



Medicaid EHR Incentive Program

Eligible Professional Meaningful Use Attestation Manual

April 1, 2013
(Revised)

KENTUCKY
EHR | INCENTIVE
PROGRAM

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Record of Changes

Changed Section	Description	Updated by	Update Date	Release
9.4	Meaningful Use Questionnaire screen updated to allow multiple addresses to be entered for locations with CEHRT for a provider's attestation	EHR Team	3/26/2012	1.22
9.2	Added a home page	EHR Team	5/22/2012	1.25
9.3	Updated the CMS/NLR screen	EHR Team	5/22/2012	1.25
10.30, 10.32, 10.34, 10.37, 10.46, 10.55, 10.63, 10.69, 10.70, 10.72	Updated certain CQMS to have tool tips	EHR Team	5/2/2012	1.25
1-11	Edits for formatting and grammar	EHR Team	4/1/2013	1.34
1	Introduction Reformatted Edits and additions to contact information and links	EHR Team	4/1/2013	1.34
3	Eligibility Reformatted Additional Requirements for EP updated to include TXXI-CHIP	EHR Team	4/1/2013	1.34
3	Qualifying Providers table updated	EHR Team	4/1/2013	1.34
3.2	Establishing Patient Volume amended to include TXXI-CHIP	EHR Team	4/1/2013	1.34
3.2.1.1	EPs amended to include TXXI	EHR Team	4/1/2013	1.34
	Definition of an EP DMS Encounter amended to include TXXI	EHR Team	4/1/2013	1.34
	Definition of a needy patient encounter amended. Removed TXXI encounters	EHR Team	4/1/2013	1.34
6.1	Reformatted EP Attestation process	EHR Team	4/1/2013	1.34
8.1	Included Audits in Administrative Appeals	EHR Team	4/1/2013	1.34
9.2	Updated language and included Stage of MU grid	EHR Team	4/1/2013	1.34
9.4	Patient Volume updated to	EHR Team	4/1/2013	1.34

	include new screens			
9.4.1	Verbiage updated to include CMS new time frame and Medicaid patient encounter language. Fuller description for questions 8 and 9 for clarification	EHR Team	4/1/2013	1.34
9.4.2	Service location screen shot and information added	EHR Team	4/1/2013	1.34
9.5	New screen without service location updated text to delete service location info	EHR Team	4/1/2013	1.34
10	Core Measure language update to state 13 Core MU measures	EHR Team	4/1/2013	1.34
10.2	Alternate Measure added screen shot included and text added	EHR Team	4/1/2013	1.34
10.5	Screen added to include alternate exclusion for CPOE	EHR Team	4/1/2013	1.34
10.9	Alternate measure screens added updated screen to include exclusions	EHR Team	4/1/2013	1.34
10.9.1	New Screen added	EHR Team	4/1/2013	1.34
10.9.2	New Screen added	EHR Team	4/1/2013	1.34
10.10-10.14	Update verbiage to replace missing screen. Removed MU measure core 11 as well as removed CQM reporting screen for measure 15.	EHR Team	4/1/2013	1.34
10.15-10.25	Revisions in screen shots and verbiage	EHR Team	4/1/2013	1.34
10.27-10.32	Screens updated and text included to detail screen content	EHR Team	4/1/2013	1.34
10.34 - 10.71	Additional CQMs detailed with content of screen	EHR Team	4/1/2013	1.34
11	Audit and Appeals Process	EHR Team	4/1/2013	1.34
11.1.1	Audit Details Setup	EHR Team	4/1/2013	1.34
11.1.2	Audit Findings screen	EHR Team	4/1/2013	1.34
11.1.3	Audit Document Upload Added	EHR Team	4/1/2013	1.34
11.1.4	Audit Outcome tab	EHR Team	4/1/2013	1.34
11.2	Attestation Appeals screen Added	EHR Team	4/1/2013	1.34

1 INTRODUCTION

The Kentucky Medicaid EHR Incentive Program provides incentive payments to eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The purpose of this document is to provide instructions for eligible profession to register for and complete attestation for the Kentucky Medicaid EHR Incentive Program using the KYSLR system.

Resources:

- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule located at http://edocket.access.gpo.gov/2010_17207.pdf
- Kentucky State Medicaid HIT Plan (SMHP) Version 1.0 located at <http://chfs.ky.gov/dms/EHR.htm>
- Kentucky Medicaid EHR Application Portal located at <https://apps4.chfs.ky.gov/kyslr/>
- Medicare and Medicaid Electronic Health records (EHR) Incentive Program located at <http://www.cms.gov/EHRIncentivePrograms/>
- Office of the National Coordinator for Health Information Technology located at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204

Regional Extension Centers (RECs) have been designated to provide technical assistance to Kentucky EPs. The RECs that provide a full range of assistance related to EHR selection and training are listed below:

- **Northern/Northeastern Kentucky – Tri-State REC**
Website: <http://www.healthbridge.org/rec/>
Phone: 513-469-7222 Option 3 or 4
E-mail: info@healthbridge.org
- **Northeast Kentucky – Northeast Kentucky Regional Information Organization (NeKY RHIO)**
Website: <http://www.nekyrhio.org/nekyrhio/>
Phone: 855-385-2081 or 206-824-0481
E-mail: admin@nekyrhio.org
- **Rest of Kentucky – Kentucky REC**
Website: <http://www.ky-rec.org/>
Phone: 888-KY-REC-EHR or 859-323-3090
E-mail: kyrec@uky.edu

If you would like more information on the measures required for Meaningful Use please see the site below:

http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

Revisions

Original 12/17/2011

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Revised 4/1/2013

2 BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

Use of certified EHR systems is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at <http://www.healthit.hhs.gov>.

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across providers, payers, and state lines and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN). Achieving these goals will improve health outcomes, facilitate access, simplify care and reduce costs of health care nationwide.

The Kentucky Department for Medicaid Services (DMS) works closely with federal and state partners to ensure the Kentucky Medicaid EHR Incentive Program fits into the overall strategic plan for the Kentucky Health Information Exchange (KHIE), thereby advancing national and Kentucky goals for HIE.

Both EPs and EHs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the NLR). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides general and detailed information on the programs, including tabs to guide users on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

3 ELIGIBILITY

While EPs can begin the program in Calendar Year (CY) 2011, they must begin the program no later than CY 2016.

The first tier of provider eligibility for the Kentucky Medicaid EHR Incentive Program is based on provider type and specialty. If the provider type and specialty for the submitting provider in the KY MMIS provider data store **does not** correspond to the provider types and specialties approved for participation in the Kentucky Medicaid EHR Incentive Program, the provider will receive an error message with a disqualification statement.

At this time, CHFS DMS has determined that the following providers are potentially eligible to enroll in the Kentucky Medicaid EHR Incentive Program:

- Physicians = Any provider who has a Provider Type 64 and Specialty other than 345 (Pediatrics)
- Physician Assistants (practicing in a FQHC [Provider Type 31 and Specialty 80] or RHC [Provider Type 35] led by a Physician Assistant) = Any provider with a Provider Type 95 and Specialty other than 959 (PA Group). A FQHC or RHC is considered to be PA led in the following instances:
 - The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic)
 - The PA is the clinical or medical director at a clinical site of the practice
 - The PA is the owner of the RHC
- Pediatricians = Any provider with a Provider Type 64 and Specialty 345
- Nurse Practitioners = Any provider with a Provider Type 78 and not Specialty 095 (CNM) or 789 (Nurse Practitioner Group)
- CNMs = Any provider with a Provider Type 78 and Specialty 095
- Dentists = Any provider with a Provider Type 60 (Individual)
- Optometrists = Any provider with a Provider Type 77

Additional Requirements for the EP

To qualify for an EHR incentive payment for each year the EP seeks the incentive payment, the EP must not be hospital-based and must:

1. Meet one of the following patient volume criteria:
 - a. Have a minimum of 30 percent patient volume attributable to individuals receiving TXIX and/or TXXI-CHIP (but not separate CHIPs) Medicaid funded services; **or**
 - b. Have a minimum 20 percent patient volume attributable to individuals receiving TXIX and/or TXXI-CHIP (but not separate CHIPs) Medicaid funded services, **and** be a pediatrician; **or**

- c. Practice predominantly in a FQHC or RHC and have a minimum 30 percent patient volume attributable to needy individuals.

2. Have no sanctions and/or exclusions.

An individual EP may choose to receive the incentive directly or assign it to a Medicaid contracted clinic or group to which the provider is associated. The tax identification number (TIN) of the individual or entity receiving the incentive payment is required when registering with the National Level Registry (NLR) and must match a TIN linked to the individual provider in DMS's system. If there is no contract on file with KY Medicaid, the system will not be available to a provider for attestation until a contract has been approved by DMS.

Note also that some provider types who are eligible for the Medicare program, such as podiatrists and chiropractors, are not currently eligible for the Kentucky Medicaid EHR Incentive Program. The following Table is a summary of qualifying provider types and minimum patient encounter volumes.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC or RHC -30% "needy individual" patient volume threshold
Pediatricians	20%	
Dentists	30%	
Optometrist	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	

3.1 Out-of-State Providers

The Kentucky Medicaid EHR Incentive Program welcomes out-of-state providers to participate in this program as long as they have at least one physical location in Kentucky. Kentucky must be the only state they are requesting an incentive payment from during that participation year. For audit purposes, out-of-state providers must make available any and all records, claims data, and other data pertinent to an audit by either the Kentucky DMS program or CMS. Records must be maintained as applicable by law in the state of practice or Kentucky, whichever is deemed longer.

3.2 Establishing Patient Volume

An eligible provider must annually meet patient volume requirements to participate in Kentucky's Medicaid EHR Incentive Program as established through the state's CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the patient volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) – CHIP (but not separate CHIPs). All EPs should calculate patient volume based on TXIX - Medicaid and/or TXXI-CHIP and out-of-state Medicaid patients.

3.2.1 Patient Encounters Methodology

- EPs – to calculate TXIX-Medicaid and/or TXXI-CHIP patient volume, an EP must divide:
 - The total TXIX and/or TXXI-CHIP Medicaid or out-of-state Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
 - The total patient encounters in the same 90-day period.
- EPs Practicing Predominantly in an FQHC/RHC – to calculate needy individual patient volume, an EP must divide:
 - The total needy individual patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
 - The total patient encounters in the same 90-day period.

Definition of an Eligible Professional DMS Encounter

For purposes of calculating EP patient volume, a DMS encounter is defined as services rendered on any one day to an individual where TXIX DMS or TXXI-CHIP (but not separate CHIPs) or another State's Medicaid program paid for:

- Part or all of the service; or
- Part or all of their premiums, co-payments and/or cost-sharing.

Definition of a Needy Individual Encounter

For purposes of calculating patient volume for an EP practicing predominantly in an FQHC/RHC, a needy individual encounter is defined as services rendered on any one day to an individual where medical services were:

- Furnished by the provider as uncompensated care; or
- Furnished at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Group Practices – Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP.
- There is an auditable data source to support the clinic's or group practice's patient volume determination.
- **All** EPs in the group practice or clinic must use the same methodology for the payment year.
- The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and if an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

4 PAYMENT METHODOLOGY

The maximum incentive payment an EP could receive from Kentucky Medicaid equals \$63,750, over a period of six years, or \$42,500 for pediatricians with a 20-29 percent DMS patient volume as shown below.

Provider	EP	EP-Pediatrician
Patient Volume	30 Percent	20-29 Percent
Year 1	\$21,250	\$14,167
Year 2	8,500	5,667
Year 3	8,500	5,667
Year 4	8,500	5,667
Year 5	8,500	5,667
Year 6	8,500	5,665
Total Incentive Payment	\$63,750	\$42,500

Since pediatricians are qualified to participate in the Kentucky Medicaid EHR incentive program as physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the pediatrician can demonstrate that they meet the minimum 30 percent Medicaid patient volume requirements.

4.1 Payments

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than CY 2016. EPs will assign the incentive payments to a tax ID (TIN) in the CMS EHR Registration and Attestation National Level Repository (NLR). The TIN must be associated in the Kentucky MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to himself or herself (and not a group or clinic) will be required to

provide DMS with updated information. Each EP must have a current DMS contract and be contracted for at least 90 days.

The Kentucky Medicaid EHR Incentive program does **not** include a future reimbursement rate reduction for non-participating Medicaid providers. (**Medicare** requires providers to implement and meaningfully use certified EHR technology by 2015 to avoid a Medicare reimbursement rate reduction.) For each year a provider wishes to receive a Medicaid incentive payment, determination must be made that provider was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis. However, the last year that an EP may begin receiving payments is 2016, and the last year the EP can receive payments is 2021.

Currently, all providers are required to submit a valid NPI as a condition of DMS provider enrollment. Each EP will be enrolled as a DMS provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. DMS performs a manual NPPES search to validate NPIs during the enrollment process.

In the event that DMS determines monies have been paid inappropriately, incentive funds will be recouped and refunded to CMS.

The timeline for receiving incentive payments is illustrated below:

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

5 PROVIDER REGISTRATION

If this is your second year with the EHR incentive program, then there is no need to register with CMS. You may log in directly to the KYSLR to attest for Meaningful Use

using the link <http://chfs.ky.gov/dms/ehr.htm>.

If this is your first year with the EHR Incentive program, then EPs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the NLR). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>.

Providers must enter their name, NPI, business address, phone number, taxpayer ID number (TIN) of the entity receiving the payment. EPs may choose to receive the incentive payment themselves or assign payment to a clinic or group to which they belong.

EPs must choose to participate in either the Medicare or Medicaid's incentive program (a provider may switch from one to the other once during the incentive program prior to 2015). If Medicaid is selected, the provider must choose only one state (EPs may switch states annually). Providers must revisit the NLR to make any changes to their information and/or choices, such as changing the program from which they want to apply for their incentive payment.

After the initial registration, the provider does not need to return to the NLR before seeking annual payments **unless** information needs to be updated.

The NLR will assign the provider a CMS Registration Number and electronically notify DMS of a provider's choice to access Kentucky's Medicaid EHR Incentive Program for payment. The CMS Registration Number is required to complete the attestation in the KYSLR system.

On receipt of NLR Registration transactions from CMS, two basic validations take place at the state level: 1) validate the NPI in the transaction is on file in the MMIS system, and 2) validate the provider is a provider with the Kentucky DMS. If either of these conditions is not met, a message will be automatically sent back to the CMS NLR indicating the provider is not eligible. Providers may check back at the NLR level to determine if the registration has been accepted.

Once payment is disbursed to the provider based on the specified TIN, the NLR will be notified by DMS that a payment has been made.

6 PROVIDER ATTESTATION PROCESS AND VALIDATION

DMS uses the secure KYSLR system to house the attestation system. The link is only visible to providers whose type in the MMIS matches an EHR incentive eligible provider category. If an eligible provider registers at the NLR and does not receive the link to the attestation system within two business days, assistance will be available by contacting the DMS Provider Enrollment Call Center Operations at: (502) 564-5472.

The following is a brief description of the information that a provider must report or attest to during the process:

1. After registering for the incentive program with the CMS EHR Registration and Attestation National Level Repository (NLR) (at <http://www.cms.gov/EHRIncentivePrograms/>), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier.
2. The EP will then be asked to view the information displayed with the pre-populated data received from the NLR (if the provider entry does not match, an error message with instructions is returned).
3. EPs will then enter two categories of data to complete the Eligibility Provider Details screen including: 1) patient volume characteristics, and 2) EHR details. The EP will be asked to attest to:
 - Assigning the incentive payment to a specific TIN (only asked if applicable); provider and TIN to which the payment was assigned at the NLR will be displayed;
 - Not working as a hospital based professional (this will be verified by DMS through claims analysis);
 - Not applying for an incentive payment from another state or Medicare;
 - Not applying for an incentive payment under another DMS ID; and
 - Adoption, implementation, upgrade or meaningful use of certified EHR technology.
4. The EP will be asked to sign electronically the amendment.
 - The provider enters the provider or the agent or staff member's initials and the providers NPI on the Attestation Screen (there is a place for an agent or staff member of the provider to so identify).
 - The person filling out the form should enter his or her name.

Note: *For providers that are ready to demonstrate Meaningful Use in year 1, the provider will attest to this fact.*

7 INCENTIVE PAYMENTS

Upon completion of the attestation process, including submission of the electronic attestation, receipt of required documentation and validation by DMS, an incentive payment can be approved. Providers will be notified of approval for payment by email to the email address submitted with registration. Please be sure that the email provided is current.

8 PROGRAM INTEGRITY

DMS conducts regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process, including risk assessment, receipt of a complaint or incorporation into reviews selected for other objectives.

Providers should be sure to keep their supporting documentation.

8.1 Administrative Audits/Appeals

You may appeal the determination made by the Kentucky Department for Medicaid Services on your incentive payment application. Please send a Formal Letter of Appeal to the address below, within 30 days of the determination date of notification. The formal written notification must include a detailed explanation of why the EP deems a wrong determination made by the Kentucky Medicaid EHR Incentive Program. Any supporting documentation to the appeal should be included with the Letter of Appeal.

Division of Program Integrity
Department for Medicaid Services
275 E. Main Street, 6E-A
Frankfort, KY 40621

9 GETTING STARTED

Eligible providers are required to provide details including patient volume characteristics, EHR details, upload requested documentation and electronically sign the attestation (more details follow in this manual).

After registering with the National Level Registry (NLR) at <http://www.cms.gov/EHRIncentivePrograms/>, the provider should receive an email with the registration information including a summary of the registration information. The information includes the NPI and registration ID. Please keep this information for login to the Kentucky EHR login and in case of potential future edits for the NLR.

Please allow 48 hours after registration to log into the KYSLR.

The provider begins the Kentucky Medicaid EHR Incentive Program registration process by accessing the KYSLR system at <http://chfs.ky.gov/dms/ehr.htm> (sign-in screen shown below).

9.1 Sign-in Screen

In the sign-in screen, the provider enters the NPI and CMS-assigned Registration Identifier that was returned by the NLR.

If the data submitted by the provider matches the data received from the NLR, the CMS/NLR Provider Demographics Screen will display with the pre-populated data received from the NLR. If the provider entry does not match, an error message with instructions will be returned.

9.2 Home Screen

The Home screen provides the EP with information about their current KY Attestation as well as provides navigation for the EP to view a previous attestation or begin/modify a new attestation for their next EHR Incentive payment.

Home (Year 2 Attestation)

Home
View All Payment Years
Issues/Concerns
Appeals
Additional Resources ▶
User Manual
Send E-mail

Announcements And Messages

No Announcements and Messages !

Issues/Concerns

Clicking the below link will redirect you to the Issues/Concerns page, where you will be able to submit any issues and view the responses received from the DMS.
[Click Here](#)

Provider Information

You are currently enrolled in KY's EHR Incentive Program.
 Payment Year '2' is your current year attestation.
The current status of your application for the year 2 payment is 'AWAITING PROVIDER ATTESTATION'.

Stage of Meaningful Use

1st Year	2012	2013	2014	2015	2016	2017
2012	MU Stage 1 (90 Days)	MU Stage 1 (365 Days)	MU Stage 2 (90 Days)	MU Stage 2 (365 Days)	MU Stage 3 (365 Days)	MU Stage 3 (365 Days)

Provider Status Flow



```

    graph LR
      A[CMS Registration] --> B[Preliminary Verification]
      B --> C[Provider Attestation]
      A --- A1[Completed]
      B --- B1[Completed]
      C --- C1[In Process]
    
```

Provider Attestations

Payment Year	Status	AttestationID	Selection
1	Paid	KY0001304	View
2	Attest_inProcess	-	Begin/Modify Attestation

There are six sections to the Home page listed below:

1. **Messages and Announcements** – The first section on the page displays messages or announcements for the provider.
2. **Issues/Concerns** – The second section on the page provides a link for the provider to submit a new issue or view a response to an issue.
3. **Provider Information** – The third section of the home page provides a high-level status for the provider including the current payment year and the current status for the payment year.
4. **Stage of Meaningful Use Grid** - The fourth section of the home page supplies the stage of Meaningful Use that the provider will need to attest to according to the program year.
5. **Provider Status Flow** – The fifth section of the home page displays a diagram showing the provider’s current year’s attestation. If the provider has been found not eligible for any reason, specific reasons for that finding shown in this section.
6. **Provider Attestations** – The sixth section of the home page lists the provider’s attestations by payment year and provides the navigation actions available for each year. These options may include:

- View for a previously paid attestation;
- View Attestation for a completed attestation; or
- Begin/Modify for a new or not yet completed attestation.

9.3 Registration Data Screen

Along with the pre-populated data from the CMS Registration Module, additional fields can be updated by the provider.

The data provided by the CMS Registration Module is view only. If any of this data is incorrect, then the data must be updated by logging in to the CMS Registration Module, making the updates and re-submission of the registration. Please allow 24 hours for the changes to be reflected in the screen above.

Registration Data (Year 2 Attestation)

[Home](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
[Additional Resources](#) ▶
[User Manual](#) ▶
[Send E-mail](#)

Provider CMS Registration Data

*** If any of this information is incorrect, please correct on the [CMS Registration Module](#)

Applicant National Provider Index (NPI): 0444444444	Name: One User
Applicant TIN: 000112233	Suffix:
Payee National Provider Index(NPI): 0444444444	Address : 275 E. Main Street , PO Box 1234
Payee TIN: 000112233	City/State: Frankfort / KY
Program Options: MEDICAID	Zip Code: 40621 -1234
Medicaid State: KY	Phone Number: 5025640105
Provider Type: Physician	Email: Carla.Mitchell@ky.gov
Participation Year: 2	Specialty: Physician
Federal Exclusions: None	State Rejection Reason: None

Provider Medicaid Attestation Data

*** Please update the data below in reference to this attestation

Mailing Address

Address 1: 275 E. Main Street	Medicaid Provider Type: <input type="text" value="Physician"/>	
Address 2: PO Box 1234		
City / State: Frankfort KY	Were you assisted by a Regional Extension Center in Kentucky? <input checked="" type="radio"/> Yes <input type="radio"/> No	
ZipCode: 40621 1234	Please give the name of the person who assisted you: <input type="text" value="Carla"/>	

Previous
Next
Save
Cancel

The fields that are from the CMS registration are listed below:

- **Applicant National Provider Index (NPI)** – This is the eligible provider’s individual NPI. The NPI registered at CMS should be the same individual NPI that is enrolled in KY Medicaid.
- **Applicant TIN** – This Tax Identification Number was listed in the CMS registration. This TIN should be the same TIN that is listed for the provider under KY Medicaid.

- **Payee National Provider Index (NPI)** – This is the eligible provider’s payee NPI given during the CMS registration. The Payee NPI given during registration should be enrolled in KY Medicaid and a payee NPI that KY Medicaid has listed as a payee with whom the individual provider is a member.
- **Payee TIN** – The tax identification number associated with the payee NPI. This was the tax id given during registration that will have the tax liability of the incentive payment. The Payee TIN should match the FEIN or SSN listed for the payee NPI within KY Medicaid.
- **Program Option** – This program option was selected by the provider during their registration. It will be Medicaid if you are attesting with a State Agency and not Medicare.
- **Medicaid State** – This is the State that was selected during the provider’s registration.
- **Provider Type** – This is the provider type that was given during the registration at CMS. This type will be validated with your type of license.
- **Participation year** – This is the provider’s participation year with the EHR Incentive Program
- **Federal Exclusion** – This will list any federal exclusion found on the provider if any during registration with CMS.
- **Name** – The Provider’s name listed on the CMS Registration
- **Address 1** – The provider’s street address listed on the CMS registration
- **Address 2** – The provider’s street address listed on the CMS registration
- **City/State** – The provider’s city/state listed on the CMS registration
- **Zip Code** – The provider’s zip code listed on the CMS registration
- **Phone Number** – The provider’s phone number given on the CMS registration. This number is used for contact by EHR staff reviewing the attestations.
- **Email** – The provider’s email given during the CMS registration. This email address is used for system-generated emails on updates for the provider’s attestation and communication from the EHR review staff. **Note:** It is very important that this email address be accurate and up-to-date.
- **Specialty** – The provider’s specialty listed in the CMS registration.
- **State Rejection Reason** – This lists the state rejection reason if any are found. This will only list federal codes for rejection, for a more detailed state specific rejection see the home page.

The data listed under the section **Provider Medicaid Attestation Data** is updatable by

the provider during attestation. Once the attestation is submitted by the provider, the data will become view only. These data fields are described below:

- **Medicaid ID** - This field only displays if you have multiple Kentucky Medicaid Provider Numbers that are linked to the Payee NPI listed in your CMS registration. If so, you will need to select one of your Kentucky Medicaid Numbers. **This Medicaid Number will be used for your incentive payments.**
- **Medicaid Provider Type** -Please select the Medicaid type of Provider from the list provided. This type should match the type of provider listed under your KY Medicaid enrollment and your type of license.
- **Mailing Address** - The mailing address can be updated if the provider would like to give an alternate address from the one listed from CMS for correspondence. Indicating a new address in these fields will change the Payee address for the Provider's EHR incentive payment.
- **Were you assisted by a Regional Extension Center in Kentucky** - Response to this question is required. If the response is yes, then please type the name of the person who assisted you during the attestation process.

9.4 Provider Eligibility Details Screen

EPs must enter two categories of information to complete the Eligibility Provider Details screen including patient volume characteristics and EHR details. Providers will see the following data on the screen.

Provider Eligibility Details (Year 1 Attestation)
All * fields are required fields.

- Home
- View All Payment Years
- Issues/Concerns
- Appeals
- Additional Resources
- User Manual
- Send E-mail

Eligibility Details

Patient Volume:

1. Please indicate if your patient volume was calculated at a clinic or practice level for all Eligible professionals: No
2. If yes, please enter the NPI of the clinic or group:
3. For which program year are you applying? * 2013
4. What is the time frame used for patient volume calculation? * Prior Calendar Year
5. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage: * (mm/dd/yy)
6. Medicaid patient encounters during this period: *
7. Total patient encounters during this period: *
8. Total number of Medicaid patients on your Medicaid MCO roster/panel with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months: *
9. Total number of patients on your roster/panel from any Plan with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months: *
10. Medicaid patient volume percentage: 30.00%

EHR Details:

11. Enter the CMS EHR Certification ID of your EHR: * [What is this?](#)
12. Indicate the status of your EHR: * Adopt Implement Upgrade Meaningful User

Service Locations

*** The practice/location equipped with Certified EHR Technology (CEHRT) can be met in 3 ways:

1. CEHRT is permanently installed at the practice location
2. The CEHRT can be brought to the practice/location on a portable computing device
3. The CEHRT can be accessed remotely using computing devices at the practice/location

* Do you have multiple service locations? Yes No

* Enter the total number of locations:

* Enter the total number of locations with certified EHR Technology:

Enter Service Location Address

Previous
Next
Save
Cancel

9.4.1 Eligibility Details

Eligibility details section allows the user to view or enter information depending on the source of the information and the status of the attestation. Information in the section includes patient volume and information about EHR use.

Eligibility Details		
Patient Volume:	1. Please indicate if your patient volume was calculated at a clinic or practice level for all Eligible professionals:	<input type="text" value="No"/>
	2. If yes, please enter the NPI of the clinic or group:	<input type="text" value="0"/>
	3. For which program year are you applying? *	<input type="text" value="2013"/>
	4. What is the time frame used for patient volume calculation? *	<input type="text" value="Prior Calendar Year"/>
	5. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage: *	<input type="text" value="8/1/2012"/> (mm/dd/yy)
	6. Medicaid patient encounters during this period: *	<input type="text" value="30"/>
	7. Total patient encounters during this period: *	<input type="text" value="100"/>
	8. Total number of Medicaid patients on your Medicaid MCO roster/panel with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months: *	<input type="text" value="0"/>
	9. Total number of patients on your roster/panel from any Plan with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months: *	<input type="text" value="0"/>
	10. Medicaid patient volume percentage:	30.00%
EHR Details:	11. Enter the CMS EHR Certification ID of your EHR: *	<input type="text" value="3000000SJRO5EAO"/> What is this?
	12. Indicate the status of your EHR: *	<input checked="" type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade <input type="radio"/> Meaningful User

Patient Volume

- To enter patient volume, complete the following steps: Please indicate if your patient volume was calculated at a clinic or practice level for all eligible professionals: Yes or No.

Please note if you are submitting at the clinic or practice levels **all** eligible professionals from the clinic or practice must also submit their volume at the clinic or practice level for the same program year.

- If yes, please enter the NPI of the clinic or group.
- Select the program year you wish to attest.

This should be either the current year or it can be the prior year if the current date is on or before March 31.

- Select the time frame used for patient volume calculation.

Select from the dropdown menu as either the “Prior Calendar Year” or “Preceding 12 Months” of the date of attestation.

- Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage. Enter as mm/dd/yy.

This date should be a 90-day period in the year prior to the program year selected.

- Enter Medicaid patient encounters during this period.
- Enter Total patient encounters during this period.

8. If applicable, enter the Total number of Medicaid patients on your Medicaid MCO roster/panel with whom you did not have an encounter in this 90 day period but you did have an encounter in the last 24 months:

Enter the total number of Medicaid patients on your Medicaid MCO roster/panel that you DID NOT have an encounter with in the 90 day patient volume calculation but you DID encounter in the last 24 months. (If not applicable, enter a 0.)

9. If applicable, enter the Total number of patients on your roster/panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the last 24 months:

This is usually, but not always the same number as the answer entered for the previous calculation. If you are receiving payment for any plans other than Medicaid MCOs, they should be included here. This is not intended to include the numbers of private health insurance plans. (If not applicable, enter a 0.)

10. Medicaid patient volume percentage is calculated based on the volume numbers entered and is displayed as a percentage with two decimal points.

Volume thresholds are calculated using the EP's total number of *Medicaid* member encounters for the 90-day period as the numerator and *all* patient encounters for the same EP over the same 90-day period as the denominator.

EHR Details

For the EHR details, continue entering information for eligibility:

11. Enter the CMS EHR Certification ID of your EHR
12. Indicate the status of EHR. The choices are:
- (A) Adopt - Acquire, purchase, or secure access to certified EHR technology.
 - (I) Implement - Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements.
 - (U) Upgrade - Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.
 - Meaningful User – currently meaningfully using certified EHR technology and are prepared to attest to Meaningful Use and Clinical Quality Measures.

9.4.2 Service Locations

In the Service location section, enter information about the service locations equipped with a certified EHR.

Practice/Locations equipped with CEHRT can qualify for meaningful use in the following ways:

1. CEHRT is permanently installed at the practice location.
2. The CEHRT can be brought to the practice/location on a portable computing device.
3. The CEHRT can be accessed remotely using computing devices at the practice/location.

To complete this section, perform the following steps:

1. Indicate if you have multiple locations. (Yes or No)
If no, the total number of locations and locations with EHR technology will automatically populate with a 1.
Enter service location address by clicking on the “Enter Service Location Address” button.

Service Locations

*** The practice/location equipped with Certified EHR Technology (CEHRT) can be met in 3 ways:

1. CEHRT is permanently installed at the practice location
2. The CEHRT can be brought to the practice/location on a portable computing device
3. The CEHRT can be accessed remotely using computing devices at the practice/location

* Do you have multiple service locations? Yes No

* Enter the total number of locations:

* Enter the total number of locations with certified EHR Technology:

A new will displays and allows the user to enter a service location address as shown below. Enter an address for all required fields. After entering the address, click on the Add button.

Service Locations

*** The practice/location equipped with Certified EHR Technology (CEHRT) can be met in 3 ways:

1. CEHRT is permanently installed at the practice location
2. The CEHRT can be brought to the practice/location on a portable computing device
3. The CEHRT can be accessed remotely using computing devices at the practice/location

* Do you have multiple service locations? Yes No

* Enter the total number of locations:

* Enter the total number of locations with certified EHR Technology:

Enter Service Location Address

*** Indicate below the service location(s) associated with this attestation that have Certified EHR Technology:**

Address1:

Address 2:

City:

State:

Zip Code:

ZipCode Extension:

2. If yes to multiple locations, enter the total number of locations.
3. If yes to multiple locations, enter the number of locations with a certified EHR.
4. Edits or add additional Service location using the edit and add functions. To add scroll over using the scroll panel.

*** Indicate below the service location(s) associated with this attestation that have Certified EHR Technology:**

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code
Update Cancel	120 E Main Street		Frankfort	KY	40601	

9.5 Meaningful Use Questionnaire Screen

After entering the provider eligibility details, EPs who have selected Meaningful Use will be directed to the Meaningful Use Questionnaire screen.

The following fields are required to continue with the attestation:

- **Enter EHR Reporting Period Start Date**
 - This is the starting date for the period of time you are reporting your Meaningful Use Measure data.
- **Enter EHR Reporting Period End Date**
 - This is the end date for the period of time you are reporting your Meaningful Use Measure data.
 - For the first year of reporting Meaningful Use EPs are required to report on a continuous 90-day period within the program year being attested. For the second year of reporting Meaningful Use, an entire year (365 days) of reporting will be required.
 - Depending on the program year selected, the EHR Reporting period start date must be a continuous 90-day period within the same year from Jan 1st of current year through Dec 31st of current year and 90 days prior to today's date.
- **Enter the percentage of unique patients who have structured data recorded in your certified EHR technology as of the reporting period above**
 - This should be the percentage of all the patients you have seen in service location(s) with Certified EHR Technology who have data recorded in your EHR.
 - This can be calculated by dividing the number of patients with structured data in your Certified EHR by the total number of patients seen at service location(s) with Certified EHR Technology. Multiply by 100 to obtain the percentage. The amount of patients with structured data stored in your EHR should be at least 80%.

10 REQUIREMENTS FOR MEANINGFUL USE MEASURES

Meaningful use requirements include core, menu and clinical quality measures. To complete the MU questionnaire, provider must complete the following.

13 out of 13 Core Meaningful Use measures must be met according to the CMS threshold.

- Exception – If CMS allows exclusion to a measure and the EP attests to the exclusion then that measure is still considered completed.

5 out of 10 Menu Measures must be met according to the CMS threshold (including exclusions) and at least 1 of the 5 Menu Measures must be from the Public Health List.

- Exception - If an EP meets the criteria for and can claim exclusion for any of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. **This exclusion will count toward the 5 required menu measures. In Kentucky, the Immunization Registry, Syndromic Surveillance, Cancer Registry and Reportable Labs are available through KHIE.
- EP must select the remaining 4 that relate to his/her practice. If exclusion applies to one of the measures selected, the EP has to attest that the other measures did not relate to his practice or they also would have been exclusions.

EP must attest to 6 and up to 9 Clinical Quality Measures

- 3 Core Clinical Quality Measures and/or up to 3 *Alternative CQMs* (Alternative Measures required for any Core measures with a denominator of zero), and 3 Additional CQMs that relate to their practice (the EP must select 3 of the 38 Additional CQMs provided).
 - No patients in the measure population; It is acceptable to report zero in the denominator, even for 1 or more measures, as long as that is the value displayed & calculated by the certified EHR. The EP attests to this fact.
 - The automated reporting of the clinical quality measures will be accomplished using certified EHR technology interoperable with the system designated by the State to receive the data.
 - If the EP reports zero in the denominator for any of the 3 chosen as Additional CQMs they must attest that all remaining measures not chosen would also be zero.

For additional information on Meaningful Use Measures, please see the following CMS Web site below:

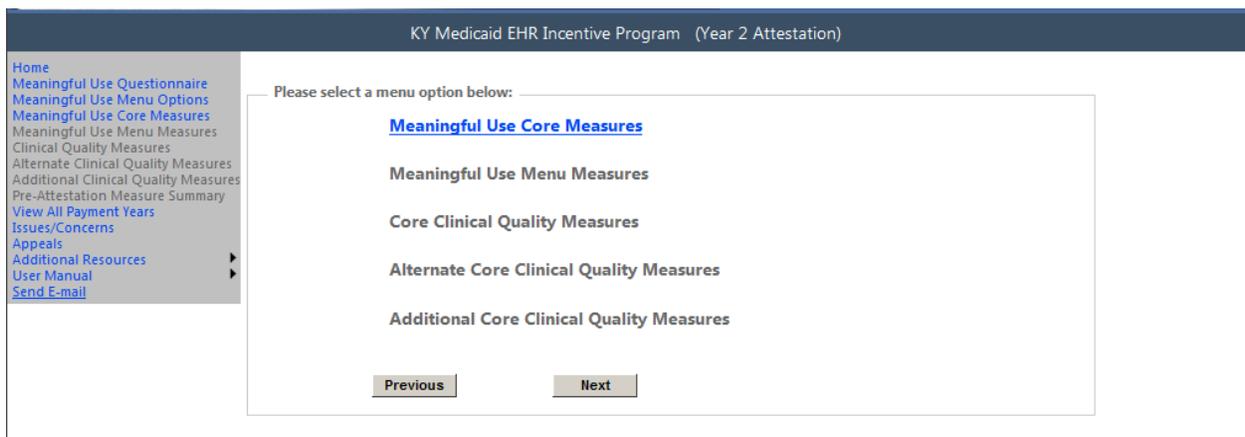
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

Measure Screen Tip: If the page seems to be cutting off words on the measure then do the following:

- While holding down the 'Ctrl' key press the '-' key until you can see the entire screen.

10.1 Meaningful Use Measure Menu Screen

The menu screen will only allow the user to select a group of measures as they are available. For example, once the Meaningful Use Core Measures are completed, the Meaningful Use Menu Measures will be active to select.



Navigation:

Meaningful Use Core Measures Link – Takes the EP to the first screen of the Meaningful Use Core Measures, active link.

Meaningful Use Menu Measures Link - Takes the EP to the first screen of the Meaningful Use Menu Measures, only active after the MU Core Measures are completed.

Core Clinical Quality Measures Link – Takes the EP to the first screen of the Core Clinical Quality Measures, only active after the MU Menu Measures are completed.

Alternate Core Clinical Quality Measures - Takes the EP to the first screen of the Alternative Core Clinical Quality Measures, only active after the Core Clinical Quality Measures are completed and at least one of the entries for the denominator is zero.

Additional Clinical Quality Measures - Takes the EP to the first screen of the Additional Clinical Quality Measures, only active after the Core Clinical Quality Measures are completed and no entries for the denominators are zero or after the

Alternate Core Clinical Quality Measures are completed if at least one of the entries for the Core CQM for the denominator was zero.

Previous – Takes the EP to the Registration Data screen.

Next – Takes the EP to the first Core Meaningful Use Measure screen.

Important Note: The sequence and questionnaire numbers may vary depending on the providers selected measures. The following sections may not exactly match those selected by the provider.

10.2 Meaningful Use Core Measure 1 Screen

Medication List and Medication Orders

Please select from one of measures:

- More than 30% 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.
- More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

The screenshot shows a web-based interface for selecting a measure. On the left is a navigation menu with items like 'Meaningful Use Core Measures', 'Clinical Quality Measures', and 'User Manual'. The main content area has a header with instructions: '(*) Red asterisk indicates a required field. If you need to change the measure selection click 'previous' button and navigate to this screen by clicking 'Next'. Below this is the 'Objective' and 'Measure' sections. A dialog box titled 'select a measure' is overlaid on the screen, containing two radio button options. The first option is 'More than 30% 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.' The second option is 'More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.' The 'PATIENT' field is marked with a red asterisk. A 'Continue' button is at the bottom of the dialog box.

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure. If the exclusion is not selected, the following details other requirements of this screen:

- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >30% threshold, N/D > 30%.

- If an EP responds Yes to the exclusion, then they have met the measure threshold.

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. If the user clicks on ‘Next’, data entered on the screen will also be saved.

Meaningful Use Core Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
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[User Manual](#) ▶
[Send E-mail](#)

Questionnaire 1 of 13

(*) Red asterisk indicates a required field.
If you need to change the measure selection click 'previous' button and navigate to this screen by clicking 'Next'.

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% 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: 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 to you?**

Yes No

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** :

Previous
Next
Save
Cancel

10.3 Meaningful Use Core Measure 2 Screen

Drug-Drug and Drug - Allergy Interaction

Questionnaire 2 is for the implementation of drug-drug interaction check. The provider is prompted with the question, “Have you enabled the functionality for drug-drug interaction checks for the entire EHR reporting period?” Please select Yes or No to continue to the next screen.

Meaningful Use Core Measures (Year 2 Attestation)

Home
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Alternate Clinical Quality Measures
Additional Clinical Quality Measures
Pre-Attestation Measure Summary
View All Payment Years
Issues/Concerns
Appeals
Additional Resources
User Manual
Send E-mail

Questionnaire 2 of 13

(*) 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.

Complete the following information:

* Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

Previous Next Save Cancel

Please note that selecting ‘Previous’ before saving will result in the data on the current screen not being saved. If the user clicks on ‘Next’ will also save data entered on the screen.

10.4 Meaningful Use Core Measure 3 Screen

Maintain Up-to-date Problem List of Current and Active Diagnoses

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, N/D > 80%.
- The EP must enter an answer on the last question on the page, if the count is unknown then type unknown as the answer.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.5 Meaningful Use Core Measure 4 Screen

Generate and Transmit Permissible Prescriptions Electronically

All fields must be completed unless the exclusion was responded to with 'Yes.' In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

Meaningful Use Core Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
[Additional Resources](#) ▶
[User Manual](#) ▶
[Send E-mail](#)

Questionnaire 4 of 13

(*) 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION 1: 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 to you?**

Yes No

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

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

Yes No

Complete the following information:

Numerator = The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.
Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

*** Numerator** : 41 *** Denominator** : 100

*** Which eRx service is used?**
eRx Vendor

*** Name a pharmacy that you transmit to**
Rite-Aid

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >40% threshold, N/D > 40%.
- If an EP responds Yes to the exclusion then they have met the measure threshold.
- The EP must enter an answer on the last question on the page, if the count is unknown then type unknown as the answer.

Please note that selecting 'Previous' before saving will result in the data on the current

screen not being saved. If the user clicks on 'Next' data entered on the screen will also be saved.

10.6 Meaningful Use Core Measure 5 Screen

Maintain Active Medication List

All fields must be completed before the EP is allowed to save and continue to the next measure.

Meaningful Use Core Measures (Year 2 Attestation)

Home
 Meaningful Use Questionnaire
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Questionnaire 5 of 13

(*) 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.
 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:

* Enter the number of unique patients listed within the numerator above as patients that are not currently prescribed any medication as structured data:

Previous Next Save Cancel

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, N/D > 80%.
- The EP must enter an answer the on last question on the page, if the count is unknown then type unknown as the answer.

Please note that selecting 'Previous' before saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.7 Meaningful Use Core Measure 6 Screen

Maintain Active Medication Allergy List

All fields must be completed before the EP is allowed to save and continue to the next measure.

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Questionnaire 6 of 13

(*) 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 has no known medication allergies) recorded as structured data.
 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

* Enter the unique number of patients included in the numerator that had an indication of no known allergies recorded as their structured data

Previous Next Save Cancel

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, $N/D > 80\%$.
- The EP must enter an answer the on last question on the page, if the count is unknown then type unknown as the answer.

Please note that selecting 'Previous' before saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.8 Meaningful Use Core Measure 7 Screen

Record Demographics

All fields must be completed before the EP is allowed to save and continue to the next measure.

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Questionnaire 7 of 13

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

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

* Enter the count from the numerator (if any) of unique patients that had most but not all of the demographic information recorded as structured data due to the exclusion listed in the instructions:

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >50% threshold, $N/D > 50\%$.
- The EP must enter an answer the on last question on the page, if the count is unknown then type unknown as the answer.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.9 Meaningful Use Core Measure 8 Screen

Height Weight and Blood Pressure

Please select one of the following two measures:

- More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data. This selection contains 2 exclusions.
- More than 50% of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight for all ages. This selection contains 4 exclusions.

The screenshot shows a software interface for selecting a measure. A dialog box titled "select a measure" is overlaid on the main content. The dialog contains two radio button options:

- More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.
- More than 50% of all unique patients seen by the EP during EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structure data.

Below the options is a "Continue" button. The background interface shows a sidebar with navigation links and a main area with the following text:

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate
- Plot and

Measure: More than 50% of all unique patients seen by the EP during EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structure data.

* PATIENT RECORDS: This 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.

EXCLUSION 1: 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.

10.10 Meaningful Use Core Measure 9 Screen

Recording Smoking Status

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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Questionnaire 9 of 13

(*) 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 old or older seen by the EP have smoking status recorded as structured data.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: An EP who sees no 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 to you?
 Yes No

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 or older seen by the EP during the EHR reporting period.

* Numerator : 51 * Denominator : 100

Previous Next Save Cancel

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >50% threshold, N/D > 50%.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.11 Meaningful Use Core Measure 10 Screen

Clinical Decision Support

All fields must be completed before the EP will be allowed to save and continue to the next measure.

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Questionnaire 10 of 13

(*) 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 with that rule.

Measure: Implement one clinical decision support rule.
 Complete the following information:

* Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?
 Yes No

* Enter a CDS rule that was implemented: Alerts

Previous Next Save Cancel

The following details other requirements of this screen:

- The EP must answer yes or no to the first question on the page.
- The EP must enter the core clinical decision support rule that was implemented. If the response is unknown, then type unknown as the answer.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.12 Meaningful Use Core Measure 11 Screen

Patient Provided with a Copy of Health Information

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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(*) 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: 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 to you?**

Yes No

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**

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >50% threshold, N/D > 50%.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.13 Meaningful Use Core Measure 12 Screen

Clinical Summaries for Patient

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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(*) 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: 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 to you?**

Yes No

Complete the following information:

Numerator = Number of office visits in the denominator for which a clinical summary of Is provided within three business days.

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

*** Numerator** *** Denominator**

The following details other requirements of this screen:

- The Numerator and Denominator are required and must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >50% threshold, $N/D > 50\%$.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.14 Meaningful Use Core Measure 13 Screen

Protect Electronic Health Information

All fields must be completed before the EP will be allowed to save and continue to the next measure.

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Questionnaire 13 of 13

(*) 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.

Complete the following information:

* Have you conducted or reviewed 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

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- A response must be submitted.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next' will also save data entered on the screen.

10.15 Meaningful Use Menu Measures Selection Screen

A total of 5 Menu Measures must be selected for the EP to continue to the next screen. At least one of these measures must be from the Public Health Measure list. The EP must choose a measure that they would meet unless an exclusion can be claimed for both measures. In Kentucky, the Immunization Registry, Syndromic Surveillance, Cancer Registry and Reportable Labs are available through KHIE.

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Instructions:

EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the EP be able to successfully meet only one of these public health menu measures, the EP must select and report on that measure to CMS or the State. Having met one public health menu measure, the EP must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the EP may select any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below.

If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

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

Select	Objective	Measure
<input checked="" type="checkbox"/>	Capability to submit electronic data to immunization registries or immunization information systems and an actual submission in accordance with applicable law and practice except where prohibited.	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).
<input type="checkbox"/>	Capability to submit electronic syndromic surveillance data to public health agencies and an actual submission in accordance with applicable law and practice except where prohibited.	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 to receive the information electronically).

You must submit 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):

Select	Objective	Measure
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in 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 old or younger were sent an appropriate reminder during the EHR reporting period.
<input 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 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 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 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.

Previous
Next
Save
Cancel

Navigation:

Logout Button – Returns the EP to the login page.

Previous button – Will not save the data selected and return the EP to the MU Core Measure 15 screen.

Next button – Will save the data to the database if no errors are present. This data will be updatable until the attestation has been completed by the EP. The EP will be directed to the first MU Menu Measure screen they selected after all errors are resolved.

10.16 Meaningful Use Menu Measure 1 Screen (Public Health)

Immunization Registry Option

All fields must be completed unless the exclusion was responded to with ‘Yes’, in that case no other field is required and the EP should be allowed to save and continue to the next measure.

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(*)Red asterik indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and an actual submission in accordance with applicable law and practice except where prohibited.

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).

EXCLUSION 1 - 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 to you?

Yes No

EXCLUSION 2 - Based on All Patient Records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Complete the following information:

*Did you perform at least one test of certified EHR technologys 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

*Has a follow up test been submitted?

Yes No

*What was the result of the test?

Successful Failed

Please Note: Neither a failed test nor failure to follow-up a test submission will prevent a provider from meeting Meaningful Use.

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Exclusion response is required.

- Response of yes or no is required if exclusion 1 and 2 has not been marked as yes.
- The EP must enter answers the last two questions on the page, if response is yes. Selecting that the test failed or failure to send a follow-up submission will not prevent a provider from meeting Meaningful Use.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.17 Meaningful Use Menu Measure 2 Screen (Public Health)

Syndromic Surveillance Option

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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Questionnaire 1 of 5

(*)Red asterik indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and an actual submission in accordance with applicable law and practice except where prohibited.

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 to receive the information electronically).

EXCLUSION 1 - Based on All Patient Records: 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 to you?
 Yes No

EXCLUSION 2 - Based on All Patient Records: If there is no public health agency that has the capacity to receive the information electronically, 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 to you?
 Yes No

Complete the following information:

*Did you perform at least one test of certified EHR technologys 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

*Has a follow up test been submitted?
 Yes No

*What was the result of the test?
 Successful Failed

Please Note: Neither a failed test nor failure to follow-up a test submission will prevent a provider from meeting Meaningful Use.

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Exclusion response required.
- Response of yes or no required if exclusion 1 and 2 has not been marked as yes.
- The EP must enter answer the last two questions on the page, if response is yes. Selecting that the test failed or failure to send a follow-up submission will not prevent a provider from meeting Meaningful Use.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next,' data entered on the screen will also be saved.

10.18 Meaningful Use Menu Measure 3 Screen

Implement Drug Formulary Checks

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The screenshot shows a web-based questionnaire interface. At the top, a dark blue header reads "Meaningful Use Menu Measures (Year 2 Attestation)". On the left is a vertical navigation menu with links: Home, Meaningful Use Questionnaire, Meaningful Use Menu Options, Meaningful Use Core Measures, Meaningful Use Menu Measures (highlighted), Clinical Quality Measures, Alternate Clinical Quality Measures, Additional Clinical Quality Measures, Pre-Attestation Measure Summary, View All Payment Years, Issues/Concerns, Appeals, Additional Resources, User Manual, and Send E-mail. The main content area is titled "Questionnaire 2 of 5" and includes a legend: "(*)Red asterik indicates a required field." The objective is "Implement drug formulary checks" and the measure description is "The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period." An exclusion note states: "EXCLUSION - Based on All Patient Records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use." Two questions are present: "Does this exclusion apply to you?" with radio buttons for Yes and No (No is selected), and "Have you enabled 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?" with radio buttons for Yes and No (Yes is selected). At the bottom are four buttons: Previous, Next, Save, and Cancel.

The following details other requirements of this screen:

- Exclusion Response is required.
- Response to last question is required.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen is also saved.

10.19 Meaningful Use Menu Measure 4 Screen

Incorporate Clinical Lab-Test Results into EHR as Structured Data

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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Questionnaire 3 of 5

(*)Red asterik indicates a required field.

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

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

EXCLUSION - Based on All Patient Records: Any 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 to you?

Yes No

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:

Previous

Next

Save

Cancel

The following details other requirements of this screen:

- The numerator and denominator should be a whole number.
- The numerator should be less than or equal to the denominator.
- If not excluded, the EP must meet the >40% threshold, N/D > 40%.
- If an EP responds Yes to the exclusion then they have met the measure threshold.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.20 Meaningful Use Menu Measure 5 Screen

Generate Lists of Patients by Specific Conditions

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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Questionnaire 4 of 5

(*)Red asterik 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted by only from patient records maintained using certified EHR technology.

Complete the following information:

* Have you generated at least one report listing your patients with a specific condition?
 Yes No

* Name at least one specific condition for which a list was created

Previous Next Save Cancel

The following details other requirements of this screen:

- Patient record response is required.
- Yes or No response is required.
- Response to last question is required.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.22 Meaningful Use Menu Measure 7 Screen

Provide Patients with Timely Electronic access to their Health Information

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

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Questionnaire 2 of 5

(*)Red asterik 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted by only from patient records maintained using certified EHR technology.

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 to you?

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:

* Does your practice have an online patient portal?

Yes No

The following details other requirements of this screen:

- The numerator and denominator should be a whole number.
- The numerator should be less than or equal to the denominator.
- If not excluded, the EP must meet the >10% threshold, N/D > 10%.
- If an EP responds Yes to the exclusion then they have met the measure threshold.
- EP must answer last question. An EP does not have to have a patient portal to meet Meaningful Use.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.23 Meaningful Use Menu Measure 8 Screen

Use CEHRT to Identify Patient Specific Resources and Provide to Patient

All fields must be completed before the EP will be allowed to save and continue to the next measure.

Meaningful Use Menu Measures (Year 2 Attestation)

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Questionnaire 3 of 5

(*)Red asterik 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.

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: 11 * Denominator: 100

Previous Next Save Cancel

The following details other requirements of this screen:

- The numerator and denominator should be a whole number.
- The numerator should be less than or equal to the denominator.
- The EP must meet the 10% threshold, N/D >10 %.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.24 Meaningful Use Menu Measure 9 Screen

Receiving Provider should perform Medication Reconciliation

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The screenshot displays the 'Meaningful Use Menu Measures (Year 2 Attestation)' interface. On the left is a navigation menu with links such as 'Home', 'Meaningful Use Questionnaire', and 'Additional Resources'. The main content area is titled 'Questionnaire 4 of 5' and contains the following information:

- 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.
- * PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
 - This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 - This data was extracted only from patient records maintained using certified EHR technology.
- EXCLUSION: 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 to you?**
 - Yes
 - No
- 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:**

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

The following details other requirements of this screen:

- The numerator and denominator should be a whole number.
- The numerator should be less than or equal to the denominator.
- If not excluded, the EP must meet the >40% threshold, $N/D > 40\%$.
- If an EP responds Yes to the exclusion then they have met the measure threshold.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.25 Meaningful Use Menu Measure 10 Screen

Providing Summary of Care for each Transition or Referral

All fields must be completed unless the exclusion was responded to with 'Yes'. In that case no other field is required and the EP should be allowed to save and continue to the next measure.

Meaningful Use Menu Measures (Year 2 Attestation)

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Questionnaire 5 of 5

(*)Red asterik 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.

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted by only from patient records maintained using certified EHR technology.

EXCLUSION 1 - Based on All Patient Records: An EP who does not transfer any patients to another setting during the EHR reporting period would be excluded from this requirement.

* Does this exclusion apply to you?

Yes No

EXCLUSION 2 - Based on All Patient Records: An EP who does not refer any patients to another provider during the EHR reporting period would be excluded from this requirement.

* Does this exclusion apply to you?

Yes No

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:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- The numerator and denominator should be a whole number.
- The numerator should be less than or equal to the denominator.
- If not excluded, the EP must meet the >50% threshold, N/D > 50%.
- If an EP responds Yes to exclusion 1 or 2 then they have met the measure threshold.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.26 Core Clinical Quality Measure 1 Screen

Hypertension Blood Pressure Measurement

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

Instructions: All three Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

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.

Complete the following information:

* Denominator : 100 * Numerator : 50

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.27 Core Clinical Quality Measure 2 Screen

Preventive Care and Screening Pair

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 2 of 3

(*) Red asterisk indicates a required field.

Instructions: All three Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

* Denominator: * Numerator:

b. Tobacco Cessation Intervention

Description: 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.

Complete the following information:

* Denominator: * Numerator:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.28 Core Clinical Quality Measure 3 Screen

Adult Weight Screening and Follow-up

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The screenshot shows a web-based questionnaire interface. At the top, it says 'Core Clinical Quality Measures (Year 2 Attestation)' and has a 'Logo' button. On the left is a navigation menu with links like 'Home', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Alternate Clinical Quality Measures', 'Additional Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'View All Payment Years', 'Issues/Concerns', 'Appeals', 'Additional Resources', 'User Manual', and 'Send E-mail'. The main content area is titled 'Questionnaire 3 of 3'. It includes instructions: '(*) Red asterisk indicates a required field. Instructions: All three Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.' Below this, it shows 'NQF 0421 /PQR128' and 'Title: Adult Weight Screening and Follow-up'. A description follows: '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.' The form asks to 'Complete the following information:' and has two rows of input fields. The first row is for 'Population Criteria 1' with fields for Denominator (100), Numerator 1 (50), and Exclusion (0). The second row is for 'Population Criteria 2' with fields for Denominator (100), Numerator 2 (50), and Exclusion (0). At the bottom are buttons for 'Previous', 'Next', 'Save', and 'Cancel'.

The following details other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population
- Denominator must be a whole number.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Population 1	Ages < = 65
Population 2	Ages 18 - 64

Please note that selecting 'Previous' prior to saving will result in the data on the current

screen not being saved. If the user clicks on ‘Next’, data entered on the screen will also be saved.

10.29 Alternate Core Clinical Quality Measures Selection Screen

If an EP indicates a zero in the denominator for one or more Core Clinical Quality Measures, then they must choose an Alternate Clinical Quality Measure to equal the amount of Core Clinical Quality Measures that had a zero in the denominator.

Special Navigation - This menu only appears after the Core Clinical Quality Measures if 1 or more of the entries for the Denominator of the CCQMs are zero. If none of the Denominators are zero for the Core Clinical Quality Measures then go to Menu for Additional Clinical Core Measures

Alternate Core Clinical Quality Measures (Year 2 Attestation)

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Instructions:

You have entered a denominator of zero for one or more of your Core Clinical Quality Measures. Please select your Alternate Clinical Quality Measure(s) from the list below.

Please select one Alternate Clinical Quality Measure from the list below.

Note: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.

Selection	Measure#	Title	Description
<input type="checkbox"/>	NQF 0024	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 type="checkbox"/>	NQF 0041 / PQRI 110	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 type="checkbox"/>	NQF 0038	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 two separate combination rates.

Previous
Next
Save
Cancel

Navigation:

Logout Button – Returns the EP to the login page.

Previous button – Will not save the data selected and return the EP to the MU Menu Measure last entered by the EP.

Next button – Will save the data selected. This data will be updatable until the attestation has been completed by the EP. The EP will be directed to the first Alternate Clinical Quality Measure screen they selected.

Save – Saves the data selected by the EP.

Cancel – Removes selection made by the EP.

10.30 Alternative Core Clinical Quality Measure 1 Screen

Weight Assessment and Counseling for Children and Adolescents

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

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.

Complete the following information:

Population Criteria 1:	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 1: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 2: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 3: <input style="width: 80%;" type="text"/>
Population Criteria 2:	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 1: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 2: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 3: <input style="width: 80%;" type="text"/>
Population Criteria 3:	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 1: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 2: <input style="width: 80%;" type="text"/>
	* Denominator: <input style="width: 80%;" type="text"/>	* Numerator 3: <input style="width: 80%;" type="text"/>

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a denominator; 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The numerator should be less than or equal to the denominator. Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Population 1	Ages 2 - 16
Population 2	Ages 2 - 10
Population 3	Ages 11 - 16
Numerator 1	BMI percentile
Numerator 2	Counseling for nutrition
Numerator 3	Counseling for physical activity

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. If the user clicks on ‘Next’, data entered on the screen will also be saved.

10.31 Alternative Core Clinical Quality Measure 2 Screen

Preventive Care and Screening: Influenza Immunization for Patients >= 50 Years Old

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.32 Alternative Core Clinical Quality Measure 3 Screen

Childhood Immunization Status

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Alternate Core Clinical Quality Measures (Year 2 Attestation)

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(*) Red asterisk indicates a required field.

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 two separate combination rates.

Complete the following information:

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

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Numerator 1	4 or more counts DTaP vaccine
Numerator 2	3 or more counts IPV
Numerator 3	1 or more counts MMR
Numerator 4	2 or more counts HiB
Numerator 5	3 or more counts of hepatitis B vaccine
Numerator 6	1 or more counts VZV
Numerator 7	4 or more counts pneumococcal vaccine
Numerator 8	2 or more counts of hepatitis A vaccine
Numerator 9	2 or more counts rotavirus vaccine
Numerator 10	2 or more counts of influenza vaccine
Numerator 11	4 or more counts of DTaP vaccine, 3 or more counts IPV, 1 or more counts MMR, 1 or more counts VZV, and 3 or more counts hepatitis B vaccine
Numerator 12	4 or more counts of DTaP vaccine, 3 or more counts IPV, 1 or more counts MMR, 1 or more counts VZV, 3 or more counts hepatitis B vaccine and 4 or more counts pneumococcal vaccine

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.33 Additional Clinical Quality Measures Selection Screen

A total of 3 Additional Clinical Quality Measures must be selected by the EP.

Additional Clinical Quality Measures (Year 2 Attestation)

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Questionnaire

Instructions: Select **three** Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the NEXT button below.

Deselect All

Selection	Measure#	Title	Measure Description
<input type="checkbox"/>	NQF 0004	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 type="checkbox"/>	NQF 0012	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 type="checkbox"/>	NQF 0014	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 type="checkbox"/>	NQF 0018	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 type="checkbox"/>	NQF 0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
<input type="checkbox"/>	NQF 0033	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 type="checkbox"/>	NQF 0036	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 type="checkbox"/>	NQF 0052	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 type="checkbox"/>	NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel 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 type="checkbox"/>	NQF 0575	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 type="checkbox"/>	NQF 0059/PQRI 1	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 type="checkbox"/>	NQF 0389/PQRI 102	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 type="checkbox"/>	NQF 0043/PQRI 111	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
<input type="checkbox"/>	NQF 0031/PQRI 112	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.
<input type="checkbox"/>	NQF 0034/PQRI 113	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
<input type="checkbox"/>	NQF 0027/PQRI 115	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	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 type="checkbox"/>	NQF 0055/PQRI 117	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 type="checkbox"/>	NQF 0062/PQRI 119	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 type="checkbox"/>	NQF 0086/PQRI 12	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 type="checkbox"/>	NQF 0056/PQRI 163	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 type="checkbox"/>	NQF 0088/PQRI 18	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 type="checkbox"/>	NQF 0089/PQRI 19	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 type="checkbox"/>	NQF 0074/PQRI 197	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 type="checkbox"/>	NQF 0064/PQRI 2	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 type="checkbox"/>	NQF 0084/PQRI 200	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 type="checkbox"/>	NQF 0073/PQRI 201	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 type="checkbox"/>	NQF 0068	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 type="checkbox"/>	NQF 0061/PQRI 3	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 type="checkbox"/>	NQF 0081/PQRI 5	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 type="checkbox"/>	NQF 0047/PQRI 53	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 type="checkbox"/>	NQF 0067/PQRI 6	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 were prescribed oral antiplatelet therapy.
<input type="checkbox"/>	NQF 0001	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 type="checkbox"/>	NQF 0002/PQRI 66	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 type="checkbox"/>	NQF 0070/PQRI 7	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 type="checkbox"/>	NQF 0387/PQRI 71	Oncology Breast Cancer: Hormonal Therapy for Stage I C-III C Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage I C through III C, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
<input type="checkbox"/>	NQF 0385/PQRI 72	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage III A through III C colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.
<input type="checkbox"/>	NQF 0083/PQRI 8	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 type="checkbox"/>	NQF 0105/PQRI 9	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.

[Previous](#)

[Save & Next](#)

Navigation:

Logout Button – Returns the EP to the login page

Previous – Take the EP to the previous measure entered

Save & Next – Takes the EP to the first Additional Clinical Quality Measure selected

10.34 Additional Clinical Quality Measure 1 Screen

Diabetes: Hemoglobin A1c Poor Control

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. NOTE: The Questionnaire numbers and screens sequence may not be the same as shown in this User Manual. The number and sequence should be based on the Clinical Quality Measures chosen on the Measure screen.

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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

NQF 0059 PQRI1

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%.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.35 Additional Clinical Quality Measure 2 Screen

Diabetes Low Density Lipoprotein (LDL) Management and Control

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 2 Attestation)

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Questionnaire 2 of 3

(*) Red asterisk indicates a required field.

NQF 0064 PQRI 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.

Complete the following information:

* Denominator: * Numerator 1: * Exclusion:

* Denominator: * Numerator 2:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. If the user clicks on ‘Next’, data entered on the screen will also be saved.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Numerator 1	LDL Test
Numerator 2	LDL test with a value < 100 mg/dL

10.36 Additional Clinical Quality Measure 3 Screen

Diabetes: Blood Pressure Management

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 2 Attestation)

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0061 PQRI 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.
 Complete the following information:

* Denominator; * Numerator; * Exclusion;

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.37 Additional Clinical Quality Measure 4 Screen

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

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 2 of 3

(*) Red asterisk indicates a required field.

NQF 0081 PQRI 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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.38 Additional Clinical Quality Measure 5 Screen

Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0070 PQRI 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.

Complete the following information:

* Denominator :
* Numerator :
* Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.39 Additional Clinical Quality Measure 6 Screen

Pneumonia Vaccination Status for Older Adults

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next' data entered on the screen will also be saved.

10.40 Additional Clinical Quality Measure 7 Screen

Breast Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.41 Additional Clinical Quality Measure 8 Screen

Colorectal Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The screenshot shows a web-based interface for entering data. At the top, it says 'Additional Clinical Quality Measures (Year 3 Attestation)'. On the left is a navigation menu with links like 'Home', 'Meaningful Use Questionnaire', and 'Additional Clinical Quality Measures'. The main content area is titled 'Questionnaire 2 of 3'. It includes a note: '(*) Red asterisk indicates a required field.' Below that, it identifies the measure as 'NQF 0034 PQRI113' with the title 'Colorectal Cancer Screening' and a description: 'Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.' It then asks to 'Complete the following information:' and provides three input fields: '* Denominator;', '* Numerator;', and '* Exclusion;'. At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.42 Additional Clinical Quality Measure 9 Screen

Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.43 Additional Clinical Quality Measure 10 Screen

Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.44 Additional Clinical Quality Measure 11 Screen

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

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0105 PQRI 9

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.

Complete the following information:

* Denominator: * Numerator 1:

* Denominator: * Numerator 2:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Numerator 1	Patients who were dispensed antidepressant medication 84 days or longer after being diagnosed with a new episode of major depression
Numerator 2	Patients who were dispensed antidepressant medication 180 days or longer after being diagnosed with a new episode of major depression

Please note that selecting 'Previous' prior to saving will result in the data on the current

screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.45 Additional Clinical Quality Measure 12 Screen

Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

NQF 0086 PQRI12

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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.46 Additional Clinical Quality Measure 13 Screen

Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.47 Additional Clinical Quality Measure 14 Screen

Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.48 Additional Clinical Quality Measure 15 Screen

Asthma Pharmacologic Therapy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The screenshot shows a web application interface for 'Additional Clinical Quality Measures (Year 2 Attestation)'. On the left is a navigation menu with links: Home, Meaningful Use Questionnaire, Meaningful Use Menu Options, Meaningful Use Core Measures, Meaningful Use Menu Measures, Clinical Quality Measures, Alternate Clinical Quality Measures, Additional Clinical Quality Measures, Pre-Attestation Measure Summary, View All Payment Years, Issues/Concerns, Appeals, Additional Resources, User Manual, and Send E-mail. The main content area is titled 'Questionnaire 2 of 3' and contains the following information:

- (*) Red asterisk indicates a required field.
- NQF 0047 PQRI 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.
- Complete the following information:
- * Denominator;
- * Numerator;
- * Exclusion;

At the bottom of the form are four buttons: Previous, Next, Save, and Cancel.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.49 Additional Clinical Quality Measure 16 Screen

Appropriate Testing for Children with Pharyngitis

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0002 PQRI 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.

Complete the following information:

* Denominator :
* Numerator :

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.50 Additional Clinical Quality Measure 17 Screen

Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0387 PQRI 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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

Previous
Next
Save
Cancel

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.51 Additional Clinical Quality Measure 18 Screen

Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

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Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

NQF 0385 PQRI72

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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.52 Additional Clinical Quality Measure 19 Screen

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

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(*) Red asterisk indicates a required field.

NQF 0389 PQRI 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.

Complete the following information:

* Denominator:
* Numerator:
* Exclusion:

Previous
Next
Save
Cancel

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.53 Additional Clinical Quality Measure 20 Screen

Smoking and Tobacco Use Cessation, Medical assistance

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(*) Red asterisk indicates a required field.

NQF 0027 PQRI 115

Title: Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies

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.

Complete the following information:

* Denominator: * Numerator 1:

* Denominator: * Numerator 2:

Previous
Next
Save
Cancel

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Numerator 1	Patient is a tobacco user <=1 year before or simultaneously to the measurement period
Numerator 2	Encounter with patient for tobacco use cessation counseling <=1 year before or simultaneously to the measurement period or communicated to patient about tobacco use cessation counseling <=1 year before or simultaneously to the measurement end date

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.54 Additional Clinical Quality Measure 21 Screen

Diabetes: Eye Exam

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The screenshot shows a web application interface for 'Additional Clinical Quality Measures (Year 2 Attestation)'. On the left is a navigation menu with links: Home, Meaningful Use Questionnaire, Meaningful Use Menu Options, Meaningful Use Core Measures, Meaningful Use Menu Measures, Clinical Quality Measures, Alternate Clinical Quality Measures, Additional Clinical Quality Measures, Pre-Attestation Measure Summary, View All Payment Years, Issues/Concerns, Appeals, Additional Resources, User Manual, and Send E-mail. The main content area is titled 'Questionnaire 3 of 3' and contains the following text:

- (*) Red asterisk indicates a required field.
- NQF 0055 PQRI117
- 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.
- Complete the following information:
- * Denominator: [input field]
- * Numerator: [input field]
- * Exclusion: [input field]

 At the bottom of the form are four buttons: Previous, Next, Save, and Cancel.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.55 Additional Clinical Quality Measure 22 Screen

Diabetes: Urine Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

NQF 0062 PQRI119

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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

Previous Next Save Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.56 Additional Clinical Quality Measure 23 Screen

Diabetes: Foot Exam

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

NQF 0056 PQRI 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).

Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.57 Additional Clinical Quality Measure 24 Screen

Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

NQF 0074 PQRI197

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).

Complete the following information:

* Denominator:
* Numerator:
* Exclusion:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.58 Additional Clinical Quality Measure 25 Screen

Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

NQF 0084 PQRI 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.

Complete the following information:

* Denominator:
* Numerator:
* Exclusion:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.59 Additional Clinical Quality Measure 26 Screen

Ischemic Vascular Disease (IVD): Blood Pressure Management

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.60 Additional Clinical Quality Measure 27 Screen

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

NQF 0068

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.

Complete the following information:

* Denominator : * Numerator :

Previous Next Save Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.61 Additional Clinical Quality Measure 28 Screen

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

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

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.

Complete the following information:

Population Criteria 1:	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 1: <input style="width: 90%;" type="text"/>
	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 2: <input style="width: 90%;" type="text"/>
Population Criteria 2:	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 1: <input style="width: 90%;" type="text"/>
	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 2: <input style="width: 90%;" type="text"/>
Population Criteria 3:	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 1: <input style="width: 90%;" type="text"/>
	* Denominator: <input style="width: 90%;" type="text"/>	* Numerator 2: <input style="width: 90%;" type="text"/>

Previous
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The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Population 1	Ages 13 – 17
Population 2	Patients who will reach age 18 years or greater during the reporting period
Population 3	Patients who will reach age 13 years or greater during the reporting period
Numerator 1	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
Numerator 2	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.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.62 Additional Clinical Quality Measure 29 Screen

Asthma Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.63 Additional Clinical Quality Measure 30 Screen

Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

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.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.64 Additional Clinical Quality Measure 31 Screen

Prenatal Care: Anti-D Immune Globulin

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

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(*) Red asterisk indicates a required field.

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.
 Complete the following information:

* Denominator: * Numerator: * Exclusion:

Previous Next Save Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.65 Additional Clinical Quality Measure 32 Screen

Controlling High Blood Pressure

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The screenshot shows a web application interface for 'Additional Clinical Quality Measures (Year 2 Attestation)'. On the left is a navigation menu with links such as 'Home', 'Meaningful Use Questionnaire', and 'Additional Clinical Quality Measures'. The main content area is titled 'Questionnaire 2 of 3' and contains the following information:

- A red asterisk indicates a required field.
- Measure ID: 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.
- Instruction: Complete the following information:
- Input fields: * Denominator ; _____ * Numerator ; _____

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.66 Additional Clinical Quality Measure 33 Screen

Cervical Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 2 Attestation)

Home
 Meaningful Use Questionnaire
 Meaningful Use Menu Options
 Meaningful Use Core Measures
 Meaningful Use Menu Measures
 Clinical Quality Measures
 Alternate Clinical Quality Measures
 Additional Clinical Quality Measures
 Pre-Attestation Measure Summary
 View All Payment Years
 Issues/Concerns
 Appeals
 Additional Resources
 User Manual
 Send E-mail

Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

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.
 Complete the following information:

* Denominator : * Numerator :

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.67 Additional Clinical Quality Measure 34 Screen

Chlamydia Screening for Women

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 3 Attestation)

Questionnaire 2 of 3

(*) Red asterisk indicates a required field.

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.
 Complete the following information:

Population Criteria 1: * Denominator: * Numerator: * Exclusion:

Population Criteria 2: * Denominator: * Numerator: * Exclusion:

Population Criteria 3: * Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Population 1	Ages 15 – 24
Population 2	Ages 14 – 19
Population 3	Ages 20 – 24

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.68 Additional Clinical Quality Measure 35 Screen

Use of Appropriate Medications for Asthma

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 3 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
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[Send E-mail](#)

Questionnaire 3 of 3

(*) Red asterisk indicates a required field.
 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 measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).
 Complete the following information:

Population Criteria 1:* Denominator: * Numerator: * Exclusion:

Population Criteria 2:* Denominator: * Numerator: * Exclusion:

Population Criteria 3:* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Population 1	Ages 5 – 11
Population 2	Ages 12-50
Population 3	Ages 5 – 50

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.69 Additional Clinical Quality Measure 36 Screen

Low Back Pain: Use of Imaging Studies

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.70 Additional Clinical Quality Measure 37 Screen

Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
[Additional Resources](#)
[User Manual](#)
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Questionnaire 1 of 3

(*) Red asterisk indicates a required field.

NQF 0075

Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel 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-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.

Complete the following information:

* Denominator: * Numerator 1:

* Denominator: * Numerator 2:

Previous
Next
Save
Cancel

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the name of the field. The following tool tips are associated with this screen:

Field	Tool Tip
Numerator 1	LDL test and/or HDL, total cholesterol and triglycerides tests performed
Numerator 2	LDL-C < 100 mg/dL and/or triglycerides value < 400 mg/dL, total cholesterol value, HDL value, triglyceride value/5 < 100 mg/dL

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.71 Additional Clinical Quality Measure 38 Screen

Diabetes: Hemoglobin A1c Control (<8.0%)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero.

Additional Clinical Quality Measures (Year 2 Attestation)

Home
 Meaningful Use Questionnaire
 Meaningful Use Menu Options
 Meaningful Use Core Measures
 Meaningful Use Menu Measures
 Clinical Quality Measures
 Alternate Clinical Quality Measures
 Additional Clinical Quality Measures
 Pre-Attestation Measure Summary
 View All Payment Years
 Issues/Concerns
 Appeals
 Additional Resources
 User Manual
 Send E-mail

Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

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%.
 Complete the following information:

* Denominator: * Numerator: * Exclusion:

The following details other requirements of this screen:

- Please enter a numerator; 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator; 0 is acceptable if there is no measure population.
- The numerator should be less than or equal to the denominator.
- Exclusion must be greater than or equal to 0.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. If the user clicks on 'Next', data entered on the screen will also be saved.

10.72 Meaningful Use Summary of Measure Screen

Meaningful Use Core Measures Summary – Takes the EP to a summary screen of their entries for the Core MU measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Meaningful Use Menu Measures Summary – Takes the EP to a summary screen of their entries for the Menu MU measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Clinical Quality Measures Summary – Takes the EP to a summary screen of their entries for the Clinical Quality measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Navigation:

Logout Button – Returns the EP to the login page

Meaningful Use Core Measures Link – Takes the EP to the summary screen for Meaningful Use Core Measures

Meaningful Use Menu Measures Link - Takes the EP to the summary for Meaningful Use Menu Measures

Core Clinical Quality Measures Link – Takes the EP to the Summary of all Clinical Quality Measures

Previous – Takes the EP to the Additional Clinical Quality Measures Screen.

Next – Takes the EP to the Incentive Payment Calculations screen.

10.73 Meaningful Use Core Measures Summary Screen

This screen lists the Objective, Measure and Data entered by the EP for each Core Meaningful Use Measure. The EP may click on Edit on a measure row to return to that Measure and update their entry.

Summary of Meaningful Use Core Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
[Issues/Concerns](#)
[Appeals](#)
[Additional Resources](#) ▶
[User Manual](#) ▶
[Send E-mail](#)

Meaningful Use Core Measure List Table

Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue .

ObjectiveText	Description	Data Entered	Selection
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% 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.	Numerator = 31 Denominator = 100	Edit
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% 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.	Numerator = 80 Denominator = 100	Edit
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.	Numerator = 41 Denominator = 100	Edit
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.	Numerator = 81 Denominator = 100	Edit
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.	Numerator = 80 Denominator = 100	Edit
Record all of the following demographics: <ul style="list-style-type: none">• Preferred language• Gender• Race• Ethnicity• Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 51 Denominator = 100	Edit
Record and chart changes in vital signs: <ul style="list-style-type: none">• Height• Weight• Blood pressure• Calculate and display body mass index (BMI)• Plot and display growth charts for children 2-20 years, including BMI.	More than 50% of all unique patients seen by the EP during EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structure data.	Numerator = 51 Denominator = 100	Edit
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Numerator = 51 Denominator = 100	Edit
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	Edit
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.	Numerator = 51 Denominator = 100	Edit
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.	Numerator = 51 Denominator = 100	Edit
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis 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	Edit

Previous
Next

Navigation:

Logout Button – Returns the EP to the login page

Previous – Takes the EP to the Summary of Measures screen

Next – Takes the EP to the Incentive Payment Calculations screen

10.74 Meaningful Use Menu Measures Screen

This screen lists the Objective, Measure and Data entered by the EP for each Menu Meaningful Use Measure. The EP may click on Edit on a measure row to return to that Measure and update their entry.

Summary of Meaningful Use Menu Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
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[Issues/Concerns](#)
[Appeals](#)
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[User Manual](#) ▶
[Send E-mail](#)

Meaningful Use Menu Measure List Table

Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue.

Object	Measure	Entered	Selection
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.	Numerator = 11 Denominator = 100	Edit
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.	Numerator = 11 Denominator = 100	Edit
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.	Numerator = 51 Denominator = 100	Edit
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.	Numerator = 51 Denominator = 100	Edit
Capability to submit electronic syndromic surveillance data to public health agencies and an actual submission in accordance with applicable law and practice except where prohibited.	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 to receive the information electronically).	Yes	Edit

[Previous](#)

[Next](#)

Navigation:

Logout Button – Returns the EP to the login page

Return to Menu – Takes the EP to the Summary of Meaningful Use Menu Measure screen

10.75 Summary of Clinical Quality Measures (CQM) Screen

This screen lists the Objective, Measure and Data entered by the EP for each Menu Meaningful Use Measure. The EP may click on Edit on a measure row to return to that Measure and update their entry.

Summary of Clinical Quality Measures (Year 2 Attestation)

Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue .

Core Clinical Quality Measure List Table

Measure#	Title	Measure	Data Entered	Selection
NQF 0013	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. a.Tobacco Use Assessment	Denominator = 0 Numerator = 0	Edit
NQF 0028	Preventive Care and Screening Measure Pair	Description: Percentage of patients aged 18 years and 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	Denominator = 0 Numerator = 0	Edit
		Description: 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.	Denominator = 0 Numerator = 0	
NQF 0421	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.	Denominator = 0 Numerator = 0 Exclusion = 0	Edit
			Denominator = 0 Numerator = 0 Exclusion = 0	

The second panel displays Alternative Core CQMs and also allows the user to edit.

Additional Clinical Quality Measure List Table

Measure#	Title	Measure	Data Entered	Selection
NQF 0075	Ischemic Vascular Disease (IVD); Complete Lipid Panel 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.	Denominator = 1 Numerator = 1	Edit
NQF 0059	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%.	Denominator = 1 Numerator = 1 Exclusion = 1	Edit
NQF 0389	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.	Denominator = 1 Numerator = 1 Exclusion = 1	Edit

Previous

Next

Navigation:

Logout Button – Returns the EP to the login page

Return to Menu – Take the EP to the Attestation Summary Menu screen

10.76 Measure Editing prior to Attestation

The EP may update any field on the measure that they have previously entered. The field editing for the measure will still apply upon the EP clicking save.

Additional Clinical Quality Measures (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
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[Pre-Attestation Measure Summary](#)
[View All Payment Years](#)
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Questionnaire 2 of 3

(*) Red asterisk indicates a required field.

NQF 0059 PQRI1

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%.

Complete the following information:

* Denominator: * Numerator: * Exclusion:

Navigation

Logout Button – Returns the EP to the login page

Save Button – Saves the data once all applicable edits are resolved.

Return to Summary Button – Takes the EP back to the Measure Summary selection page.

10.77 Incentive Payment Calculation Screen

The screen lists the estimated payment for the EP for the current attestation.

Incentive Payment Calculations (Year 3 Attestation)	
Estimated Amount of Medicaid EHR Incentive Payment:	\$8,500.00
(This amount may also include adjustments)	
Previous	Next

Logout Button – Returns the EP to the login page

Previous - Return the EP to the Summary of Measures screen

Next – Takes the EP to the Document Upload screen

10.78 Documentation Upload Screen

Documentation is required to support attestation review and verification. This page will allow the EP to attach documentation with their current year attestation.

- Clicking on the browse button will allow the EP to search and select the documents they would like to attach.
- Clicking on the upload button will attach and save the document relating to the current attestation payment year.
- Only PDFs that are below 100MB can be uploaded.

Please Note: Documentation loaded with the attestation does not alleviate the provider from being requested to produce additional documentation that may be requested during a pre-payment or post payment audit. All documentation supporting the information attested by the Provider or Facility should be kept for 6 years.

Document Upload (Year 2 Attestation) Logout

Home
 Meaningful Use Questionnaire
 Meaningful Use Menu Options
 Meaningful Use Core Measures
 Meaningful Use Menu Measures
 Clinical Quality Measures
 Alternate Clinical Quality Measures
 Additional Clinical Quality Measures
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Documentation needed to process your application may be attached below. If you cannot attach a PDF then use the Send E-mail link on the left to contact the EHR staff for assistance. Please provide proof of certified technology being attested for your practice or facility. This can be a contract, invoice, purchase order, etc. If you are attesting to Meaningful Use Measures, please provide documentation on your testing with other entities as well as documentation supporting your Public Health Measure response. Patient Volume documentation is not required but if you are using Medicaid patients from multiple states you could be requested to provide additional documentation. **Please Note: Documentation loaded with the attestation does not alleviate the provider from being requested to produce additional documentation that may be requested during a pre payment or post payment audit. All documentation supporting the information attested by the Provider or Facility should be kept for 6 years.**

Payment Year	File Name	Description
No uploaded document found.		

Upload a new PDF document: Please select the documentation type:

--Select the type of a document--

If you cannot attach a PDF, then use the Send E-mail link on the left side of the screen to contact the EHR staff for assistance. Please provide proof of certified technology being attested for your practice or facility. This can be a contract, invoice, purchase order, etc.

If you are attesting to Meaningful Use Measures, please provide documentation on your testing with other entities as well as documentation supporting your Public Health Measure response. Patient Volume documentation is not required but if you are using Medicaid patients from multiple states you could be requested to provide additional documentation.

10.79 Attestation Statement Screen

The EP must check all checkboxes and enter their initials and NPI in order to submit their attestation. After initials and NPI are entered, click on the “Submit” to complete your attestation.

Attestation Statement (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
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Attestation Statements

You are about to submit your attestation for EHR

Please check the box next to each statement below to attest, then select the SUBMIT button to complete your attestation:

- The information submitted for CQMs was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the EP.
- The information submitted is accurate and complete for numerators, denominators, and exclusions for functional measures that are applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.
- A 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.
- As a meaningful EHR user, at least 50% of my patient encounters during the EHR reporting period occurred at the practice/location given in my Attestation information and is equipped with certified EHR technology.

I understand that I must have, and retain, documentation to support my eligibility for incentive payments and that the Department for Medicaid Services may ask for this documentation. I further understand that the Department for Medicaid Services will pursue repayment in all instances of improper or duplicate payment. I certify I am not receiving Medicaid EHR incentive funds from any other state or commonwealth and have not received a payment from the Kentucky Department for Medicaid Services for this year.

This is to certify that the foregoing information is true, accurate, and complete. I understand the Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

All * fields are required fields.

Initials: *

NPI: *

Note: Once you press the submit button below, you will not be able to change your information.

Previous
Submit

10.80 Accepted Attestation Screen

The EP can view their measure summaries for all measure entries. The attestation will be sent for internal review and final approval for payment.

Attestation Summary Menu (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
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[View All Payment Years](#)
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Your attestation has been accepted.

All measures and their corresponding calculation have met compliance. Please select the desired measure link below to view the details of your submitted measures.

[Meaningful Use Core Measures Summary](#)
[Meaningful Use Menu Measures Summary](#)
[Clinical Quality Measures Summary](#)

10.81 Unaccepted Attestation Screen

If your attestation is not accepted, you can review the summary of measures and look for the indication of which measure(s) were not accepted using the Unaccepted Attestation Screen. To view the summary, select the link for one of the three measures.

The EP will be allowed to re-attest once the EP is able to meet the measure requirements.

Attestation Summary Menu (Year 1 Attestation)	
Home	Your attestation cannot be accepted at this time.
Meaningful Use Questionnaire	
Meaningful Use Menu Options	One or more of the MU Core measure calculations did not meet MU minimum standards.
Meaningful Use Core Measures	One or more of the MU menu measures did not meet MU minimum standards.
Meaningful Use Menu Measures	
Clinical Quality Measures	Please select the summary of measures link below to view all measures and their corresponding calculation/compliance.
Alternate Clinical Quality Measures	
Additional Clinical Quality Measures	
Pre-Attestation Measure Summary	
View All Payment Years	Meaningful Use Core Measures Summary
Issues/Concerns	
Appeals	Meaningful Use Menu Measures Summary
Additional Resources ▶	
User Manual ▶	Clinical Quality Measures Summary
Send E-mail	

10.82 Core Meaningful Use Measure Summary – Post Attestation

The summary of measures for the Core MU Measures contains columns for the following information:

- **Object** – Gives the object of the measure.
- **Measure** – Gives the detail measure information.
- **Data Entered** – Displays the percentage calculation or exclusion.
- **Accepted/Rejected** – Indicates if the measure was accepted or rejected.

This data is read only.

Summary of Core Meaningful Use Measures			
Object	Measure	Entered	Status
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% 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.	31%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% 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.	80%	Accepted
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.	41%	Accepted
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.	81%	Accepted
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.	80%	Accepted
Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	51%	Accepted
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children 2-20 years, including BMI. 	More than 50% of all unique patients seen by the EP during EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structure data.	Excluded 4 - 51%	Accepted
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	51%	Accepted
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	Accepted
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.	51%	Accepted
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.	51%	Accepted
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	Accepted

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10.83 Menu Meaningful Use Measure Summary – Post Attestation

The summary of measures for the Core MU Measures contains columns for the following information:

- **Object** – Gives the object of the measure.
- **Measure** – Gives the detail measure information.
- **Data Entered** – Displays the percentage calculation or exclusion.
- **Accepted/Rejected** – Indicates if the measure was accepted or rejected.

This data is read only.

Summary of Core Meaningful Use Measures			
Object	Measure	Entered	Status
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% 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.	31%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% 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.	80%	Accepted
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.	41%	Accepted
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.	81%	Accepted
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.	80%	Accepted
Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	51%	Accepted
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children 2-20 years, including BMI. 	More than 50% of all unique patients seen by the EP during EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structure data.	Excluded 4 - 51%	Accepted
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	51%	Accepted
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	Accepted
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.	51%	Accepted
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.	51%	Accepted
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	Accepted

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10.84 Clinical Quality Measures Summary – Post Attestation

The summary of measures for the Clinical Quality Measures contains columns for the following information:

- **Title** – Gives the title of the measure
- **Description** – Gives the detail measure information
- **Status** – Indicates if the measure was accepted or rejected

This data is read only.

Meaningful Use Clinical Quality Measures Summary (Year 2 Attestation)

[Home](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Alternate Clinical Quality Measures](#)
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[Pre-Attestation Measure Summary](#)
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[Send E-mail](#)

Summary Of Core Clinical Quality Measures

Title	Description	Status
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.	Accepted
Preventive Care and Screening Measure Pair	a.Tobacco Use Assessment Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.	Accepted
	b.Tobacco Cessation Intervention Description: 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.	
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.	Accepted

Summary of Alternative Core clinical Measures

Title	Description	Status
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.	Accepted
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 two separate combination rates.	Accepted
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).	Accepted

Summary of Additional Core Clinical Measures

Title	Description	Status
Ischemic Vascular Disease (IVD): Complete Lipid Panel 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.	Accepted
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%.	Accepted
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.	Accepted

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10.85 View All Payments Screen

The payments screen allows the user to view previous payments including the payment year, amount, date and type. To access the screen, click on the Payment link in the menu on the left side of the screen. This screen is a read only screen that displays any payments or adjustments made to the EP by payment year.

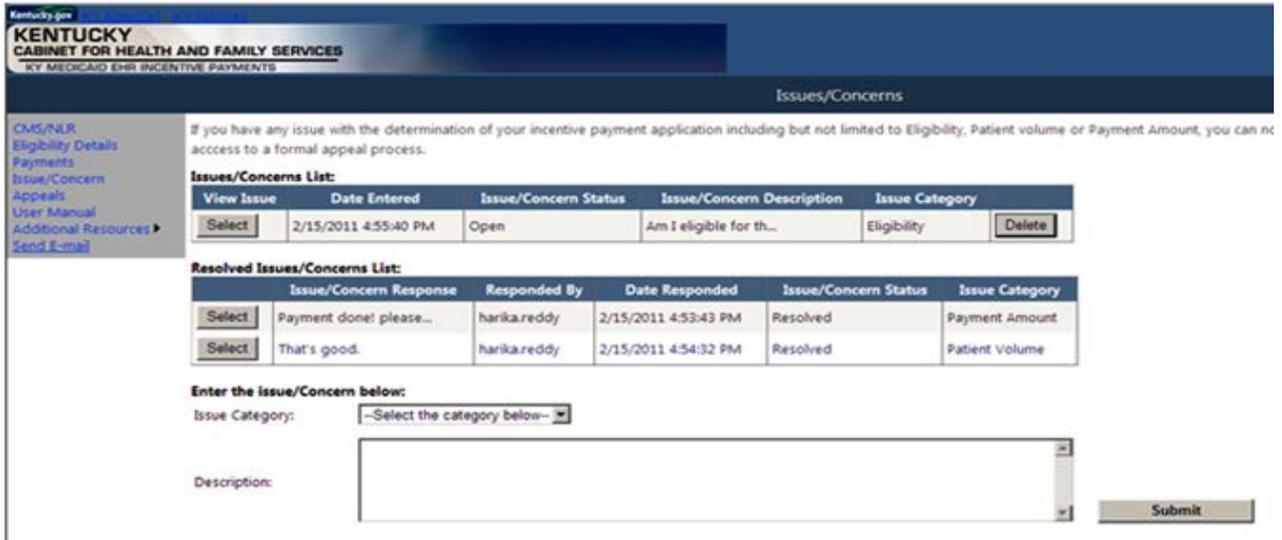
Payments (Year 2 Attestation)						
Home Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Core Measures Meaningful Use Menu Measures Clinical Quality Measures Alternate Clinical Quality Measures Additional Clinical Quality Measures Pre-Attestation Measure Summary View All Payment Years Issues/Concerns Appeals Additional Resources ▶ User Manual ▶ Send E-mail				Payments Details:		
NPI	Payment Year	Payment Amount	Payment Date			
1122112211	1	21,250.00	12/28/2012			

10.86 Issues / Concerns Screen

The EP may also view and submit issues or concerns by selecting the Issues/Concerns link in the menu on the left side of the screen. The screen:

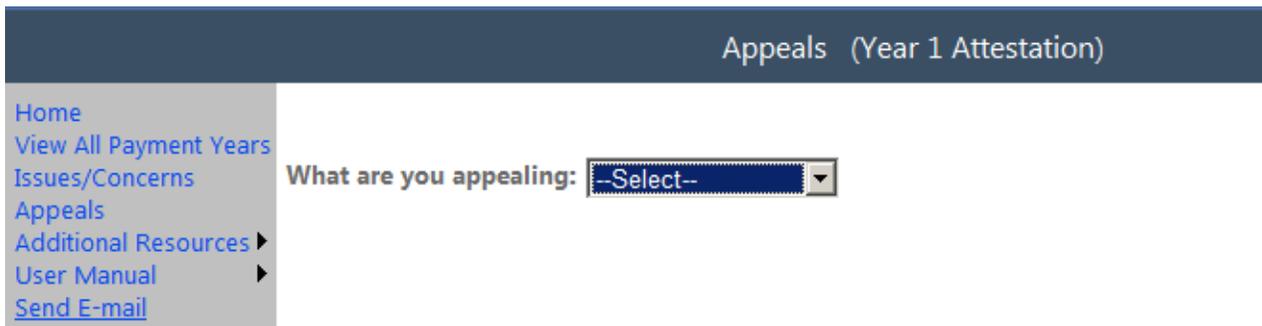
- 1) Displays previous issues and concerns.
- 2) Allows the user to view previous issues and concerns
- 3) Allows user to view responses to issues and concerns.
- 4) Allows user to submit additional issues or concerns.

To submit Issue/Concerns, select an issue category from the dropdown list and enter the details of their issue or concern. The issue or concern will be saved and submitted the EHR staff upon clicking the submit button.



11 AUDIT AND APPEALS

This section of the User manual includes information about features that are available to the provide from the Appeals link in the menu on the left side of the screen.



Upon selecting the “Appeals” Link from the menu on the left, the user will be given a dropdown menu to select from.

- Clicking on the Attestation Appeal option will direct the EP to a screen that will detail the process of submitting a formal letter of appeal.
- Clicking on the Audit Appeals Process will direct the EP to a screen that will show an audit grid displaying the status of any audits.

11.1 Attestation Appeals Screen

The Appeals screen informs the EP of how to initiate an appeal and provides contact information for the appeal.

Appeals (Year 2 Attestation)

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What are you appealing: Attestation Appeal

Attestation Appeal

You may appeal the determination made by the Kentucky Department for Medicaid services on your incentive payment application. Please send a Formal Letter of Appeal to the address below, within 30 days of the determination date of notification. This formal written notification must include a detailed explanation of why the EP or Hospital deems a wrong determination was made by the Kentucky Medicaid EHR Incentive Program. The EP or Hospital will need to submit any supporting documentation to their appeal with the Letter of Appeal.

Division of Program Integrity
 Department for Medicaid Services
 275 E. Main Street, 6E-A
 Frankfort, KY 40621

11.2 Appeals Screen – Provider Audit Appeal

If there are any audits, the user may view audit information by selecting the audit using the Select link in the row for the audit grid.

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What are you appealing: Audit Appeal

Provider Audit Appeal

Name	NPI	Payee NPI	CCN	Status	Start date	Program Year	Select
TEST TEST	1122112211	1122112211		Audit Completed	4/10/2013	2012	Select

11.3 Audit Appeal Details Screen Appeal Setup Tab

If the EP would like to appeal the audit, the select Audit Appeal option from the dropdown. Select the audit to be appealed using the select button.

After the provider selects the audit, screen is displayed providing a summary of the audit including case number, name, and other identifying information. The screen also displays information about the audit including status, view appeals, review findings, any appeals document that have been uploaded and view the outcome of an appeal.

(Year 2 Attestation)

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Send E-mail

Summary

Audit Case Number:	6868686868	Audit Status:	Audit Completed
Name:	TEST TEST	NPI:	1122112211
Payee NPI:	1122112211	Address:	123 test court, st 816, Test, KY, 40601
Audit Program Year:	2012	Audit Payment Year:	1
Appeal Status:	Received filed appeal		

Appeal Setup | Findings | Appeal Document Upload | Appeal Outcome

Appeal Setup

Appeal File Date:

Appeal Reason:

Appeal Type:

Appeal Notes:
Not true
test

Navigation:

Logout Button – Returns the EP to the login page

Previous – Takes the EP to the Appeals Screen

Save – Saves the data and displays the information on the screen above the text box.

Save and Next - Save the data and displays the information on the screen above the text box and displays the Findings tab.

To create an appeal, the user will:

- 1) Select the date appeal is to be filed
- 2) Select the type of Appeal from the drop down list.
- 3) Select the type of appeal from the dropdown list.
- 4) Enter any notes related to the appeal as text in the text box. (Maximum of 8,000 characters).

Appeal Setup

Appeal File Date: 4/10/2013

Appeal Reason: Other

Appeal Type: Adopt Implement and Upgrade

Appeal Notes: Not true test

Previous Save Save & Next

After the user completes the appeal set-up, the user may save the appeals using the Save or Save & Next buttons.

11.4 Audit Appeal Details Screen Findings Tab

The findings tab provides information about any finding related to the appeal. If there are finding, information will be displayed in the appeals finding grid including start date, end date, notes, and provider comments if any. If the audits indicated that provider action was required, then the box in the grid will have a check.

The provider may submit comments related to an appeal finding. First select the finding if more than one by clicking on the select button for the desired finding.

Appeal Findings

	Start Date	End Date	Notes	Provider Comments	Provider Action Required
Select	4/10/2013	4/10/2013	Need more information...		<input checked="" type="checkbox"/>

Findings Notes:

Provider Comments:

Previous Save Save & Next

Enter comments in the text box labeled Provider Comments. After completing the comment click save or save and next. If the user clicks save, the comment will be displayed in the Provider comment grid.

Navigation:

Logout Button – Returns the EP to the login page

Previous – Takes the EP to the Appeals Screen

Save – Saves the data and displays the information on the screen above the text box.

Save and Next - Saves the data and displays the information on the screen above the text box and displays the Appeal Document Upload tab.

11.4.1 Audit Appeal Details Screen Appeal Document Upload

This screen is where the EP will upload any documentation related to their audit appeal.

- User will select the “Browse” and then select the document for upload
- From the dropdown menu the user will select the document type
- Upon selection of the Upload button your Appeal information will be submitted and the document information will display in the Document Upload grid.

Note: Documents for upload are limited to PDF format and files size not to exceed 100 MB.

Document Upload

View	Document Name	Document Type	Date Uploaded	
View	EP Documentation.docx	EHR certification documents	4/24/2013 12:48:17 PM	Delete

Upload Document: [Browse...](#)

Document Type:

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

Navigation:

Logout Button – Returns the EP to the login page

Previous – Take the EP to the Appeals Screen

Upload – Saves the document and displays the information on the document upload grid.

Next – Displays the Appeal Outcome tab.

11.4.2 Audit Appeal Details Screen Appeal Outcome Tab

This tab will show the outcome of your appeal and include information or comments relating to your audit.

Appeal Setup	Findings	Appeal Document Upload	Appeal Outcome
Appeal Outcome:		Still not meeting volume	
Previous			