following demographics: Preferred Language, Gender, Race, Ethnicity, and Date of Birth.

### Measure

More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

### Attestation

Complete the following information:

**Numerator:** Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

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

\***Numerator:**       \***Denominator:**       **Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (8 of 15) - MUCP008

(\*) Red asterisk indicates a required field.

Objective

Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display body mass index (BMI), and Plot and display growth charts for children 2-20 years, including BMI.

Measure

More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.

Attestation

**Exclusion - Based on ALL patient records:** An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

**Exclusion 2 - Based on ALL patient records:** An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

\*Patient Records: Select whether data 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.

Complete the following information:

**Numerator:** Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

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

\*Numerator:  \*Denominator:  Actual:

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to select a Patient Record method and to select if an exclusion 1 or 2 applies. If the EP is not excluding, the system will then display the numerator/denominators to attest. This numerator/denominator section does not display until the user selects "No". It is required to enter the numerator and denominator. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (9 of 15) - MUCP009

(\*) Red asterisk indicates a required field.

Objective

Record smoking status for patients 13 years old or older.

Measure

More than 50% of all unique patients 13 years or older seen by the EP have smoking status recorded as structured data.

Attestation

**Exclusion - Based on ALL patient records:** An EP who did not see patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

\*Patient Records: Select whether data 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.

Complete the following information:

**Numerator:** Number of patients in the denominator with smoking status recorded as structured data.

**Denominator:** Number of unique patients age 13 years or older seen by the EP during the EHR reporting period.

\*Numerator:  \*Denominator:  Actual:

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to select if an exclusion applies. If the EP is not excluding, the system will then display the numerator/denominators to attest. This numerator/denominator section does not display until the user selects "No". It is required to enter the numerator and denominator. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (10 of 15) - MUCP010

(\*) Red asterisk indicates a required field.

#### Objective

Report ambulatory clinical quality measures to the State.

#### Measure

Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final rule.

#### Attestation

Complete the following information:

**\*I will submit Clinical Quality Measures to the State?**

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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MU Summary

Save & Return

Save & Continue



Page 18: Meaningful Use Core Measure 10 of 15

**NOTE:** The EP is required to select a Yes or No attestation to this core measure. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next core measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.



Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (11 of 15) - MUCP011

(\*) Red asterisk indicates a required field.

Objective

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

Measure

Implement one clinical decision support rule.

Attestation

Complete the following information:

\*Did you implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

Yes  No

Complete the following information. Response to the following question does not prevent an EP from achieving meaningful use.

\*Name and describe one CDS rule implemented: (500 Character Max Limit)

Cultural competency: the physician is alerted when ordering blood products if the patient's religion is Jehovah's Witness.

Please reference the CMS Meaningful Use Specification Page for more information.

Select the Previous or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



NOTE: The EP is required to select a Yes or No attestation to this core measure in addition to naming and describing at least one CDS rule that was implemented. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next core measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (12 of 15) - MUCP012

(\*) Red asterisk indicates a required field.

#### Objective

Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

#### Measure

More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.

#### Attestation

**Exclusion - Based on ALL patient records:** An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

**\*Does this exclusion apply?**

Yes
  No

**\*Patient Records:** Select whether data 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.

Complete the following information:

**Numerator:** Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

**Denominator:** Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

**\*Numerator:** 
**\*Denominator:** 
**Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Save & Return

Save & Continue



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Bill Lawson (NPI: 1111111111)

**Core Measures Questionnaire (13 of 15) - MUCP013**

(\*) Red asterisk indicates a required field.

**Objective**

Provide clinical summaries for patients for each office visit.

**Measure**

Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

**Attestation**

**Exclusion - Based on ALL patient records:** Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

**\*Does this exclusion apply?**

Yes
  No

**\*Patient Records:** Select whether data 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.

Complete the following information:

**Numerator:** Number of office visits in the denominator for which a clinical summary is provided within three business days.

**Denominator:** Number of office visits for the EP during the EHR reporting period.

**\*Numerator:** 
**\*Denominator:** 
**Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Core Measures Questionnaire (14 of 15) - MUCP014

(\*) Red asterisk indicates a required field.

Objective

Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure

Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Attestation

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

Yes  No

Complete the following information. Responses to the following questions does not prevent an eligible hospital or CAH from achieving meaningful use.

\*With whom was the test(s) performed?:

(500 Character Max Limit)

CompCare Radiology Group

\*Was the test successful?

Yes  No

\*Date of the test:

01/07/2012



Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the Previous or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The user is required to select a Yes or No attestation to this core measure. If "Yes" is selected then the EP must also attest to whom the test was performed, if the test was successful and the date of the test. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next core measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Core Measures Questionnaire (15 of 15) - MUCP015

(\*) Red asterisk indicates a required field.

#### Objective

Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

#### Measure

Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

#### Attestation

Complete the following information:

\*Did you conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



#### Page 23: Meaningful Use Core Measure 15 of 15

**NOTE:** The EP is required to select a Yes or No attestation to this core measure. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next core measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘
















Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

Meaningful Use Core Measures Summary

Eligible Professionals are required to attest to fifteen Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

Objective	Measure	Entered	Result	Action
<b>MUCP001:</b> Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	66.82%	Pass	 <a href="#">Edit Measure</a>
<b>MUCP002:</b> Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Pass	
<b>MUCP003:</b> Maintain an up-to-date problem list of current and active diagnoses.	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	88.99%	Pass	
<b>MUCP004:</b> Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	58.16%	Pass	
<b>MUCP005:</b> Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	88.99%	Pass	
<b>MUCP006:</b> Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	88.99%	Pass	
<b>MUCP007:</b> Record all of the following demographics: Preferred Language, Gender, Race, Ethnicity, and Date of Birth.	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	88.99%	Pass	
<b>MUCP008:</b> Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display body mass index (BMI), and Plot and display growth charts for children 2-20 years, including BMI.	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.		Excluded	
<b>MUCP009:</b> Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years or older seen by the EP have smoking status recorded as structured data.	66.82%	Pass	
<b>MUCP010:</b> Report ambulatory clinical quality measures to the State.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final rule.	Yes	Pass	
<b>MUCP011:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	Pass	
<b>MUCP012:</b> Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	66.82%	Pass	
<b>MUCP013:</b> Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	66.82	Pass	
<b>MUCP014:</b> Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	Yes	Pass	
<b>MUCP015:</b> Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	Pass	

Meaningful Use Menu Measures Summary

Eligible Professionals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation

Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start CQM Attestation

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Save & Continue



Bill Lawson (NPI: 1111111111)

### Meaningful Use Menu Measures Selection

**Instructions:**

Eligible Professionals must report on a total of five Meaningful Use Core Measures. When selecting five objectives from the Meaningful Use Menu Measure Objectives, an EP must choose at least one objective from the public health menu measure objectives. Should the EP be able to meet the measure for one of these public health menu measure objectives and can attest an exclusion applies for the other, the EP is required to select and report on the public health menu measure objectives they are able to meet. If the EP can attest to an exclusion from both public health menu measure objectives, the EP must choose only one of the two public health menu measure objectives and attest to the exclusion.

After selecting one or both of the public health menu measure objectives, the EP must select additional menu measure objectives outside of the public health menu measure objectives, until a total of five Meaningful Use Menu Measure Objectives have been selected. The EP should first select the menu measure objectives that are relevant to their scope of practice. If the EP is unable to choose the required number of menu measure objectives that are relevant to their scope of practice, then the EP can choose menu measure objective(s) with an exclusion until a total of five Meaningful Use Menu Measure Objectives are chosen. However, an EP should not claim an exclusion for a menu measure objective if there are additional menu measure objectives that are relevant to their scope of practice and for which they are able to meet the measures.

#### Public Health Menu Measures

You must select at least one Meaningful Use Menu Measures from the public health list even if an Exclusion applies to both:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically). Have you met this measure?	<input checked="" type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity receive the information electronically).	<input checked="" type="checkbox"/>

#### Additional Menu Measures

You must select additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input checked="" type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Select the **Save & Continue** button to save and proceed or **MU Summary** to return.

MU Summary

Save & Continue



Bill Lawson (NPI: 1111111111)

Menu Measures Questionnaire (1 of 10) - MUMP001

(\*) Red asterisk indicates a required field.

Objective

Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance applicable law and practice.

Measure

Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

Yes  No

Complete the following information. Responses to the following questions does not prevent an EP from achieving meaningful use.

Select the immunization registry for which at least one test was performed.

\*Immunization Registry:

\*Was the test successful?

Yes  No



\*Date of the test:

\*Was a follow-up submission performed?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the Previous or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Page 25: Meaningful Use Menu Measure 1 of 10

NOTE: The EP is required to attest if the exclusion applies. The system will then display the Yes/No measure attestation fields. This measure attestation section does not display until the EP selects "No" to the exclusion. The EP is also required to attest to which Immunization Registry the test was performed with, if the test was successful, if a follow-up submission was performed, and the date of the test. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. If no errors, the data is saved and the EP is navigated to the next selected Menu measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.



Bill Lawson (NPI: 1111111111)

Menu Measures Questionnaire (2 of 10) - MUMP002

(\*) Red asterisk indicates a required field.

Objective

Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure

Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity receive the information electronically).

Attestation

**Exclusion - Based on ALL patient record:** If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

Yes  No

Complete the following information. Responses to the following questions does not prevent an EP from achieving meaningful use.

Select the public health agency for which at least one test was performed.

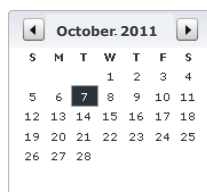
\*Syndromic Surveillance Agency:

\*Name the Syndromic Surveillance Agency: (500 Character Max Limit)

\*Was the test successful?

Yes  No

\*Date of the test:



\*Was a follow-up submission performed?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



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Bill Lawson (NPI: 1111111111)

### Menu Measures Questionnaire (3 of 10) - MUMP003

(\*) Red asterisk indicates a required field.

#### Objective

Implement drug formulary checks.

#### Measure

The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

#### Attestation

**Exclusion - Based on ALL patient records:** An EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

Complete the following information:

\*Did you enable the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Menu Measures Questionnaire (4 of 10) - MUMP004

(\*) Red asterisk indicates a required field.

Objective

Incorporate clinical lab-test results into EHR as structured data.

Measure

More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Attestation

**Exclusion - Based on ALL patient records:** An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

\*Patient Records: Select whether data 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.

Complete the following information:

**Numerator:** Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

**Denominator:** Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

\*Numerator:  \*Denominator:  Actual:

Complete the following information. Response to the following question does not prevent an EP from achieving meaningful use.

Select the clinical lab-test results entry method into the certified EHR technology for patients admitted during the EHR reporting period.

Lab-test Result Entry Method: 

- Entered via Electronic Exchange
- Manual Entry
- Both Electronic Exchange and Manual Entry

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to select if an exclusion applies. If the EP is not excluding, the system will then display the numerator/denominators to attest. This numerator/denominator section does not display until the user selects "No" It is required to enter the numerator and denominator. The EP is also required to enter the Lab-test Result Entry Method when the measure is not excluded. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Menu Measures Questionnaire (5 of 10) - MUMP005

(\*) Red asterisk indicates a required field.

#### Objective

Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

#### Measure

Generate at least one report listing patients of the EP with a specific condition.

#### Attestation

Complete the following information:

**\*Generate at least one report listing patients of the EP with a specific condition.**

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



#### Page 29: Meaningful Use Menu Measure 5 of 10

**NOTE:** The EP is required to select a Yes or No attestation to this menu measure. Clicking the Save & Continue or button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the next Menu measure in the questionnaire. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. If no errors, the data is saved and the EP is navigated to the next Menu measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

**Menu Measures Questionnaire (6 of 10) - MUMP006**

(\*) Red asterisk indicates a required field.

**Objective**

Send reminders to patients per patient preference for preventive/follow up care.

**Measure**

More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.

**Attestation**

**Exclusion - Based on ALL patient records:** Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

**\*Does this exclusion apply?**

Yes     No

**\*Patient Records:** Select whether data 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.

Complete the following information:

**Numerator:** Number of patients in the denominator who were sent the appropriate reminder.

**Denominator:** Number of unique patients 65 years old or older or 5 years old or younger.

**\*Numerator:**    
 **\*Denominator:**    
 **Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Menu Measures Questionnaire (7 of 10) - MUMP007

(\*) Red asterisk indicates a required field.

Objective

Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure

At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

Attestation

**Exclusion - Based on ALL patient records:** Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

Complete the following information:

**Numerator:** Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

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

\***Numerator:**  \***Denominator:**  **Actual:**

Complete the following information. Response to the following question does not prevent an EP from achieving meaningful use.

**What information does the patient have access to (i.e. labs, diagnosis, etc.):** (500 Character Max Limit)

Lab results

\*Do you have an online patient portal?

Yes  No

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Page 31: Meaningful Use Menu Measure 7 of 10

**NOTE:** The EP is required to select a Patient Record method and to select if an exclusion applies. If the EP is not excluding, the system will then display the numerator/denominators to attest. The EP must also attest to what info the patient has access to and if they have an online portal. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Menu Measures Questionnaire (8 of 10) - MUMP008

(\*) Red asterisk indicates a required field.

#### Objective

Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

#### Measure

More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

#### Attestation

Complete the following information:

**Numerator:** Number of patients in the denominator who are provided patient education specific resources.

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

\***Numerator:**  \***Denominator:**  **Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Page 32: Meaningful Use Menu Measure 8 of 10

**NOTE:** The EP is required to enter the numerator and denominator. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and both must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next core measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

**Menu Measures Questionnaire (9 of 10) - MUMP009**

(\*) Red asterisk indicates a required field.

**Objective**

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

**Measure**

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

**Attestation**

**Exclusion - Based on ALL patient records:** An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

**\*Does this exclusion apply?**

Yes
  No

**\*Patient Records:** Select whether data 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.

Complete the following information:

**Numerator:** Number of transitions of care in the denominator where medication reconciliation was performed.

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

**\*Numerator:** 
**\*Denominator:** 
**Actual:**

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue





Bill Lawson (NPI: 1111111111)

Menu Measures Questionnaire (10 of 10) - MUMP010

(\*) Red asterisk indicates a required field.

Objective

The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure

The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

Attestation

**Exclusion - Based on ALL patient records:** An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply?

Yes  No

\*Patient Records: Select whether data 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.

Complete the following information:

**Numerator:** Number of transitions of care and referrals in the denominator where a summary of care record was provided.

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

\*Numerator:  \*Denominator:  Actual:

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ Meaningful Use Core Measures Summary

Eligible Professionals are required to attest to fifteen Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Core Measure.



Modify Core Attestation

- Meaningful Use Menu Measures Summary









Eligible Professionals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation

Public Health Menu Measures

Objective	Measure	Entered	Result	Action
<b>MUMP001:</b> Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Yes	Pass	 <a href="#">Edit Measure</a>
<b>MUMP002:</b> Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity receive the information electronically).	Yes	Pass	

Additional Menu Measures

Objective	Measure	Entered	Result	Action
<b>MUMP003:</b> Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Pass	
<b>MUMP004:</b> Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	59.67%	Pass	
<b>MUMP005:</b> Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	Pass	
<b>MUMP006:</b> Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.	34.28%	Pass	
<b>MUMP007:</b> Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	15.56%	Pass	
<b>MUMP008:</b> Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	15.56%	Pass	
<b>MUMP009:</b> The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	62.31%	Pass	
<b>MUMP010:</b> The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	65.24%	Pass	

+ Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start CQM Attestation

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Save & Continue



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Bill Lawson (NPI: 1111111111)

## Meaningful Use Core Clinical Quality Measures (CQMs)

Eligible Professionals must report calculated Clinical Quality Measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Program. Each EP must report on three Core CQMs (or alternate core) and three Additional CQMs. If one or more Core CQMs is outside your scope of practice, you will have to report on an equal number of Alternate Core CQM(s). If the denominator value for all three of the Core CQMs is zero, an EP must report a zero denominator for all such Core CQMs, and then must also report on all three Alternate Core CQMs. If the denominator value for all three of the Alternate Core CQMs is also zero an EP still needs to report on three Additional CQMs.

Enter positive whole numbers for the numerator, denominator and exclusions (if applicable) for all of the Clinical Quality Measures. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

To begin your Core CQM attestation click the Save & Continue button below.

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary

Save & Continue



### Page 35: Core Clinical Quality Measures (CQMs) Home Page

**NOTE:** The EP will read the CQM introduction. Clicking the Save & Continue button will navigate the user to the Clinical Quality Core Measure 1 Page. Clicking the MU Summary button will navigate the user to the Step 3 – Summary of Meaningful Use Measures Page.

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Bill Lawson (NPI: 1111111111)

### Core Clinical Quality Measures Questionnaire (1 of 3) – NQF 0013

(\*) Red asterisk indicates a required field.

#### Title

NQF 0013 Title: Hypertension: Blood Pressure Measurement

#### Description

Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure (BP) recorded.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



Bill Lawson (NPI: 1111111111)

**Core Clinical Quality Measures Questionnaire (2 of 3) – NQF 0028**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0028, PQRS 114 Title: Preventive Care and Screening Measure Pair

**Description**

- a. Tobacco Use Assessment - Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months.
- b. Tobacco Cessation Intervention - Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

\***Numerator A:**  \***Denominator A:**

\***Numerator B:**  \***Denominator B:**

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to enter the numerator and denominator 2 parts of this measure. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

Core Clinical Quality Measures Questionnaire (3 of 3) – NQF 0421

(\*) Red asterisk indicates a required field.

Title

NQF 0421, PQRS 128 Title: Adult Weight Screening and Follow-Up

Description

Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number where Numerator ≤ Denominator.

**Exclusions:** A positive whole number.

Population Criteria 1

\*Numerator:  \*Denominator:  \*Exclusions:

Population Criteria 2

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to enter the numerator, denominator and exclusions for each population criteria. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

**Meaningful Use Alternate Core Clinical Quality Measures (CQMs) Selection**

**Instructions:**

You have entered a denominator of zero for one or more of your Core Clinical Quality Measures. You must select and report on an Alternate Core Clinical Quality Measure for each Core Clinical Quality Measure where a zero was entered for the denominator. An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Please select the following number of Alternate Core Clinical Quality Measures from the list below: 3

**Alternate Core Clinical Quality Measures**

You must select at least one Alternate Core Clinical Quality Measure to replace each Core Clinical Quality Measure where a zero was entered for the denominator:

Title	Description	Select
<b>NQF 0024</b> Title: Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
<b>NQF 0041/PQRI 110</b> Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
<b>NQF 0038</b> Title: Childhood Immunization Status	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); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	<input checked="" type="checkbox"/>

Select **MU Summary** button to go back without saving. Click the **Save & Continue** button to save and proceed.

MU Summary

Save & Continue



Bill Lawson (NPI: 1111111111)

Alternate Core Clinical Quality Measures Questionnaire (1 of 3) – NQF 0024

(\*) Red asterisk indicates a required field.

Title

NQF 0024 Title: Weight Assessment and Counseling for Children and Adolescents

Description

Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

Population Criteria 1

\*Numerator 1:  \*Denominator 1:   
 \*Numerator 2:  \*Denominator 2:   
 \*Numerator 3:  \*Denominator 3:

Population Criteria 2

\*Numerator 1:  \*Denominator 1:   
 \*Numerator 2:  \*Denominator 2:   
 \*Numerator 3:  \*Denominator 3:

Population Criteria 3

\*Numerator 1:  \*Denominator 1:   
 \*Numerator 2:  \*Denominator 2:   
 \*Numerator 3:  \*Denominator 3:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to enter the numerator and denominator for each population criteria for this measure. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.



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Bill Lawson (NPI: 1111111111)

### Alternate Core Clinical Quality Measures Questionnaire (2 of 3) – NQF 0041

(\*) Red asterisk indicates a required field.

#### Title

NQF 0041, PQRS 110 Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old

#### Description

Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue



**NOTE:** The EP is required to enter the numerator, denominator and exclusions. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

Alternate Core Clinical Quality Measures Questionnaire (3 of 3) – NQF 0038

(\*) Red asterisk indicates a required field.

Title

NQF 0038 Title: Childhood Immunization Status

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); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

*Numerator 1:	<input type="text" value="11"/>	*Denominator 1:	<input type="text" value="23"/>
*Numerator 2:	<input type="text" value="7"/>	*Denominator 2:	<input type="text" value="23"/>
*Numerator 3:	<input type="text" value="3"/>	*Denominator 3:	<input type="text" value="23"/>
*Numerator 4:	<input type="text" value="4"/>	*Denominator 4:	<input type="text" value="23"/>
*Numerator 5:	<input type="text" value="12"/>	*Denominator 5:	<input type="text" value="23"/>
*Numerator 6:	<input type="text" value="15"/>	*Denominator 6:	<input type="text" value="23"/>
*Numerator 7:	<input type="text" value="20"/>	*Denominator 7:	<input type="text" value="23"/>
*Numerator 8:	<input type="text" value="6"/>	*Denominator 8:	<input type="text" value="23"/>
*Numerator 9:	<input type="text" value="19"/>	*Denominator 9:	<input type="text" value="23"/>
*Numerator 10:	<input type="text" value="9"/>	*Denominator 10:	<input type="text" value="23"/>
*Numerator 11:	<input type="text" value="12"/>	*Denominator 11:	<input type="text" value="23"/>
*Numerator 12:	<input type="text" value="7"/>	*Denominator 12:	<input type="text" value="23"/>

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Save & Return

Save & Continue



**NOTE:** The EP is required to enter 12 numerator and denominator values for this measure. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the Alternate Clinical Quality Measure Intro Page or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Previous Meaningful Use Measure without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

Bill Lawson (NPI: 1111111111)

**Meaningful Use Additional Clinical Quality Measures (CQMs) Selection**

**Instructions:**

Select and report on at least three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusions(s), if applicable, for all three Additional Clinical Quality Measures after you select the Save & Continue button below.

**Additional Clinical Quality Measures**

You must select at least three Additional Clinical Quality Measure from the list below:

Title	Description	Select
<b>NQF 0059, PQRS 1</b> Title: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input checked="" type="checkbox"/>
<b>NQF 0064, PQRS 2</b> Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input checked="" type="checkbox"/>
<b>NQF 0061, PQRS 3</b> Title: Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input checked="" type="checkbox"/>
<b>NQF 0081, PQRS 5</b> Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input checked="" type="checkbox"/>
<b>NQF 0067, PQRS 6</b> Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.	<input checked="" type="checkbox"/>
<b>NQF 0070, PQRS 7</b> Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input checked="" type="checkbox"/>
<b>NQF 0083, PQRS 8</b> Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	<input checked="" type="checkbox"/>
<b>NQF 0086, PQRS 12</b> Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	<input checked="" type="checkbox"/>
<b>NQF 0088, PQRS 18</b> Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	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.	<input checked="" type="checkbox"/>
<b>NQF 0089, PQRS 19</b> Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	<input checked="" type="checkbox"/>
<b>NQF 0047, PQRS 53</b> Title: Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	<input checked="" type="checkbox"/>
<b>NQF 0001, PQRS 64</b> Title: Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	<input checked="" type="checkbox"/>
<b>NQF 0002, PQRS 66</b> Title: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	<input checked="" type="checkbox"/>
<b>NQF 0387, PQRS 71</b> Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	<input checked="" type="checkbox"/>
<b>NQF 0385, PQRS 72</b> Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	<input checked="" type="checkbox"/>
<b>NQF 0389, PQRS 102</b> Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	<input checked="" type="checkbox"/>
<b>NQF 0043, PQRS 111</b> Title: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input checked="" type="checkbox"/>
<b>NQF 0031, PQRS 112</b> Title: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input checked="" type="checkbox"/>
<b>NQF 0034, PQRS 113</b> Title: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input checked="" type="checkbox"/>
<b>NQF 0027, PQRS 115</b> Title: Smoking and Tobacco Use Cessation, Medical Assistance	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	<input checked="" type="checkbox"/>
<b>NQF 0055, PQRS 117</b> Title: Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	<input checked="" type="checkbox"/>
<b>NQF 0062, PQRS 119</b> Title: Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	<input checked="" type="checkbox"/>
<b>NQF 0056, PQRS 163</b> Title: Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	<input checked="" type="checkbox"/>
<b>NQF 0074, PQRS 197</b> Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	<input checked="" type="checkbox"/>
<b>NQF 0084, PQRS 200</b> Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.	<input checked="" type="checkbox"/>
<b>NQF 0073, PQRS 201</b> Title: Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	<input checked="" type="checkbox"/>
<b>NQF 0068, PQRS 204</b> Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	<input checked="" type="checkbox"/>
<b>NQF 0012</b> Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	<input checked="" type="checkbox"/>
<b>NQF 0014</b> Title: Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	<input checked="" type="checkbox"/>
<b>NQF 0018</b> Title: Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	<input checked="" type="checkbox"/>
<b>NQF 0032</b> Title: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	<input checked="" type="checkbox"/>
<b>NQF 0033</b> Title: Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	<input checked="" type="checkbox"/>
<b>NQF 0036</b> Title: Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	<input checked="" type="checkbox"/>
<b>NQF 0052</b> Title: Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	<input checked="" type="checkbox"/>
<b>NQF 0075</b> Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	<input checked="" type="checkbox"/>
<b>NQF 0075</b> Title: Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	<input checked="" type="checkbox"/>
<b>NQF 0004</b> Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	<input checked="" type="checkbox"/>
<b>NQF 0105</b> Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input checked="" type="checkbox"/>

Select **MU Summary** button to go back without saving. Click the **Save & Continue** button to save and proceed.

MU Summary

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Bill Lawson (NPI: 1111111111)

### Additional Clinical Quality Measures Questionnaire (1 of 38) – NQF 0059

(\*) Red asterisk indicates a required field.

#### Title

NQF 0059, PQRS 1 Title: Diabetes: Hemoglobin A1c Poor Control

#### Description

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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#### Page 44: Meaningful Use Additional CQM 1 of 38

**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

**Additional Clinical Quality Measures Questionnaire (2 of 38) – NQF 0064**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0064, PQRS 2 Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control

**Description**

Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator 1:  \*Denominator 1:  \*Exclusions 1:

\*Numerator 2:  \*Denominator 2:  \*Exclusions 2:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Save & Continue



**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Additional Clinical Quality Measures Questionnaire (3 of 38) – NQF 0061

(\*) Red asterisk indicates a required field.

#### Title

NQF 0061, PQRS 3 Title: Diabetes: Blood Pressure Management

#### Description

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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#### Page 46: Meaningful Use Additional CQM 3 of 38

**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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Bill Lawson (NPI: 1111111111)

### Additional Clinical Quality Measures Questionnaire (4 of 38) – NQF 0081

(\*) Red asterisk indicates a required field.

#### Title

NQF 0081, PQRS 5 Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

#### Description

Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (5 of 38) – NQF 0067

(\*) Red asterisk indicates a required field.

#### Title

NQF 0067, PQRS 6 Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

#### Description

Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\***Numerator:**  \***Denominator:**  \***Exclusions:**

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**Additional Clinical Quality Measures Questionnaire (6 of 38) – NQF 0070**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0070, PQRS 7 Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

**Description**

Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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**Additional Clinical Quality Measures Questionnaire (7 of 38) – NQF 0083**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0083, PQRS 8 Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

**Description**

Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (8 of 38) – NQF 0086

(\*) Red asterisk indicates a required field.

#### Title

NQF 0086, PQRS 12 Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

#### Description

Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (9 of 38) – NQF 0088

(\*) Red asterisk indicates a required field.

#### Title

NQF 0088, PQRS 18 Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

#### Description

Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (10 of 38) – NQF 0089

(\*) Red asterisk indicates a required field.

#### Title

NQF 0089, PQRS 19 Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

#### 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.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (11 of 38) – NQF 0047

(\*) Red asterisk indicates a required field.

#### Title

NQF 0047, PQRS 53 Title: Asthma Pharmacologic Therapy

#### Description

Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (12 of 38) – NQF 0001

(\*) Red asterisk indicates a required field.

#### Title

NQF 0001, PQRS 64 Title: Asthma Assessment

#### Description

Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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\*Denominator:

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## Additional Clinical Quality Measures Questionnaire (13 of 38) – NQF 0002

(\*) Red asterisk indicates a required field.

### Title

NQF 0002, PQRS 66 Title: Appropriate Testing for Children with Pharyngitis

### Description

Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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

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## Additional Clinical Quality Measures Questionnaire (14 of 38) – NQF 0387

(\*) Red asterisk indicates a required field.

### Title

NQF 0387, PQRS 71 Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

### Description

Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (15 of 38) – NQF 0385

(\*) Red asterisk indicates a required field.

#### Title

NQF 0385, PQRS 72 Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

#### Description

Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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Additional Clinical Quality Measures Questionnaire (16 of 38) – NQF 0389

(\*) Red asterisk indicates a required field.

Title

NQF 0389, PQRS 102 Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

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## Additional Clinical Quality Measures Questionnaire (17 of 38) – NQF 0043

(\*) Red asterisk indicates a required field.

### Title

NQF 0043, PQRS 111 Title: Pneumonia Vaccination Status for Older Adults

### Description

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

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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### Additional Clinical Quality Measures Questionnaire (18 of 38) – NQF 0031

(\*) Red asterisk indicates a required field.

#### Title

NQF 0031, PQRS 112 Title: Breast Cancer Screening

#### Description

Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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### Additional Clinical Quality Measures Questionnaire (19 of 38) – NQF 0034

(\*) Red asterisk indicates a required field.

#### Title

NQF 0034, PQRS 113 Title: Colorectal Cancer Screening

#### Description

Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

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### Additional Clinical Quality Measures Questionnaire (20 of 38) – NQF 0027

(\*) Red asterisk indicates a required field.

#### Title

NQF 0027, PQRS 115 Title: Smoking and Tobacco Use Cessation, Medical Assistance

#### Description

Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

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\*Numerator 2:  \*Denominator 2:

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**Additional Clinical Quality Measures Questionnaire (21 of 38) – NQF 0055**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0055, PQRS 117 Title: Diabetes: Eye Exam

**Description**

Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

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**Additional Clinical Quality Measures Questionnaire (22 of 38) – NQF 0062**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0062, PQRS 119 Title: Diabetes: Urine Screening

**Description**

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.**Denominator:** A positive whole number.**Exclusions:** A positive whole number.**\*Numerator:**  **\*Denominator:**  **\*Exclusions:** Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (23 of 38) – NQF 0056

(\*) Red asterisk indicates a required field.

#### Title

NQF 0056, PQRS 163 Title: Diabetes: Foot Exam

#### Description

The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (24 of 38) – NQF 0074

(\*) Red asterisk indicates a required field.

#### Title

NQF 0074, PQRS 197 Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

#### Description

Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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## Additional Clinical Quality Measures Questionnaire (25 of 38) – NQF 0084

(\*) Red asterisk indicates a required field.

### Title

NQF 0084, PQRS 200 Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

### Description

Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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## Additional Clinical Quality Measures Questionnaire (26 of 38) – NQF 0073

(\*) Red asterisk indicates a required field.

### Title

NQF 0073, PQRS 201 Title: Ischemic Vascular Disease (IVD): Blood Pressure Management

### Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

\*Numerator:  \*Denominator:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (27 of 38) – NQF 0068

(\*) Red asterisk indicates a required field.

#### Title

NQF 0068,PQRS 204 Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

#### Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

\*Numerator:  \*Denominator:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (28 of 38) – NQF 0012

(\*) Red asterisk indicates a required field.

#### Title

NQF 0012 Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

#### Description

Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (29 of 38) – NQF 0014

(\*) Red asterisk indicates a required field.

#### Title

NQF 0014 Title: Prenatal Care: Anti-D Immune Globulin

#### Description

Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.



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### Additional Clinical Quality Measures Questionnaire (30 of 38) – NQF 0018

(\*) Red asterisk indicates a required field.

#### Title

NQF 0018 Title: Controlling High Blood Pressure

#### Description

The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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## Additional Clinical Quality Measures Questionnaire (31 of 38) – NQF 0032

(\*) Red asterisk indicates a required field.

### Title

NQF 0032 Title: Cervical Cancer Screening

### Description

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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### Page 74: Meaningful Use Additional CQM 31 of 38

**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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**Additional Clinical Quality Measures Questionnaire (32 of 38) – NQF 0033**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0033 Title: Chlamydia Screening for Women

**Description**

Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

**Population Criteria 1**

\*Numerator:  \*Denominator:  \*Exclusions:

**Population Criteria 2**

\*Numerator:  \*Denominator:  \*Exclusions:

**Population Criteria 3**

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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**Additional Clinical Quality Measures Questionnaire (33 of 38) – NQF 0036**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0036 Title: Use of Appropriate Medications for Asthma

**Description**

Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

**Population Criteria 1**

\*Numerator:  \*Denominator:  \*Exclusions:

**Population Criteria 2**

\*Numerator:  \*Denominator:  \*Exclusions:

**Population Criteria 3**

\*Numerator:  \*Denominator:  \*Exclusions:

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### Additional Clinical Quality Measures Questionnaire (34 of 38) – NQF 0052

(\*) Red asterisk indicates a required field.

#### Title

NQF 0052 Title: Low Back Pain: Use of Imaging Studies

#### Description

Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

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

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**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be  $\geq$  numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (35 of 38) – NQF 0075

(\*) Red asterisk indicates a required field.

#### Title

NQF 0075 Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control

#### Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

\*Numerator 1:  \*Denominator 1:

\*Numerator 2:  \*Denominator 2:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Select the **Previous** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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#### Page 78: Meaningful Use Additional CQM 35 of 38

**NOTE:** The EP is required to enter the numerator, denominator and exclusions (where applicable) for each on the page. Note: The screen-mocks depict an EP who selects to report on all 39 CQMs. Clicking the Save & Continue or Save & Return button will validate the data and present any errors. The EP must enter all required fields. The denominator must be >= numerator and exclusions (where applicable) and all must be positive whole numbers. If no errors, the data is saved and the EP is navigated to the next CQM measure in the questionnaire or the Summary of Meaningful Use Measures Page. Clicking the Previous Page button will navigate the EP to the previous CQM without saving the data. Clicking the MU Summary button will navigate the EP to the Summary of Meaningful Use Measures Page without saving the data.

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### Additional Clinical Quality Measures Questionnaire (36 of 38) – NQF 0575

(\*) Red asterisk indicates a required field.

#### Title

NQF 0575 Title: Diabetes: Hemoglobin A1c Control (<8.0%)

#### Description

The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Exclusions:** A positive whole number.

\*Numerator:  \*Denominator:  \*Exclusions:

Please reference the [CMS Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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Bill Lawson (NPI: 1111111111)

**Additional Clinical Quality Measures Questionnaire (37 of 38) – NQF 0004**

(\*) Red asterisk indicates a required field.

**Title**

NQF 0004 Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement

**Description**

Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

**Attestation**

Complete the following information:

**Numerator:** A positive whole number where Numerator ≤ Denominator.

**Denominator:** A positive whole number.

**Population Criteria 1**

\*Numerator:  \*Denominator:

**Population Criteria 2**

\*Numerator:  \*Denominator:

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### Additional Clinical Quality Measures Questionnaire (38 of 38) – NQF 0105

(\*) Red asterisk indicates a required field.

#### Title

NQF 0105 Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment

#### Description

Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

#### Attestation

Complete the following information:

**Numerator:** A positive whole number where Numerator  $\leq$  Denominator.

**Denominator:** A positive whole number.

\*Numerator 1:

\*Denominator 1:

\*Numerator 2:

\*Denominator 2:

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Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to collapse. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ Meaningful Use Core Measures Summary

Eligible Professionals are required to attest to fifteen Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Core Measure.

Start Core Attestation

+ Meaningful Use Menu Measures Summary

Eligible Professionals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the **Edit** icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation

- Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start CQM Attestation

Core Clinical Quality Measures

Title	Description	Entered	Result	Action
NQF 0013 Title: Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure (BP) recorded.	Numerator: 0 Denominator: 0	Completed	<a href="#">Edit Measure</a>
NQF 0028, PQRS 114 Title: Preventive Care and Screening Measure Pair	a. Tobacco Use Assessment - Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months.  b. Tobacco Cessation Intervention - Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	Numerator A: 0 Denominator A: 0 Numerator B: 0 Denominator B: 0	Completed	
NQF 0421, PQRS 128 Title: Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	<b>Population Criteria 1:</b> Numerator: 0 Denominator: 0 Exclusions: 636  <b>Population Criteria 2:</b> Numerator: 0 Denominator: 0 Exclusions: 636	Completed	

Alternate Core Clinical Quality Measures

Modify Alternate Core CQM Attestation

Title	Description	Entered	Result	Action
NQF 0024 Title: Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<b>Population Criteria 1:</b> Numerator 1: 56 Denominator 1: 125 Numerator 2: 35 Denominator 2: 125 Numerator 3: 32 Denominator 3: 125  <b>Population Criteria 2:</b> Numerator 1: 54 Denominator 1: 78 Numerator 2: 56 Denominator 2: 78 Numerator 3: 61 Denominator 3: 78  <b>Population Criteria 3:</b> Numerator 1: 113 Denominator 1: 153 Numerator 2: 143 Denominator 2: 153 Numerator 3: 109 Denominator 3: 153	Completed	
NQF 0041, PQRI 110 Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	Numerator: 209 Denominator: 265 Exclusions: 123	Completed	
NQF 0038 Title: Childhood Immunization Status	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); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Numerator 1: 11 Denominator 1: 23 Numerator 2: 7 Denominator 2: 23 Numerator 3: 3 Denominator 3: 23 Numerator 4: 4 Denominator 4: 23 Numerator 5: 12 Denominator 5: 23 Numerator 6: 15 Denominator 6: 23 Numerator 7: 20 Denominator 7: 23 Numerator 8: 6 Denominator 8: 23 Numerator 9: 19 Denominator 9: 23 Numerator 10: 9 Denominator 10: 23 Numerator 11: 12 Denominator 11: 23 Numerator 12: 7 Denominator 12: 23	Completed	

Additional Clinical Quality Measures

Modify Additional CQM Attestation

Title	Description	Entered	Result	Action
NQF 0059, PQRS 1 Title: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	Numerator: 209 Denominator: 265 Exclusions: 78	Completed	

**\*\*Below are the Additional CQMs 2 – 21 as continued from Page P7-MUSummary (Var 4)\*\***

Title	Description	Entered	Result	Action
<b>NQF 0064, PQRS 2</b> Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	Numerator 1: 198 Denominator 1: 239 Exclusions 1: 34 Numerator 2: 171 Denominator 2: 212 Exclusions 2: 23	Completed	
<b>NQF 0061, PQRS 3</b> Title: Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	Numerator: 134 Denominator: 265 Exclusions: 34	Completed	
<b>NQF 0081, PQRS 5</b> Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	Numerator: 346 Denominator: 467 Exclusions: 23	Completed	
<b>NQF 0067, PQRS 6</b> Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.	Numerator: 156 Denominator: 467 Exclusions: 65	Completed	
<b>NQF 0070, PQRS 7</b> Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	Numerator: 23 Denominator: 467 Exclusions: 11	Completed	
<b>NQF 0083, PQRS 8</b> Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Numerator: 56 Denominator: 467 Exclusions: 44	Completed	
<b>NQF 0086, PQRS 12</b> Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	Numerator: 34 Denominator: 467 Exclusions: 14	Completed	
<b>NQF 0088, PQRS 18</b> Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Numerator: 67 Denominator: 467 Exclusions: 32	Completed	
<b>NQF 0089, PQRS 19</b> Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Numerator: 56 Denominator: 467 Exclusions: 13	Completed	
<b>NQF 0047, PQRS 53</b> Title: Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	Numerator: 34 Denominator: 271 Exclusions: 16	Completed	
<b>NQF 0001, PQRS 64</b> Title: Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Numerator: 23 Denominator: 189	Completed	
<b>NQF 0002, PQRS 66</b> Title: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Numerator: 123 Denominator: 245	Completed	
<b>NQF 0387, PQRS 71</b> Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Numerator: 321 Denominator: 467 Exclusions: 38	Completed	
<b>NQF 0385, PQRS 72</b> Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIa through IIIc colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Numerator: 289 Denominator: 467 Exclusions: 45	Completed	
<b>NQF 0389, PQRS 102</b> Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Numerator: 89 Denominator: 636 Exclusions: 12	Completed	
<b>NQF 0043, PQRS 111</b> Title: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Numerator: 46 Denominator: 245	Completed	
<b>NQF 0031, PQRS 112</b> Title: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Numerator: 14 Denominator: 65	Completed	
<b>NQF 0034, PQRS 113</b> Title: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Numerator: 13 Denominator: 35 Exclusions: 24	Completed	
<b>NQF 0027, PQRS 115</b> Title: Smoking and Tobacco Use Cessation, Medical Assistance	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	Numerator 1: 198 Denominator 1: 523 Numerator 2: 234 Denominator 2: 523	Completed	
<b>NQF 0055, PQRS 117</b> Title: Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	Numerator: 134 Denominator: 521 Exclusions: 56	Completed	

**Page 7: Meaningful Use Summary Page (Variation 5)**

**NOTE:** The Summary of Meaningful Use Measures Page will allow the EP to view attested Core, Menu and Clinical Quality Measures. In this variation (due to size) the EP is viewing MU Additional CQM 2-21 results. For additional page processing rules see Page 7 – Meaningful Use Summary Page (Variation 1).

**Note:** Additional Clinical Quality Measures 22-36 Can Be Found on Page P7-MUSummary (Var6)\*\* [Click Here](#)

**Note:** All Core, Alternate Core and Additional Clinical Quality Measures 1 Can Be Found on Page P7-MUSummary (Var4)\*\* [Click Here](#)

**\*\*Below are the Additional CQMs 22 – 38 as continued from Page P7-MUSummary (Var 5)\*\***

Title	Description	Entered	Result	Action
<b>NQF 0062, PQRS 119</b> Title: Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	Numerator: 346 Denominator: 521 Exclusions: 34	Completed	
<b>NQF 0056, PQRS 163</b> Title: Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Numerator: 92 Denominator: 521 Exclusions: 58	Completed	
<b>NQF 0074, PQRS 197</b> Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Numerator: 267 Denominator: 587 Exclusions: 65	Completed	
<b>NQF 0084, PQRS 200</b> Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.	Numerator: 34 Denominator: 587 Exclusions: 0	Completed	
<b>NQF 0073, PQRS 201</b> Title: Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	Numerator: 15 Denominator: 587	Completed	
<b>NQF 0068, PQRS 204</b> Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	Numerator: 13 Denominator: 587	Completed	
<b>NQF 0012</b> Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	Numerator: 34 Denominator: 636 Exclusions: 45	Completed	
<b>NQF 0014</b> Title: Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Numerator: 64 Denominator: 636 Exclusions: 5	Completed	
<b>NQF 0018</b> Title: Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Numerator: 67 Denominator: 245	Completed	
<b>NQF 0032</b> Title: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Numerator: 13 Denominator: 127	Completed	
<b>NQF 0033</b> Title: Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	<b>Population Criteria 1:</b> Numerator: 156 Denominator: 345 Exclusions: 34 <b>Population Criteria 2:</b> Numerator: 181 Denominator: 345 Exclusions: 16 <b>Population Criteria 3:</b> Numerator: 143 Denominator: 345 Exclusions: 23	Completed	
<b>NQF 0036</b> Title: Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	<b>Population Criteria 1:</b> Numerator: 178 Denominator: 456 Exclusions: 0 <b>Population Criteria 2:</b> Numerator: 210 Denominator: 456 Exclusions: 0 <b>Population Criteria 3:</b> Numerator: 198 Denominator: 456 Exclusions: 0	Completed	
<b>NQF 0052</b> Title: Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Numerator: 21 Denominator: 636	Completed	
<b>NQF 0075</b> Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	Numerator 1: 56 Denominator 1: 125 Numerator 2: 35 Denominator 2: 125	Completed	
<b>NQF 0575</b> Title: Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Numerator: 43 Denominator: 478 Exclusions: 18	Completed	
<b>NQF 0004</b> Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	<b>Population Criteria 1:</b> Numerator: 45 Denominator: 156 <b>Population Criteria 2:</b> Numerator: 57 Denominator: 156	Completed	
<b>NQF 0105</b> Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	Numerator 1: 17 Denominator 1: 478 Numerator 2: 13 Denominator 2: 478	Completed	

Previous

Save & Continue



**Page 7: Meaningful Use Summary Page (Variation 3)**

**NOTE:** The Summary of Meaningful Use Measures Page will allow the EP to view attested Core, Menu and Clinical Quality Measures. In this variation (due to size) the EP is viewing MU Additional CQM 22-38 results. For additional page processing rules see Page 7 – Meaningful Use Summary Page (Variation 1).

**Note:** Additional Clinical Quality Measures 2-21 Can Be Found on Page P7-MUSummary (Var5)\*\* [Click Here](#)

**Note:** All Core, Alternate Core and Additional Clinical Quality Measures 1 Can Be Found on Page P7-MUSummary (Var4)\*\* [Click Here](#)

### Confirm Meaningful Use Failure

**Provider Name:** Bill Lawson

**Failed Measures:** MUCP001, MUMP002

**You have failed one or more of your Meaningful Use measures. You can update your Meaningful Use attestation by clicking the Update button OR confirm the failure(s) by clicking the Confirm button. You can click the + button to view your attested measures on the Summary of Meaningful Use Measures page. Click the Edit Measure button to update.**

**If you confirm the failure(s) you will be deemed not eligible for the EHR incentive program for this payment year.**

Update

Confirm

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Manage Account

Bill Lawson (NPI: 1111111111)

Current Enrollment Status

Program Year: 2012

Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓

Step 3 - Meaningful Use Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Step 4 - Payment Determination Status: Not Completed ⊘

Step 4 - Payment Determination

For all eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year.

Eligible Professional Payment Schedule

Payment Year	EP - 30+% Patient Volume	Pediatrician - 20%-30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
<b>Total:</b>	<b>\$63,750</b>	<b>\$42,500</b>

Previous

Save & Continue



Page 82: EP Payment Determination

**NOTE:** The EP will be displayed the payment schedule for the incentive program. Clicking the Save & Continue button will navigate the EP to the Enrollment Summary Page. Clicking the Previous button will navigate the EP to the Step 1 - Provider Registration Verification Page.

Bill Lawson (NPI: 1111111111)

**Enrollment Summary**

Program Year: 2012 Participation Year: 2

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

**Step 1 - Provider Registration Verification**

**CMS Provider Information**

Name: Bill Lawson  
 Provider Type: Physician  
 Provider Specialty: Family Practice  
 Address: 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111  
 Phone #: (111) 111-1111 Ext: 11  
 Tax ID: \*\*\*\*\*1111 (SSN)  
 NPI: 1111111111  
 CMS Registration ID: \*\*\*\*\*1234

**State Provider Information**

Hospital Based: No  
 Pediatrician: No  
 Practice Predominantly in FQHC/RHC: No  
 Affiliated FQHC/RHC:

**Group Practice**

Reporting as Group: No  
 Group Enroller:  
 Group Medicaid ID:  
 Group Name:  
 Group Address:  
 Group TIN:  
 Group NPI:  
 Group Member:

**Payee Assignment**

Medicaid ID: 444444444  
 Payee Name: Bill Lawson  
 Payee Address: 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111  
 Payee TIN: \*\*\*\*\*1111 (SSN)  
 Payee NPI: 1111111111

**Step 2 - Medicaid Patient Volume Determination**

**Medicaid Patient Volume Reporting Period:**

Three-Month Reporting Period: 01/01/2010 – 03/31/2010

**Out-Of-State Encounters Attestation:**

Out-Of-State Encounters: No  
 Selected States/Territories:

**Patient Volume Attestation:**

Medicaid Patient Encounters: 350  
 Total Patient Encounters: 2,420  
 Medicaid Panel Assignments: 0  
 Total Panel Assignments: 0  
 Medicaid Patient Volume: 14.46%

**Step 3 – Meaningful Use**

Eligible Professionals (EPs) are required to attest to all practice locations with or without certified EHR technology and Meaningful Use Core, Menu, and Clinical Quality Measures. To view each Meaningful Use section click the + button to expand or the – button to contract.

**– Certified EHR Information**

Review and verify the attested practice locations and associated certified EHR technology information below.

**Eligible Professional Practice Locations**

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Unique Patients in EHR	# Unique Patients	# Encounters
Test Clinic 1	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(512) 619-7633 Ext: 0	No		0	31	46
Test Clinic 2	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(512) 619-2050 Ext:	Yes	30000001TMDUEAS	76	89	298
Test Clinic 3	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(512) 619-3876 Ext: 3432	Yes	30000001TKREEAC	399	412	1123
Test Clinic 4	123 Main Street, Suite 2 Anywhere, TX 11111-1111	(512) 619-1264 Ext:	No		0	26	51
<b>Totals:</b>					<b>475</b>	<b>558</b>	<b>1518</b>

**Percent of Patient Encounters that Occurred at Sites with EHR Technology:**

Numerator: 1421 Denominator: 1518 Actual: 93.61%

**Percent of Unique Patients in EHR:**

Numerator: 475 Denominator: 558 Actual: 85.13%

**+ Meaningful Use Core Measures Summary**

Eligible Professionals are required to attest to all 15 Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the View Measure Icon to view all measure attestation details.

**+ Meaningful Use Menu Measures Summary**

Eligible Professionals are required to attest to at least 5 out of 10 Meaningful Use Menu Measures with at least 1 selected from the Public Health Menu Set. Review and verify each Meaningful Use Menu Measure result below. Click the View Measure Icon to view all measure attestation details.

**+ Meaningful Use Clinical Quality Measures Summary**

Eligible Professionals are required to attest to all 3 Core Clinical Quality Measures and 3 Additional Clinical Quality Measures. If 0 is entered for any of the denominators for the Core Clinical Quality Measures then a replacement Alternate Core Clinical Quality Measure must be selected and attested to. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

**Step 4 – EHR Payment Determination**

For all eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year.

**Eligible Professional Payment Schedule**

Payment Year	EP – 30+% Patient Volume	Pediatrician – 20%-30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
<b>Total:</b>	<b>\$63,750</b>	<b>\$42,500</b>

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Bill Lawson (NPI: 1111111111)

#### Attestation Statements

Check the box next to each attestation statement below to attest, then select the Agree button to continue the enrollment submission process. If you Disagree, the enrollment process will stop and you will be navigated to the Home Page.

- The information submitted for Clinical Quality Measures (CQMs) was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the Eligible Professional (EP).
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.
- For Clinical Quality Measures (CQMs), if zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

Previous

Agree & Continue

Disagree



#### Page 84: EP Attestation Statements (Var 1)

**NOTE:** In this variation the EP will successfully agree with the Attestation Statements. The EP can click the Agree & Continue button to attest to the statements and be navigated to the Enrollment Submission Page. In this variation the user Agrees with the attestation statements. The EP can also choose to disagree with the Attestation Statements by clicking the Disagree button. Clicking the Disagree button will present the user a confirmation screen-pop, if confirmed the user is navigated to the Enrollment Home Page.



Bill Lawson (NPI: 1111111111)

Attestation Statements

Check the box next to each attestation statement below to attest, then select the Agree button to continue the enrollment submission process. If you Disagree, the enrollment process will stop and you will be navigated to the Home Page.

- The information submitted for Clinical Quality Measures (CQMs) was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the Eligible Professional (EP).
- The information submitted is applicable to the EP.
- The information submitted includes care for any patients in the denominator population during the EHR reporting period.

Confirm Attestation Statements Disagreement

You have disagreed with the Attestation Statements. Click the Correct button if you disagreed in error. Otherwise, click the Confirm button to acknowledge that you are disagreeing with the Attestation Statements and to be navigated to the Home Page. Otherwise, click the Confirm button to acknowledge that you are disagreeing with the Attestation Statements; you will be returned to the Enrollment Home page.

Correct

Confirm

Previous

Agree & Continue

Disagree



Page 84: EP Attestation Statements (Var 2)

**NOTE:** In this variation the EP clicks the Disagree button and the Confirm Attestation Statements Disagreement screen-pop is displayed.. The EP can click the Correct button to return to the statements or the Confirm button to be navigated to the EP Enrollment Home Page.

Bill Lawson (NPI: 1111111111)

## Legal Notice

### General Notice

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

### Signature

I certify that the foregoing information is true, accurate and complete. I understand that the Medicaid EHR Incentive Payment I requested will be paid from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I have not requested additional Medicaid EHR Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records that are necessary to demonstrate that I met the Medicaid EHR Incentive Program requirements and to furnish those records to the Texas Health and Humans Services Commission or its contractor acting on the Commission's behalf.

No Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations.

**NOTICE:** Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, on conviction, be subject to fine(s) and imprisonment under applicable Federal laws.

**ROUTINE USE(s):** Information from this Medicaid EHR Incentive Program registration form and from subsequently submitted information and documents may be given to:

- the Internal Revenue Service,
- private collection agencies,
- consumer reporting agencies in connection with recoupment of any overpayment made, and
- Congressional Offices in response to inquiries made at the request of the person to whom a record pertains.
- Appropriate disclosures may be made to other federal, state, local, government agencies, private business entities, and individual providers of care on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid EHR Incentive Program.

**DISCLOSURES:** Disclosures are voluntary; however, failure to provide information may result in:

- delay in payment, or
- denial of Medicaid EHR Incentive payment.

With the exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent Medicaid EHR incentive payments from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory to state if you believe you have been overpaid under the Medicaid EHR Incentive Program.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

**If you certify that the foregoing information is true, accurate and complete, and if you acknowledge and accept the requirements and conditions described above, please sign your name electronically below by clicking the "Agree and Continue" button to proceed.**

\*Electronic Signature:

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Agree and Continue

Disagree



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Bill Lawson (NPI: 1111111111)

**Submit Enrollment**

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

**Name:** Bill Lawson  
**Provider Type:** Physician  
**Provider Specialty:** Family Practice  
**Address:** 123 Main Street, Suite 2  
Anywhere, TX 11111-1111  
**Tax ID:** \*\*\*\*\*1111 (SSN)  
**NPI:** 1111111111  
**Program Year:** 2012  
**Payment Year:** 2

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**NOTE:** The user will review the summary information listed on this page and choose to Confirm & Submit the enrollment & attestation. Clicking the Confirm & Submit button will place the provider's enrollment in a "Payment Pending" status. The enrollment will then be placed into the payment process. Also, the user will be navigated to the Enrollment Submission Confirmation Page. Clicking the Previous button will navigate the user to the Legal Notice Page.

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Bill Lawson (NPI: 1111111111)

## Congratulations – You have successfully completed enrollment for the payment year!

### Enrollment Confirmation

The Eligible Professional (EP) demonstrates Meaningful Use of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal and State provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume (PV) met enrollment minimum standards.
- The certified EHR Solution met MU minimum standards.
- The Meaningful Use (MU) Core Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Menu Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Clinical Quality Measures (CQMs) were completed with data sufficient to meet MU minimum standards.

Note: Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

### Enrollment Tracking Information

**Enrollment Confirmation ID:** TX-2012-1000001677  
**Submission Date:** 05/01/2012  
**Name:** Bill Lawson  
**Provider Type:** Physician  
**Provider Specialty:** Family Practice  
**Address:** 123 Main Street, Suite 2  
Anywhere, TX 11111-1111  
**Tax ID:** \*\*\*\*\*1111 (SSN)  
**NPI:** 1111111111  
**Program Year:** 2012  
**Payment Year:** 2

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Bill Lawson (NPI: 1111111111)

## Documents

The following table lists the current and historical enrollment documents uploaded for your Medicaid EHR Incentive Payment Program. To upload documents you can do following:

- Click the "Upload New Document" button and choose the document Category, Type and select your file via the file browser. Once selected, click the Upload button to initiate the upload.
- To view existing uploads click the "View" button.

Program Year	Document Description	Category	Type	Appeal ID	Upload Date	Action
2012	This is my patient volume report	Patient Volume			05/01/2012	<a href="#">View</a>
2012	Medicaid Encounter report 2	Patient Volume			05/01/2012	<a href="#">View</a>
2012	Out-of-state patient volume report	Patient Volume			05/01/2012	<a href="#">View</a>
2012	Additional reports for Medicaid encounters	Appeal		9	06/01/2012	<a href="#">View</a>
2011	EHR Contract	AIU	Contract		01/05/2011	<a href="#">View</a>

[Upload New Document](#)



### Page R1: Documents Home Page

Note: This page will allow the EP to view existing documents that were uploaded AND allow the EP to upload a document.

Bill Lawson (NPI: 1111111111)

**Appeals**

The following table lists the current and historical appeals initiated for your Medicaid EHR Incentive Program. From this home page, you can perform the following:

- Click the "New Appeal" button to enter a new appeal. From the next screen, you will be able to choose the Appeal Category and Type, add a description, and upload any necessary documentation to support the appeal.
- Click the "View Details" button to view the appeal details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your appeal. You can only withdraw an appeal when the status is "In-Progress" or "Unassigned".

Appeal ID	Program Year	Payment Year	Category	Type	Initiated Date	Resolved Date	Appeal Status	Appeal Disposition	Action
9	2012	2	Patient Volume	Patient Encounters	06/01/2012		In-Progress		<input type="button" value="Withdraw"/> <input type="button" value="View Details"/>

**Page R2: Appeals Home Page**

**NOTE:** The Appeals Home Page will allow the EP to initiate a new appeal, view an existing appeal, or withdraw an appeal.

Bill Lawson (NPI: 1111111111)

### Status Summary Home

The following sections outline the current and historical events in the Medicaid EHR Incentive Payment Program.

#### Status Summary

**Name:** Bill Lawson  
**Provider Type:** Physician  
**Provider Specialty:** Family Practice  
**Address:** 123 Main Street, Suite 2  
 Anywhere, TX 11111-1111  
**Phone #:** (111) 111-1111 **Ext:** 11  
**Tax ID:** \*\*\*\*\*1111 (SSN)  
**NPI:** 1111111111  
**CMS Registration ID:** \*\*\*\*\*1234

#### Status Summary

Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year	Status	Submitted Date	Cancelled Date	AIU/MU Met	Payment Issued	Calculated Amount	Dispersed Amount	Action
2012	2	Payment Pending	05/01/2012	-----	Yes		\$8,500.00		<a href="#">View Details</a>
2011	1	Paid	04/21/2011	-----	Yes	06/01/2011	\$21,250.00	\$21,250.00	<a href="#">View Details</a>

**Total Amount Paid:** \$21,250.00



#### Page R3: Status Home Page

**NOTE:** The Status Home Page lists the EP's enrollments and basic information associated to each. Based on MU. The EP can click the View Details button to navigate to the Enrollment Summary Page. The most recent enrollment will display at the top of the table.

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Bill Lawson (NPI: 1111111111)

### Enrollment Summary

Program Year: 2012

Enrollment Confirmation Number: TX-2012-8548739865

Ineligibility Reason: N/A

Payment Year: 2

Enrollment Status: Payment Pending

Enrollment Submission Date: 05/01/2012

#### Step 1 – Provider Registration Verification

See Page 83 Enrollment Summary for details presented in this section.

#### Step 2 – Medicaid Patient Volume Determination

See Page 83 Enrollment Summary for details presented in this section.

#### Step 3 – Meaningful Use

See Page 83 Enrollment Summary for details presented in this section.

#### Step 4 – EHR Payment Determination

See Page 83 Enrollment Summary for details presented in this section.

#### EHR Incentive Payment Details

Payment Issued	Payment Method	Payment Address	Calculated Amount	Disbursed Withheld
			\$8,500.00	

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#### Page R3: Status Home Page

**NOTE:** The Status Home Page lists the EP's enrollments and basic information associated to each. Based on MU. The EP can click the View Details button to navigate to the Enrollment Summary Page. The most recent enrollment will display at the top of the table.



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Bill Lawson (NPI: 1111111111)

**Update Contact Information**

To update your Medicaid EHR Incentive Payment Program enrollment Email Address, Alternate Phone # or Extension click the Update button below.

**Current Email Address:** texas@texas.com

**Alternate Phone #:** (111) 111-1111    **Extension:** 11

**Update CMS Account Information**

To update your national Medicaid EHR Incentive Payment Program registration information you will need to go to the CMS.gov website and initiate an account update. Please allow 1-2 business days for your account information update to process to your state enrollment. You may visit the CMS website by clicking the CMS.GOV link in the upper right-hand corner of this page.

**Reset Password**

To reset or update your TMHP password you will need to go to the TMHP.com website and initiate a password update. Once updated, you will need to re-launch the Medicaid EHR Incentive Payment Program portal. You may visit the TMHP website by clicking the TMHP.com link in the upper right-hand corner of this page.