



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Eligible Professionals User Guide for the Georgia Medicaid EHR Incentive Program

**Version 1.11
January 15, 2016**

Document Control

Modification Log

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1.1	04/06/2012	Global, Made minor editing and formatting changes. Step 1 - Getting Started, Dashboard image and information added. Adoption Phase - Section added. Meaningful Use – Section added.
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1.4	6/1/2013	DCH logo updated. Introduction updated to include stage 2 information. Introduction updated to include changes to your registration information. Step 4 – Patient Volume 90-Day Period graphs and descriptions updated. Group/Clinic, FQHC and FQHC Group graphs updated. Meaningful Use Core Measure 1, 4 and 8 updated. Meaningful Use Core Measure 10 and 14 deleted.
1.5	9/21/2013	FQHC/RHC Individual and Group graphs updated. Meaningful Use splash pages updated. Attachment graphs and instructions updated. Post submission graphs and instructions updated for new "Document Upload" tab.
1.6	1/3/2014	Introduction and Getting Started updated to include stage 2 information.
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Version #	Date	Change/Update Details
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1.11	1/15/2016	Updates to GAMMIS graphics to reflect the updated HPE logo. Getting Started - Added information on the "Review Adjustment" process. Getting Started - Added a note regarding the retired 2011 CEHRT IDs. Getting Started - Added a note regarding the multi-year limitation. Submit Application - Updated the graphic to display the new note for non-pediatrics. Post Submission Activities - Replaced the Submission Outcome graphic. Review an Adjustment - Section Added.

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Introduction

Georgia recognizes the value of having real-time medical information when providers care for their patients. The use of health information technology (HIT) including electronic health records (EHRs) to make this information available at the point-of-care has the potential to improve patient outcomes and the efficiency of the healthcare system as a whole.

The American Recovery and Reinvestment Act of 2009 (ARRA) established a program to provide incentive payments to eligible providers who adopt, implement, upgrade, or meaningfully use federally-certified EHR systems. Under ARRA, states are responsible for aiding professionals and hospitals that are eligible for Medicaid EHR incentive payments, making payments, and monitoring payments. The Georgia Department of Community Health's (DCH) Division of Health Information Technology (DHIT) oversees the Medicaid EHR Incentive Program in Georgia. The incentive payments are not a reimbursement, but are intended to encourage adoption and meaningful use of certified EHR technology.

The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing the provisions of the Medicare and Medicaid EHR Incentive Programs. CMS issued the Final Rule on the Medicaid EHR Incentive Program on July 28, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>.

For information about the CMS Medicare and Medicaid EHR Incentive Programs, visit <https://www.cms.gov/EHRIncentivePrograms/>.

For more information on CMS EHR requirements, go to CMS FAQs at: https://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage

How to apply for the Georgia Medicaid EHR Incentive Program

The Georgia Medicaid EHR Incentive Program uses a web-based application named the Medical Assistance Provider Incentive Repository (MAPIR). MAPIR allows Eligible Professionals to complete registration and attestation for Medicaid EHR incentive payments. **This User Guide provides step-by-step instructions on how to access MAPIR and successfully submit an incentive payment application.**

The best way for a new user to become familiar with the Medicaid EHR Incentive Program requirements and processes is to read through each section of this User Guide in its entirety, prior to starting the application process.

In the event this User Guide does not answer your questions or you are unable to navigate MAPIR to complete the registration and application process, you should contact the MAPIR team by email at: hp.mapir.outreach@hp.com or utilize "Contact US" at www.mmis.georgia.gov. You may also access our website at <http://dch.georgia.gov/ehr> to review FAQs, webinars and other information about the Medicaid EHR incentive program.

Note: The Meaningful Use Stage 2 Final Rule introduced specific changes for Stage 1 and Stage 2 functionality that take effect in Program Year 2014. MAPIR Version 5.3 was enhanced to comply with the Stage 2 Final Rule. Any Program Year 2014 applications that are started prior to the implementation of MAPIR Version 5.3 will follow the processing logic that was in effect for the version of MAPIR that Georgia was using prior to implementing MAPIR Version 5.3.

The Medicaid EHR Incentive Program Application Process

The following steps describe the Medicaid EHR Incentive Program application process:

1. **Determine if you qualify for an incentive payment.** To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must be:
 - A physician
 - A dentist
 - A nurse practitioner
 - A certified nurse-midwife
 - A Physician Assistant who is practicing at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is so lead by a Physician Assistant.

2. **Eligible Professionals must meet one of the following Patient Volume thresholds:**

- Have a minimum 30% Medicaid patient volume except for pediatricians who may qualify for incentives payments with a minimum 20% Medicaid patient volume.

Pediatricians will be considered eligible with a Medicaid (Title XIX) patient volume of 20% but receive 2/3 of the incentive amounts specified unless their Medicaid patient volume is 30% or higher. To qualify as a pediatrician, a provider must be classified in Georgia's Medicaid Management Information System (MMIS) as a pediatrician or a pediatric specialist (with NPI taxonomy codes within the 208000000X region).

- Eligible Professionals practicing predominantly in a Federally Qualified Health Center or Rural Health Center must have a minimum 30% patient volume attributable to Needy Individuals

Additional information on **Patient Volume** is found in **Step 4 – Patient Volumes**.

3. **Register with CMS.** As an applicant, you **must** first register with the Centers for Medicare & Medicaid Services (CMS) at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website (<https://ehrincentives.cms.gov/hitech/login.action>). You will need to provide information such as:

- Payee's NPI and Tax Identification Number (TIN)
- Incentive Program option of Medicare or Georgia Medicaid (referred to as Medicaid in the R&A) – **Note:** If Medicaid, choose Georgia as the state for which you are applying.
- EHR Certification ID number
- Email contact information

Once successfully registered with the R&A, you will receive an email with the R&A ID number and instructions to register at the state level. The state level application process uses a web-based application known as MAPIR. MAPIR is accessed through the Georgia Web Portal and will track and act as a repository for information related to applications, attestations, payments, appeals, oversight functions, and interface with R&A. Please allow at least two business days from the time you submit your R&A application before accessing MAPIR due to the necessary exchange of data between these two systems.

IMPORTANT: You will not be able to start the state level application process using MAPIR unless you have successfully completed registration at the CMS R&A website.

4. **Choose an Applicant.** Identify one individual to complete the MAPIR application.
5. **Access the Georgia Web Portal.** You will use your Georgia Web Portal User ID and password to log into the Georgia Web Portal. (This is the same portal you use to access your secure Georgia Medicaid account.)

6. **Access the MAPIR application.** Once logged in, a link to the MAPIR application for Eligible Professionals will be displayed in the Georgia Web Portal. By clicking on the link, the MAPIR application will search for a registration record received from the R&A. If there is a provider record match, DCH will send an e-mail notifying you that your initial information has been successfully submitted and you may continue state level registration in MAPIR. If MAPIR cannot match your R&A submission to an active Georgia Medicaid provider file, you will be contacted to correct your information at either the R&A or state level or both. If you do not receive any notifications, please contact DCH for assistance by email at hp.mapir.outreach@hp.com or utilize "Contact Us" at www.mmis.georgia.gov.

Note: Once you have started the MAPIR application process with your Internet/portal account, **you cannot switch to another account during that program year.** MAPIR will allow you to save the information entered and return later to complete an application; however, only the same individual's Internet/portal account will be permitted access to the application after it has been started.

7. **Verify your information.** You must verify the information displayed in MAPIR and attest as to the accuracy of the data entered in MAPIR. As an applicant for an Eligible Professional, you must demonstrate that you can:
- Meet patient encounter volume thresholds
 - Show evidence of adopting, implementing, upgrading or meaningfully using federally-certified EHR technology
 - Meet all other federal program requirements
8. **Calculating patient volume.** You must complete the Eligible Professional Patient Volume Calculator **prior** to entering MAPIR to estimate eligibility based on patient volumes for a continuous 90-day period in the previous calendar year or the 12 months preceding the attestation date. In the patient volume calculations, Children's Health Insurance Program (CHIP) encounters must be excluded from the Medicaid patient volume. Eligible Professionals who are unable to differentiate Medicaid and CHIP patients should utilize a CHIP discount factor by selecting the Georgia county-specific discount factor found in the Eligible Professional Patient Volume Calculator.
9. **Application approvals.** DCH will use its own information (such as Medicaid claims data) and information in MAPIR to review applications and make approval decisions. DCH will inform all applicants whether they have been approved or denied for an incentive payment. All approvals and denials are based on federal rules about the Medicaid EHR Incentive Program.
10. **Incentive Payment issuance.** Incentive payments will be issued via electronic funds transfer using the standard MMIS claims payment system and providers will see their payments on their remittance advices and their annual 1099s.
11. **Applicant contact information.** It is possible that DCH will need to contact you during the application process before a decision can be made to approve or deny an application. You are strongly encouraged to contact DCH if you have questions about the process.
12. **Appeals.** You have appeal rights if you are denied a Medicaid EHR incentive payment. DCH will convey information on the appeals process to all applicants denied. Submitting a Request for Initial Administrative Review is the first step in the appeals process. DCH's Division of Health Information Technology will conduct this review and issue a written decision. Appeals will be processed by the DCH Office of Legal Services.

Tips for a Successful Application

- **Provide a valid email address during the R&A process.** Without a valid email address, your application may be significantly delayed.
- **Obtain a CMS EHR Certification ID number.** You can obtain a CMS EHR Certification ID from the ONC Certified Health IT Product List (CHPL) Website (<http://onc-chpl.force.com/ehrcert>).

- **Be ready to use the Georgia Web Portal.** In order to apply for the Medicaid EHR Incentive Program, you must have a valid login ID and password for the Georgia Web Portal. If you do not already have a Georgia Web Portal login, please visit www.mmis.georgia.gov to obtain one.
- **Provide the correct NPI and TIN to CMS.** The NPI and TIN information must match within the Georgia Web Portal system. This combination should be the same NPI/TIN combination that you use for Medicaid claim payment purposes.
- **Complete the Eligible Professional Patient Volume Calculator prior to registering in MAPIR.** The completed calculator must be uploaded during the attestation phase of the MAPIR registration process.
- **Determine the timeframe.** Select continuous 90-day reporting period to be used for calculating patient encounter volumes.
- **Have your documentation readily available.** You **must** provide evidence of adoption, implementation, or upgrade (AIU) of certified EHR technology.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report your registration as “Registration In Progress”. This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

The screenshot shows a web interface for MAPIR. At the top left, there is a tab labeled 'MAPIR'. Below it, the registration details are displayed:

Name:	Medicaid Hospital
Applicant NPI:	1234567890
Status:	Registration In Progress

Below the status, there is a red horizontal line followed by the word **IMPORTANT:** in red. The text below reads:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose “Submit Registration” at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

Should the R&A report your registration as “Registration In Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Navigating MAPIR

Step 1 – Getting Started

Eligible Professionals access MAPIR through the Georgia Web Portal at www.mmis.georgia.gov.


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GAMMIS
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM


**Hewlett Packard
Enterprise**

[Search](#)

[Refresh session] You have approximately 19 minutes until your session will expire.
 Wednesday, January 06, 2016

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User Information
?

[Login/Manage Account](#)
[Login](#)

Members

- [Register for Secure Access](#)
- [Member Information](#)

Providers

- [PIN Activation](#)
- [Provider Information](#)



Electronic Submissions

Upcoming Events

ICD-10 Implementation Announcement - Hewlett Packard Enterprise will begin accepting ICD-10 diagnoses and surgical procedures on October 1, 2015. Per the federal mandate, claims submitted for services rendered on or after October 1, 2015 must include ICD-10 codes. Claims submitted for services rendered before October 1, 2015 must continue to include ICD-9 codes. Refer to the UB 04 billing manual for ICD-10 rules specific to this claim type. ICD-10 has no direct impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). Please continue to review the announcements provided on the Provider Notices page that is found under the Provider Information menu for details regarding the migration to ICD-10 as well as any future notifications from CMS if the October 1, 2015 date is changed in the future.

GAMMIS Web Portal Overview

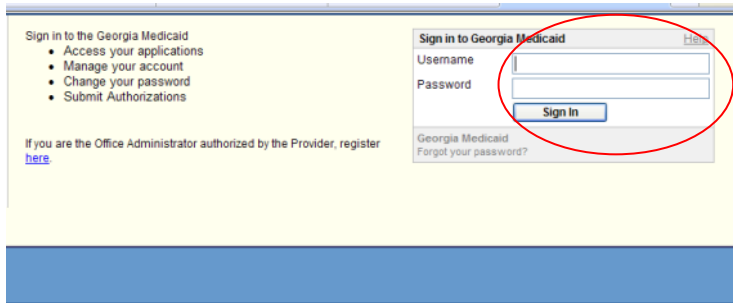
The Georgia Medicaid Management Information System (GAMMIS) serves as the primary web portal for Medicaid, PeachCare for Kids® and all related waiver programs administered by the Department of Community Health's Medical Assistance Plans Division. The GAMMIS portal provides timely communications, data exchange and self-service tools for members and providers with both secure and public access areas.

Members of the public can obtain general information, find a provider and learn more about various Medical Assistance Plans.

Medical Assistance Plan Members can use their ID number and password to enter a secure area to check the status of their enrollment or a request for prior approval.

Medical Assistance Plan Providers can access a wealth of information including notices, manuals, fee schedules, forms, training and more. Providers can also enroll to become a participating provider using the Enrollment Wizard, which includes the ability to track the application status. Once enrolled in Georgia's Medical Assistance Plans, providers can use their Provider ID number and Personal Identification Number (PIN) to enter a secure area of

Log in to the Georgia Web Portal.



Sign in to the Georgia Medicaid

- Access your applications
- Manage your account
- Change your password
- Submit Authorizations

If you are the Office Administrator authorized by the Provider, register [here](#)

Sign in to Georgia Medicaid

Username

Password

[Sign In](#)

Georgia Medicaid
Forgot your password?

Click the Web Portal hyperlink to access the secure Web Portal. Locate the **MAPIR Registration** page from the **Providers** menu.

Georgia Medicaid Home	
Jane Doe, Welcome to Georgia Medicaid	
Applications	
Application	Description
MEURS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal

Click the link to access the **MAPIR** application.



Welcome, Search

[Refresh session] You have approximately 5 minutes until your session will expire. Wednesday, January 06, 2016

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | **Providers** | Training | Eligibility | Reports | Trade Files

Home Secure Home Demographic Maintenance Direct Exchange Addresses Provider Rates Bed Registry Procedure Search EOB Search

MAPIR Registration Provider Revalidation Patient Profile

User Information - Provider ?

Medical Assistance Provider Incentive Repository (MAPIR) Information

To access the Medical Assistance Provider Incentive Repository (MAPIR) application, select the "Click here to Access MAPIR" link provided in the panel below. For more information related to the MAPIR program and its application, select the appropriate manual from the list of MAPIR manuals provided below to download and view appropriately.

Access MAPIR ?

Access MAPIR [Click here to access MAPIR](#)

PDF Reader Required

NOTE: If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here to obtain the latest version of the free Adobe Reader.](#)

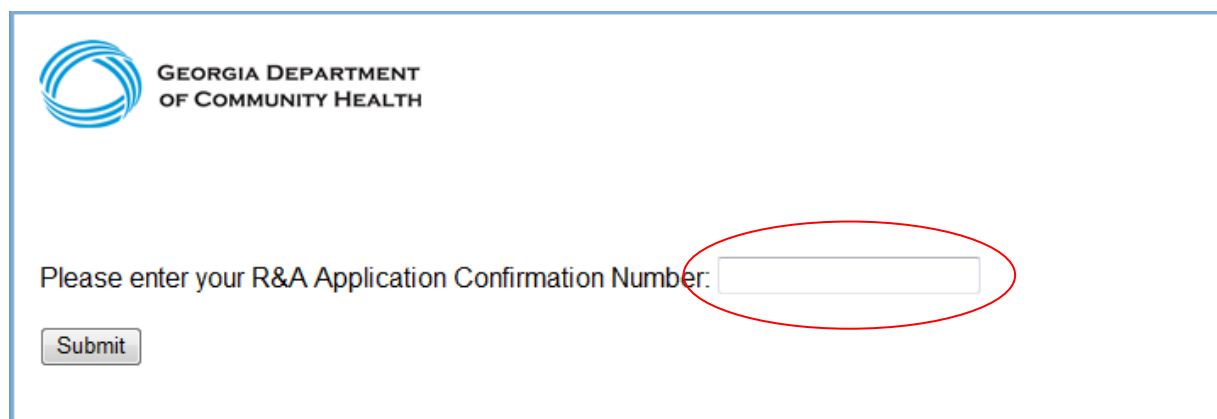
File Download Issues


Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here for help with download issues.](#)

MAPIR Resources (2 rows returned)

Title	File Type	Size (KB)	Release Date
Web Portal - Eligible Hospitals User Guide for EHR Incentive Program	PDF	6312.50	12/04/2014
Web Portal - Eligible Professionals User Guide for EHR Incentives Program	PDF	7420.70	12/04/2014

Enter your R&A Application Confirmation Number that you received from CMS and click **Submit**. You will then be directed to MAPIR online application.




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Please enter your R&A Application Confirmation Number:

The remainder of the Eligible Professional User Guide consists of instructions on how to complete each screen component within seven electronic MAPIR application tabs that comprise the registration document:

- ☐ Get Started
- ☐ R&A and Contact Info
- ☐ Eligibility
- ☐ Patient Volume
- ☐ Attestation
- ☐ Review
- ☐ Submit

As you move through the various screens, MAPIR will display key information about completing each tab including information pages which display information needed to complete the fields in the tab and guidance on what to include in your response. Click on the question mark  icon for information to help complete the MAPIR application.

The screen on the following page is the Medicaid EHR Incentive Program Participation Dashboard. This is the first screen you will access to begin the MAPIR application process.

This screen displays your incentive applications. Incentive applications are listed for all 6 years. Only the incentive applications that you are eligible to apply for are enabled.

The **Stage** is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

You must attest to two years of Stage 1 Meaningful Use before proceeding to Stage 2 Meaningful Use, and three years of Stage 1 if you have attested to Meaningful Use in Program Year 2011. You must then proceed to attest to two years of Stage 2 Meaningful Use.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it is not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system the status should be **Not Started**. From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status.

Also from this screen, you can choose to abort an incentive application that is in an Incomplete status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has been completed the payment process, the status will change to **Completed**.

Select an application and click **Continue**.

If you are in Program Year 2014 and have selected an **Incomplete** State-to-State Switch or Program Switch incentive application on the Medicaid EHR Incentive Program Participation Dashboard, you may need to enter a delay reason. Proceed to page 189 of this guide.

If you have a State-to-State Switch or Program Switch incentive application that does not require a delay reason (delay reasons only apply for Program Year 2014 incentive applications), proceed to page 19.

Medicaid EHR Incentive Program Participation Dashboard

NPI

TIN

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input checked="" type="radio"/>		Not Started	1	2014	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Unknown	Unknown	2	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	Unknown	3	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	Unknown	4	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	Unknown	5	Unknown	Unknown	None at this time
<input type="radio"/>	Unknown	Unknown	6	Unknown	Unknown	None at this time

 Continue

Note: A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen as seen in the example image above.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to **Expired** and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with the state Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the Georgia Department of Community Health. A status of *Not Started* indicates that the R&A and Georgia MMIS information have been matched and you can begin the application process.

The **Status** will vary, depending on your progress with the application. The first time you access the system the status should be **Not Started**.

You cannot begin an incentive application while a multi-year adjustment is pending. If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment. The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

*A financial adjustment is in process for one or more program year applications and may require your approval.
Please select **Review Adjustment** for further information.*

For more information on reviewing an adjustment, proceed to page 185 of this guide.

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

The system will perform an online validation of the CMS EHR Certification ID you entered.

Note: As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs. This means that if you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL). If all the following apply to you, MAPIR will bypass the online validation of the CMS EHR Certification ID, allowing you to use your 2011 Edition CEHRT ID:

- Your Incentive application was started in MAPIR Release 5.5 or higher
- Your incentive application has a Program Year 2011 through 2014
- Your CEHRT ID entered is a 2011 Edition

After Program Year 2014, MAPIR will no longer bypass the online validation described above.

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (<http://onc-chpl.force.com/ehrcert>)

Payment Year	1	Program Year	2014
--------------	---	--------------	------

MAPIR

Name: Dr. Medicaid Provider

Applicant NPI: 9999999999

Status: **Not Started**

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

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

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

(*) Red asterisk indicates a required field.

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

A014E01EPAKJEA3

(No dashes or spaces should be entered.)

ExitResetNext

This screen confirms you successfully entered your **CMS EHR Certification ID**.

Click **Next** to continue, or click **Previous** to go back.

If you are in Program Year 2014, turn to page 187 of this guide.

Payment Year	1	Program Year	2014
MAPER			
Name:	Dr. Medicaid Provider		
Applicant NPI:	9999999999		
Status:	Not Started		
<hr/>			
We have confirmed that you have entered a valid CMS EHR Certification ID. Click here for additional information regarding the Certified Health IT Product List (CHPL).			
<div>When ready click the Next button to continue, or click Previous to go back.</div>			
<hr/>			
CMS EHR Certification ID:	A014E01EPAKJEA3		
<hr/>			
<div>PreviousNext</div>			

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.

Payment Year 1 Program Year 2014

MAPIR

Name:

Applicant NPI:

Status: **Not Started**

IMPORTANT:

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

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

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

Exit **Get Started**

If you selected an incentive application that you are not associated with, you will receive a message indicating that a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact the Georgia Department of Community Health for assistance.

If the confirmation screen appears, you can either:

- Select **Cancel** and return to the **Get Started** screen; OR
- Select **Confirm**, to associate the current Internet/portal account with this incentive application and you will be prompted to initiate the application from the beginning.

MAPIR

Confirmation

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

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

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

Cancel **Confirm**

If you have a State-to-State Switch or Program Switch incentive application, you will not be able to proceed beyond this point. MAPIR is unable to assign a Stage to your incentive application. Contact your Administrator for assistance.

If you are starting an incentive application after the implementation of MAPIR Release 5.6 and you have prior incentive applications that were part of a multi-year adjustment, you will not be allowed to proceed beyond this point. Contact your Administrator for assistance.

The **Get Started** screen contains information that includes your **Name**, **Applicant NPI**, and **TIN**. Also included is the current status of your application.

Click **Continue** to proceed to the **R&A/Contact Info** section.

Please note: The header, which displays your provider, payee, payment and program year information, will remain the same as you navigate throughout the MAPIR application.

Name	John Doe	Applicant NPI	██████████
Personal TIN/SSN	██████████	Payee TIN	██████████
Payment Year	1	Program Year	2011

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

Name:
John Doe

Applicant NPI: ██████████

Status: Incomplete

[Continue](#)

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

Click on the continue button to resume the Georgia Registration Process

Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
- 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
- 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
- 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology

For additional help, visit these websites or **contact us**.
[CMS EHR website](#)
[Georgia Medicaid EHR Incentives Program website](#)

Step 2 – Confirm R&A and Contact Info

You will need to verify the accuracy of the information transferred from the R&A to MAPIR. If there are any errors in the information, you must return to the R&A to make these changes in order to be able to proceed with your MAPIR application.

Changes made in the R&A are not immediate and will not be displayed in MAPIR for at least two business days. You cannot continue with the MAPIR application process until the updated information is made available in MAPIR .


The following link directs you to the R&A to make updates or correct any errors:

<https://ehrincentives.cms.gov/hitech/login.action>.

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

Click **Begin** to access the **R&A/Contact Info** screen to confirm information and to enter your contact information.

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



Registration and Attestation and Contact Information

Within 48 hours of your successful registration in the CMS EHR Registration and Attestation (R&A) System, CMS electronically notifies Georgia that you intend to register for the Georgia Medicaid EHR Incentives Program.

IMPORTANT: You must verify the accuracy of information displayed within this section. If you find any errors or discrepancies, you must return to the CMS EHR R&A System to make changes to information before you can continue with the Georgia registration process.

Any changes you make to your information in the CMS system will be updated in the Georgia MAPIR application within 24-48 hours.

Only the assigned user can make changes to the data

[Begin](#)

Check your information carefully to ensure that it is accurate.

Compare the R&A Registration ID you received when you registered with the National Level Registry (NLR) with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

Click **Save & Continue** to review your selection, **Previous** to go back, or **Reset** to clear all unsaved data.

Any discrepancies must be changed directly in the R&A before you can proceed with your MAPIR application.

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

R&A Verification

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

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

Name	Dr. Medicaid Provider	Applicant NPI	999999999
Personal TIN/SSN	999999999	Payee TIN	
Payee NPI			
Business Address	123 Main Street Hometown, PA 12345-1234		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	PA
Eligible Professional Type	Physician		
R&A Registration ID	9999999999		
R&A Registration Email Address	professional@provider.com		
CMS EHR Certification Number	99999999999999		

(*) Red asterisk indicates a required field.

* Is this information accurate? ☒ Yes ☐ No

Previous

Reset

Save & Continue

Enter the required contact information.

Enter a **Contact Email Address** twice for verification. **All email communications will be sent to this email address and also for the email address you entered in the R&A.**

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Note: For incentive applications that were created prior to the implementation of MAPIR Release 5.4 and progressed passed this page, the fields on this screen will be limited to Contact Name, Contact Phone, Contact Phone Extension, and Contact Email Address.

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Contact Information

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

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

(*) Red asterisk indicates a required field.

Primary Contact

* First Name

Dr. Medicaid Provider

* Phone

999 - 999 - 9999

* Email Address

Provider@email.com

* Department

Healthcare

* Address Line 1

1234 waters edge dr

Address Line 2

* City

raleigh

* State

Nebraska

* Zip Code

27607

* Last Name

Provider

Phone Extension

* Verify Email

Provider@email.com

Alternate Contact

First Name

Phone

Email Address

Last Name

Phone Extension

Verify Email

Previous

Reset

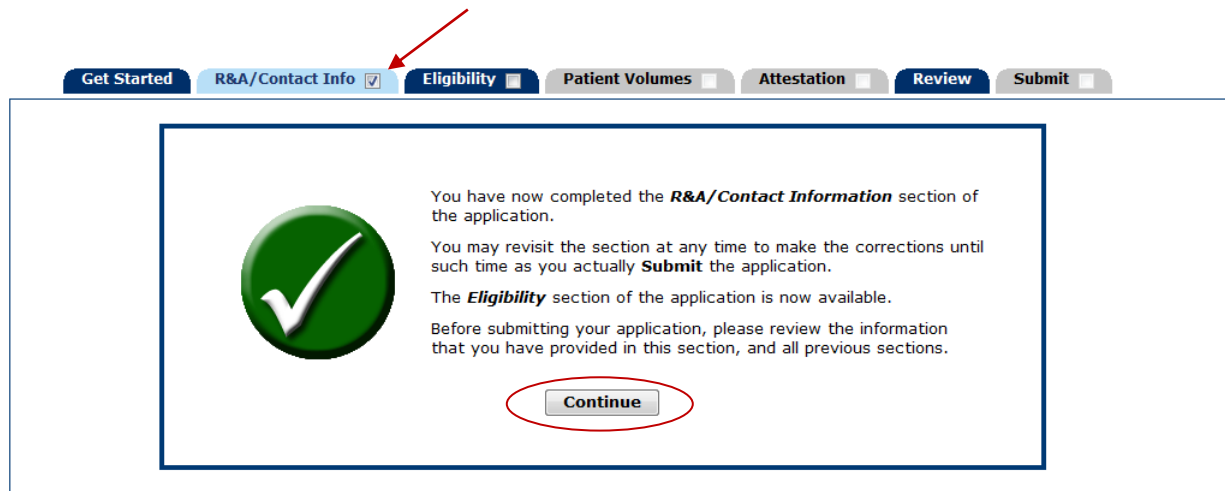
Save & Continue

22

This page confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Continue to proceed to the **Eligibility** section.



The screenshot shows a progress bar at the top with seven tabs: "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The "R&A/Contact Info" tab is highlighted in blue and contains a checked checkbox. A red arrow points to this checkbox. Below the progress bar is a large white box with a blue border. Inside this box, on the left, is a green circular icon with a white checkmark. To the right of the icon, the text reads: "You have now completed the **R&A/Contact Information** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Eligibility** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections." At the bottom center of this box is a button labeled "Continue", which is circled in red.

Step 3 – Eligibility

The Eligibility section will ask questions to allow the Georgia Medicaid EHR Incentive Program to make a determination regarding your eligibility for a Medicaid EHR incentive payment. You will also enter your required CMS EHR Certification ID number for your certified EHR technology.

Click **Begin** to proceed to the **Professional Eligibility Questions (Part 1 of 2)**.

Get Started

R&A/Contact Info ☒


Eligibility ☐

Patient Volumes ☐

Attestation ☐

Review

Submit ☐



Eligibility

To qualify for Medicaid incentives payments, you must be able to meet specific eligibility requirements. Click the Continue button to begin the eligibility process.

For more information about eligibility, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

Begin

The questions on this screen are required fields that must be answered.

Answer **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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

Professional Eligibility Questions 1 (Part 1 of 2)

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

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

(*) Red asterisk indicates a required field.

* Are you a Hospital based eligible professional? ☐ Yes ☒ No

* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Georgia? ☒ Yes ☐ No

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

The questions on this screen are required fields that must be answered.

Select your provider type from the list and answer the questions.

Click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review


Submit ☐

Professional Eligibility Questions 2 (Part 2 of 2)


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

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

(*) Red asterisk indicates a required field.

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

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

* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? ☐ Yes ☒ No 

Previous

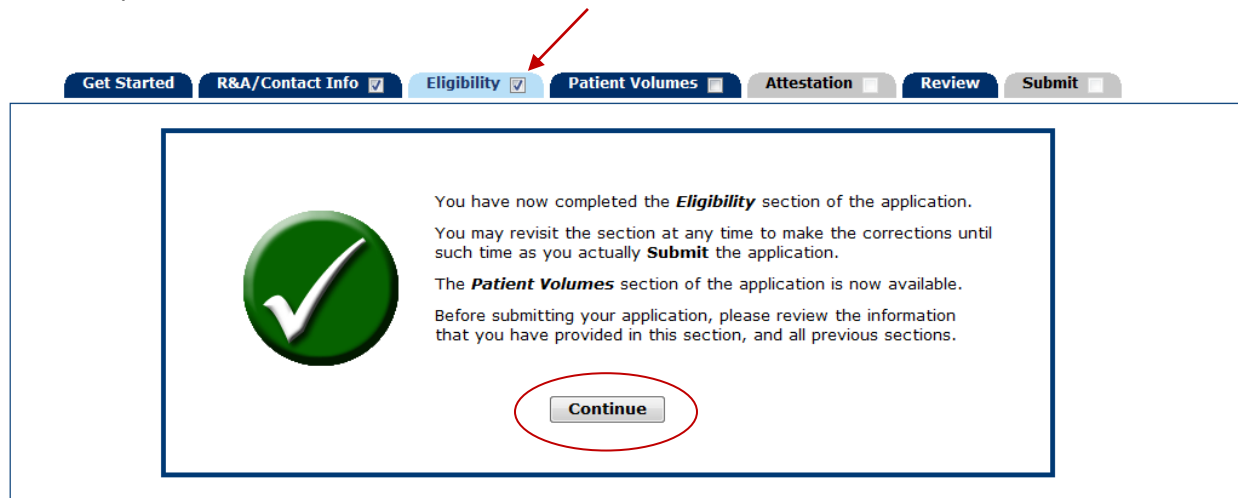
Reset

Save & Continue

This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.



The screenshot shows a web application interface with a horizontal navigation bar at the top. The tabs are: 'Get Started', 'R&A/Contact Info' (with a checkmark), 'Eligibility' (with a checkmark and a red arrow pointing to it), 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. Below the navigation bar is a large white box with a blue border. Inside this box, on the left, is a green circular icon with a white checkmark. To the right of the icon, the text reads: 'You have now completed the **Eligibility** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Patient Volumes** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.' At the bottom center of this box is a button labeled 'Continue', which is circled in red.

Step 4 - Patient Volumes

The **Patient Volumes** section gathers information about your practice type, practice location(s), and the attestation period you intend to use for meeting the patient volume requirements.

Additionally, you will be asked about how you utilize your certified EHR technology at each practice location.

IMPORTANT

This change affecting the **Medicaid patient volume calculation** is applicable to all eligible providers, regardless of the stage of the Medicaid EHR Incentive Program they are participating in. Billable services provided by an eligible provider to a patient enrolled in Medicaid would count toward meeting the minimum Medicaid patient volume thresholds. Examples of Medicaid encounters under this expanded definition that could be newly eligible might include: behavioral health services, HIV/AIDS treatment, or other services that might not be billed to Medicaid/managed care for privacy reasons, but where the provider has a mechanism to verify eligibility. Also, services to a Medicaid-enrolled patient that might not have been reimbursed by Medicaid (or a Medicaid managed care organization) may now be included in the Medicaid patient volume calculation (e.g., oral health services, immunization, vaccination and women's health services, telemedicine/telehealth, etc.).

In some instances, it may now be appropriate to include services denied by Medicaid in calculating patient volume. If Medicaid denied the service for timely filing or because another payer's payment exceeded the potential Medicaid payment, it would be appropriate to include that encounter in the calculation. If Medicaid denied payment for the service because the beneficiary has exceeded service limits established by the Medicaid program, it would be appropriate to include that encounter in the calculation.

If Medicaid denied the service because the patient was **ineligible** for Medicaid at the time of service, it would not be appropriate to include that encounter in the calculation.

An encounter "for the purpose of calculating an **Eligible Professional's Needy Individual Patient Volume** is defined as services rendered on any one day to needy individuals defined as those receiving medical assistance from Medicaid (Title XIX) or CHIP (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Encounter volumes include patients enrolled in Georgia's Medicaid managed care plans.

Except for Eligible Professionals practicing predominantly in a FQHC or RHC, CHIP patient volume must be excluded from your Medicaid patient volume calculations. If your practice does not differentiate CHIP patients from Medicaid patients, you may obtain a CHIP patient factor from Georgia's Medicaid EHR Incentives Program patient volume calculator. The CHIP discount factor will adjust your total Medicaid patient volume to reflect CHIP patients. The adjusted Medicaid patient volume data should be used when you register in Georgia's Medicaid Incentive Program.

Eligible Professionals may attest to patient volume under the individual calculation or the *group/clinic proxy* in any participation year. DCH defines a group/clinic as all providers (both eligible and non-eligible) and all locations associated with a single Tax Identification Number (TIN). Incentive payments are for individual providers based on the provider's NPI. However, Eligible Professionals practicing in clinics and group practices (including FQHCs and RHCs) are allowed to use the group practice or clinic Medicaid patient volume (or Needy Individual patient volume, insofar as it applies) and apply the practice or clinic volume calculation to all Eligible Professionals in the practice under the following conditions:

The clinic or *group practice's* patient volume is appropriate as a patient volume methodology calculation for Eligible Professional For example, if an Eligible Professional only sees Medicare, commercial, or private pay patients, this is not an appropriate calculation.

There is an auditable data source to support the clinic's patient volume determination.

All Eligible Professionals in the clinic or group practice must use the same methodology for the payment year. In other words, clinics or group practices could not have some Eligible Professionals using individual patient volume for patients seen at the clinic or group practice, while others use the clinic- or group practice-level data.

1) When electing to use group practice patient volume, the entire practice's patient volume must be included and not limited in any way. This includes the services rendered for all providers within the group practice, regardless of provider type or eligibility status.

2) If the Eligible Professional works in a clinic or group practice, as well as outside the clinic or group practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the Eligible Professional's outside encounters.

For more information and examples on how the group practice proxy is calculated, please refer to <http://questions.cms.hhs.gov/app/answers/list/p/21,26,1139,1153>.

For **obstetricians**, patient volume should include each individual patient encounter that occurred during the specified 90-day period when those services were paid under global codes, regardless of the date of payment.

If you serve Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, or if one of your practice locations is in a border state, you may include the Medicaid patient volume from that state or location(s) only if that additional encounter volume is needed to meet the patient volume threshold. Please note that all out-of state patient encounters must be included in the denominator (both Medicaid and non-Medicaid). Georgia must be the only state that you are requesting an incentive payment from during that participation year. If an Eligible Professional aggregates Medicaid patient volume across states, DCH may audit any out-of-state encounter data before making an incentive payment. The Eligible Professional must maintain auditable records as applicable by the law of the state or seven years, whichever is deemed longer.

There are three parts to the Patient Volumes section:

In this section, your practice type, reporting period, practice location and patient volume data should match the data and calculations from your Eligible Professional Patient Volume Calculator, which you must upload as part of the attestation phase of your MAPIR application.

Part 1 of 3 contains two questions which will determine the method you use for entering patient volumes in Part 3 of 3.

Part 2 of 3 establishes the period for reporting Patient Volumes.

Part 3 of 3 contains pages to enter locations for reporting **Patient Volumes**, selecting at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period. If an Eligible Professional serves Medicaid patients from bordering states (i.e., a state contiguous to Georgia) within 50-miles of the Georgia state line, the Eligible Professional may include the patient volume from that state *if those encounters would assist you in meeting the minimum patient volume threshold*.

Click **Begin** to proceed to the **Patient Volume Practice Type (Part 1 of 3)** screen.

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

Patient Volumes

You will need the following information to complete this section:


- **90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- **Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- **Your patient encounter volume information.** Download the [Eligible Professional Patient Volume Calculator](#) to complete your calculation.

For more information, refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

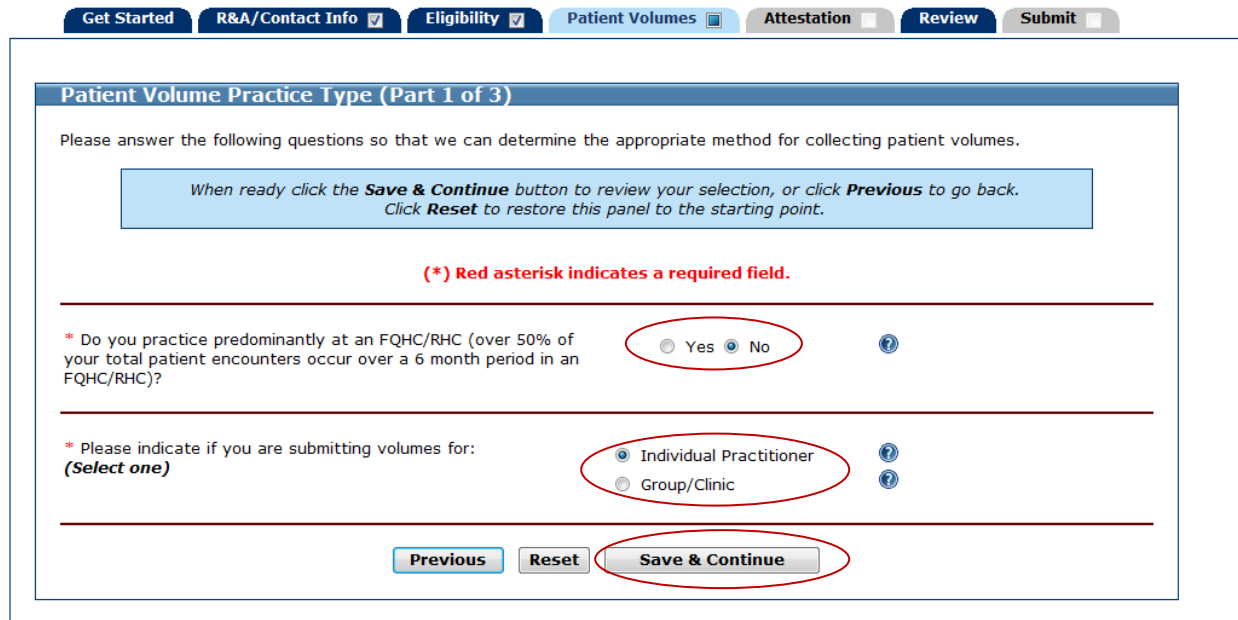
[Begin](#)

Patient Volume Practice Type (Part 1 of 3)

Patient Volume Practice Type (Part 1 of 3) contains two questions about your practice type to determine the appropriate method for collecting **Patient Volume** information.

Select the appropriate answers using the buttons. Move your cursor over the  to access additional information.

Click **Save & Continue** to review your selection, **Previous** to go back, or **Reset** to clear all unsaved data.



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

Patient Volume Practice Type (Part 1 of 3)

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

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

(*) Red asterisk indicates a required field.

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

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

Previous Reset Save & Continue

Patient Volume 90-day Period (Part 2 of 3)

For all practice types MAPIR will ask you to enter the start date of the patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

Select if you would like your 90 day patient volume reporting period to be from either the **Last Completed Fiscal Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

Enter a **Start Date** or select one from the calendar icon located to the right of the Start Date field.

lick **Save & Continue** to review your selection, **Previous** to go back, or **Reset** to clear all unsaved data.

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit

Patient Volume 90 Day Period (Part 2 of 3)

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

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

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

☒ Calendar Year Preceding Payment Year

☐ 12 Months Preceding Attestation Date

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

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

Previous

Reset

Save & Continue

Review the **Start Date** and **End Date** information. The 90 Day **End Date** has been calculated for you.
Click **Save & Continue** to continue, or click **Previous** to go back.

The screenshot shows a web application interface for reviewing patient volume information. At the top, there is a navigation bar with buttons: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (unchecked), "Review", and "Submit" (disabled). Below the navigation bar, the main content area is titled "Patient Volume 90 Day Period (Part 2 of 3)". It contains a message: "Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume." Below this message is a light blue box with the text: "When ready click the **Save & Continue** button to continue, or click **Previous** to go back." Below the box, there are two lines of text: "Start Date: Feb 05, 2012" and "End Date: May 04, 2012". A red arrow points to the "End Date". At the bottom, there are two buttons: "Previous" and "Save & Continue". The "Save & Continue" button is circled in orange.

Patient Volume 90 Day Period (Part 2 of 3)

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

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

Start Date: Feb 05, 2012
End Date: May 04, 2012

Previous **Save & Continue**

Patient Volume (Part 3 of 3)

In order to meet the requirements of the Medicaid EHR Incentive Program you must provide information about your practice location patient volumes. The information will be used to determine your eligibility for the Medicaid EHR Incentive Program. The responses to the questions for **Practice Type** (Part 1 of 3) on the first **Patient Volume** page determine the questions you must complete and the information required. The information is summarized below:

1. **Practice Locations** – MAPIR will present a list of practice locations that the Georgia Medicaid program office has on record. If you have additional practice locations you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.

Note: Adding a location in the MAPIR application will not update or add a new location in the Georgia Medicaid MMIS. Please contact DCH Provider Enrollment for information regarding adding a new Medicaid location.

2. **Utilizing certified EHR Technology** – You must select the practice locations where you are utilizing certified EHR technology. At least one practice location must be selected.
3. **Patient Volume** – You are required to enter the patient volume information for the continuous 90-day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Prior to starting your MAPIR application, you must complete the Eligible Professional Patient Volume Calculator. **For your practice type**, the data you enter in your application must match the data and calculations in the calculator.

The following are the practice types from which you may choose when completing the MAPIR application:

- Individual Provider
- Group/Clinical
- FQHC/RHC* Individual
- FQHC/RHC* Group

* Federally Qualified Health Center/Rural Health Clinic

Patient Volume – Individual

The following pages will instruct you on how to apply for the Medicaid EHR Incentive Program as an **Individual Provider**.

Practice Locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations, you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.

Add new locations by clicking **Add Location**.

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

Patient Volume - Individual (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	██████████		██████████ DR ██████████, GA 31201-1411	
<input checked="" type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	██████████	DOE JOHN	██████████ DR ██████████, GA 31201-1411	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous page, you will see the following page.

Enter the requested practice location information.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

The screenshot shows a web form titled "Patient Volume - Individual (Part 3 of 3)". At the top, there is a navigation bar with buttons: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (active), "Attestation", "Review", and "Submit". Below the navigation bar, the form title "Patient Volume - Individual (Part 3 of 3)" is displayed. A message states: "Please provide the information requested below to add a location to MAPIR (for this Payment Incentive Application use only)". A blue box contains instructions: "When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point." Below this, a red asterisk indicates a required field. The form fields are: "Location Name" (text input, "New Location"), "Address Line 1" (text input, "1223 State Dr"), "Address Line 2" (text input), "Address Line 3" (text input), "City" (text input, "AnyCity"), "State" (dropdown menu, "Georgia"), and "Zip (5+4)" (text input, "30043 - 2342"). The "Save & Continue" button is highlighted with a red circle. The "Previous" and "Reset" buttons are also visible.

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting **Medicaid Patient Volume** requirements and at least one location for **Utilizing Certified EHR Technology**. **Note:** the term “Utilizing Certified EHR Technology” in this context adopting, implementing, and upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Save & Continue to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

Patient Volume - Individual (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	Edit Delete


Add Location **Refresh**

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

Click **Begin** to proceed to the pages where you will enter **Medicaid Patient Volumes**.

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

Individual Provider



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

- This section is not intended for Eligible Professionals applying as a group.
- This section is not intended for Eligible Professionals who practice predominantly in an FQHC/RHC.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

Begin

Enter **Patient Volumes** for each location listed on the page.

The numerator is the total number of Medicaid (Title XIX) patient encounters treated in the selected continuous 90-day period in the previous calendar year and the denominator is all patient encounters during the same period.

Medicaid Patient Volume Percentage Formula – Individual

(Medicaid Encounter Volume

Divided by

Total Encounter Volume)

Note: Patient Volume entered on this page, must be your completed Eligible Professional Patient Volume calculator.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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Patient Volume - Individual (Part 3 of 3)

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

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

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

(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
999999999999	Dr. Office	123 First Street Anytown, PA 12345-1234	* 800	* 1000	* 3300
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 1500

Previous
Reset
Save & Continue

This page displays the locations where you are Utilizing Certified EHR Technology, **Encounter Volumes** you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Save & Continue to proceed or **Previous** to go back.

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Patient Volume - Individual (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
No			DR GA 31201-1411	Medicaid Only In State: N/A Total Medicaid: N/A Denominator: N/A	N/A
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	Medicaid Only In State: 800 Total Medicaid: 1000 Denominator: 3300	30%
Yes			DR GA 31201-1411	Medicaid Only In State: 400 Total Medicaid: 500 Denominator: 1500	33%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
1200	1500	4800	31%

Previous
Save & Continue

Patient Volume – Group/Clinic

The following pages will instruct you on how to apply for the Medicaid EHR Incentive Program as a Group/Clinic Provider.

Practice Locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.

Get Started

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Patient Volume - Group (Part 3 of 3)

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

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No			DR GA 31201-1411	
<input type="radio"/> Yes <input type="radio"/> No		DOE JOHN	DR GA 31201-1411	

Add LocationRefresh

PreviousResetSave & Continue

If you clicked **Add Location** on the previous page, you will see the following page.

Enter the requested practice location information.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

Get Started

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Patient Volume - Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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

(*) Red asterisk indicates a required field.

* Location Name:

New Location

?

* Address Line 1:

1223 State Dr

?

Address Line 2:

Address Line 3:

* City:

AnyCity

* State:

Georgia

▼

* Zip (5+4):

30043

-

2323

Previous

Reset

Save & Continue

For each location, check whether you are **Utilizing Certified EHR Technology**.

The term “Utilizing Certified EHR Technology” in this context means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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Patient Volume - Group (Part 3 of 3)

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

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

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

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input checked="" type="radio"/> No	██████████		██████████ DR ██████████, GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	██████████	DOE JOHN	██████████ DR ██████████, GA 31201-1411	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2323	Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

Click **Begin** to proceed to the pages where you will enter **Patient Volumes**.

Get Started

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Submit



Group/Clinic

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

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

- The group methodology is not appropriate for Eligible Professionals who see commercial, Medicare, or self-pay patients exclusively.
- You can enter **four (4)** group practice NPIs. **If you have more than four (4) group practice payee IDs**, please indicate this by checking the box "additional group practice provider IDs." Please upload all additional group practice payee ID numbers and group names.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

Begin

Enter your **Medicaid Payee ID** for the group/clinic.

If you listed four **Group Practice Provider IDs** and the **Medicaid Patient Volume** numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs. Click on the question mark icon for more information to complete the MAPIR application.

Enter **Patient Volumes** for the locations on this page.

The numerator is the total Medicaid (Title XIX) patient encounters in the selected continuous 90-day period in a previous calendar year and the denominator is all patient encounters during the same period.

Medicaid Patient Volume Percentage Formula – Group/Clinic

(Medicaid Encounter Volumes

Divided by

Total Encounter Volume)

Note: Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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Submit

Patient Volume - Group (Part 3 of 3)

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

* 1234567890
2345678901
3456789012
4567890123

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

For reporting Group patient volumes:

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

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

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

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

(*) Red asterisk indicates a required field.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
* 500	* 1250	* 3500

Previous
Reset
Save & Continue

This page displays the locations where you are Utilizing Certified EHR Technology, the **Encounter Volumes** you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

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

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Patient Volume - Group (Part 3 of 3)

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
No			DR MACON, GA 31201-1411
Yes			DR MACON, GA 31201-1411
Yes	N/A	New Location	1223 State Dr AnyCity, GA 30043-2323

Group Practice ID(s)

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
500	1250	3500	36%

Previous

Save & Continue

Patient Volume – FQHC/RHC Individual Provider

The following pages will describe how to apply for the Medicaid EHR Incentive Program as an **FQHC/RHC Individual Provider**.

Practice Locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Needy Individual Patient Volume** information.

Add new locations by clicking **Add Location**.

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

For each location, check whether you will report **Needy Individual Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting **Needy Individual Patient Volume** requirements and at least one location for Utilizing Certified EHR technology. **Note:** The term (“Utilizing Certified EHR technology”) in this context means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear unsaved data.

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

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

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

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

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

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	[REDACTED]		[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	DOE JOHN	[REDACTED] DR [REDACTED], GA 31201-1411	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	1232 State Dr. AnyCity, GA 30043-2332	Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

Click **Begin** to proceed to the page where you will enter **Patient Volumes**.

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FQHC/RHC Individual

This tab is for applicants who "practice predominantly" in FQHCs/RHCs and who wish to calculate and attest to patient volume as an individual provider.

- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is **based on a period of 6 months** in the most recent calendar year.
- If you are a provider who practices predominantly in an FQHC or RHC, you can include encounters attributable to needy individuals as part of your patient volume.
- Needy individual encounters include the following: Medicaid, Children's Health Insurance Program, uncompensated care and reimbursement based on a sliding scale.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

Begin

The numerator is the total number of **Needy Individual Patient Encounters** treated in the selected continuous 90-day period in the previous calendar year and the denominator is all patient encounters during the same period.

Select where you **practice predominantly** and enter the **Patient Volume** for the locations listed on the page.

Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

(Total Needy Encounter Volume

Divided by

Total Encounter Volume)

Note: Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

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

Needy individual encounters include the following:

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

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

(*) Red asterisk indicates a required field.

*Please select where you practice predominantly:

☒ FQHC
☐ RHC

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
		1 [REDACTED] STE CALHOUN, GA 30701-7011	* 300	* 200	* 500	* 1250

Previous Reset **Save & Continue**

This page displays the locations you are **Utilizing Certified EHR Technology**, **Encounter Volumes** you entered, all values summarized, and the Needy Individual Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Needy Individual patient volume requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

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

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

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

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

*Please select where you practice predominantly: FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes			STE 1 CALHOUN, GA 30701-7011	Medicaid and CHIP Numerator: 300 Other Needy Numerator: 200 Total Needy Numerator: 500 Denominator: 1250	40%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
300	200	500	1250	40%

Previous
Save & Continue

Patient Volume – FQHC/RHC Group

The following pages will instruct you on how to apply for the EHR Incentive program as an **FQHC/RHC Group Provider**.

Practice Locations – MAPIR will present a list of locations that the Georgia Medicaid program has on record. If you have additional locations you can add them on this page. Once all locations are added, you will enter the required **Patient Volume** information.

Add new locations by clicking **Add Location**.

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

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	[REDACTED]	[REDACTED]	[REDACTED] PKWY [REDACTED], GA 30809-3089	

Add Location Refresh

Previous Reset **Save & Continue**

If you clicked **Add Location** on the previous page, you will see the following page.

Enter the requested practice location information.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

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

(*) Red asterisk indicates a required field.

* Location Name: New Location ?

* Address Line 1: 1223 State Dr ?

Address Line 2:

Address Line 3:

* City: AnyCity

* State: Georgia

* Zip (5+4): 30043 - 2332

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

For each location, check whether you are **Utilizing Certified EHR Technology**. You must select at least one location for **Utilizing Certified EHR Technology**. **Note:** The term “**Utilizing Certified EHR Technology**” means adopting, implementing or upgrading certified EHR technology.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note: The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

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

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

You must select at least one location for utilizing certified EHR technology.

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

(*) Red asterisk indicates a required field.


*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No			PKWY GA 30809-3089	
<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A	New Location	1223 State Dr AnyCity, GA 30043-2342	Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

Click **Begin** to proceed to the pages where you will enter **Patient Volumes**.

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FQHC/RHC Group

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

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

- The group methodology is not appropriate for Eligible Professionals who see commercial, Medicare, or self-pay patients exclusively.
- If you are an Eligible Professional in a group that practices predominantly in an FQHC or RHC, you can include encounters attributable to needy individuals as part of your patient volume.
- "Practices predominantly" means that **more than 50 percent** of your patient encounters occur at a FQHC or RHC. The calculation is based on a **period of 6 months** in the recent calendar year.
- Needy individual encounters include the following: Medicaid, Children's Health Insurance Program, uncompensated care and reimbursement based on a sliding scale.
- You can enter **four (4)** group practice NPIs. **If you have more than four (4) group practice payee IDs**, please indicate this by checking the box "additional group practice provider IDs." Please upload all additional group practice payee ID numbers and group names, along with applicant's name and NPI.

For more information, please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#).

Begin

Enter your **Medicaid Payee ID** for the group/clinic.

If you listed four **Group Practice Provider IDs** and the **Patient Volume** numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs. Click on the question mark icon for more information to complete the MAPIR application.

Select where you **practice predominantly** and enter **Patient Volumes** for the locations on this page.

The numerator is the total number of Needy Individual Patient Encounter in a selected continuous 90-day period in the previous calendar year and the denominator is all Patient Encounters during the same period.

Medicaid Patient Volume Percentage Formula – FQHC/RHC Group

(Total Needy Encounter Volume

Divided by

Total Encounter Volume)

Note: Patient Volumes entered on this page must come from your completed Eligible Professional Patient Volume Calculator.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

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

* 1234567890

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

For reporting Group patient volumes:

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

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

Needy individual encounters include the following:

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

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

(*) Red asterisk indicates a required field.

*Please select where you practice predominantly:

☐ FQHC

☒ RHC

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
* 600	* 650	* 1250	* 3300

Previous Reset **Save & Continue**

This page displays the locations where you are **Utilizing Certified EHR Technology**, patient volumes you entered, all values summarized, and the **Needy Individual Patient Volume Percentage**.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the **Needy Individual Patient Volume** requirement. For **Pediatricians** the percentage must be greater than or equal to 20% to meet the **Needy Individual Patient Volume** requirement.

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

Get StartedR&A/Contact InfoEligibilityPatient VolumesAttestationReviewSubmit

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

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

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

*Please select where you practice predominantly:RHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes			STE 1 CALHOUN, GA 30701-7011

Group Practice ID(s) 1234567890

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3300	38%

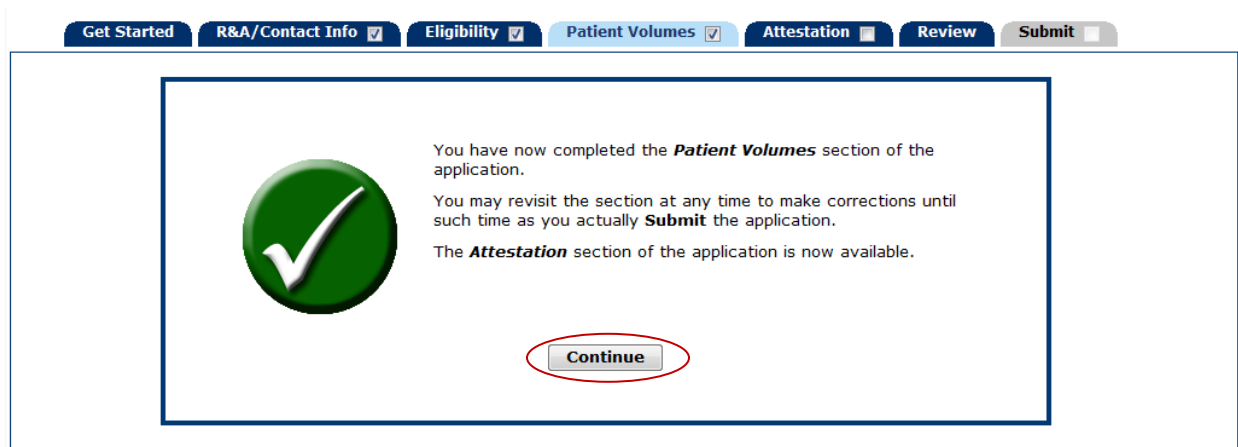
Previous

Save & Continue

This screen confirms you successfully completed the **Patient Volume** section.

Note the check box in the Patient Volume tab.

Click **Continue** to proceed to the **Attestation** section.



The screenshot displays a progress bar at the top with the following tabs: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked and highlighted in blue), "Attestation" (unchecked), "Review", and "Submit" (disabled). Below the progress bar, a large green circular icon with a white checkmark is positioned on the left. To its right, the following text is displayed: "You have now completed the **Patient Volumes** section of the application.", "You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.", and "The **Attestation** section of the application is now available." At the bottom center of the main content area, a "Continue" button is highlighted with a red oval.

Step 5 – Attestation

This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption, Implementation, Upgrade, and Meaningful Use**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase. If your adoption phase is Meaningful Use you will be required to provide information about the dates you were a **Meaningful User of Certified EHR Technology**. For the first year of participation in the Medicaid EHR Incentive Program, Eligible Professionals are only required to attest to the **Adoption, Implementation, or Upgrade** of certified EHR technology

Adoption means acquired, purchased or secured access to certified EHR Technology capable of meeting Meaningful Use requirements.

Implemented means installed or commenced initialization of certified EHR Technology capable of meeting Meaningful Use requirements.

Upgraded means expanded the available functionality of certified EHR Technology capable of meeting meaningful use requirements.

This initial Attestation page provides information about this section.

Click **Begin** to continue to the **Attestation** section.

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



Attestation

In this section of your application, you must attest to Adoption, Implementation or Upgrade (AIU) of certified EHR technology and verify your payment designation.

Please refer to the [Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals](#) for the definition of Adoption, Implementation or Upgrade of certified EHR technology and additional information on AIU documentation that must be uploaded.

Note: *You will not be able to attest to Meaningful Use in the first program year of 2011. Selecting Meaningful Use instead of Adoption, Implementation, or Upgrade of certified EHR technology will result in a delay in the processing of your application.*

NOTICE OF PROVIDER LIABILITY: The Eligible Professional requesting the incentives payment is responsible and liable for any errors or falsifications in the attestation process as set forth in this registration. The Eligible Professional and not the contact for the application will be held liable for inaccurate or incorrect information that improperly results in a Medicaid incentives payment.

In the event that an Eligible Professional applied for and obtained a payment for which the Eligible Professional was not entitled, the Eligible Professional will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Professional will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

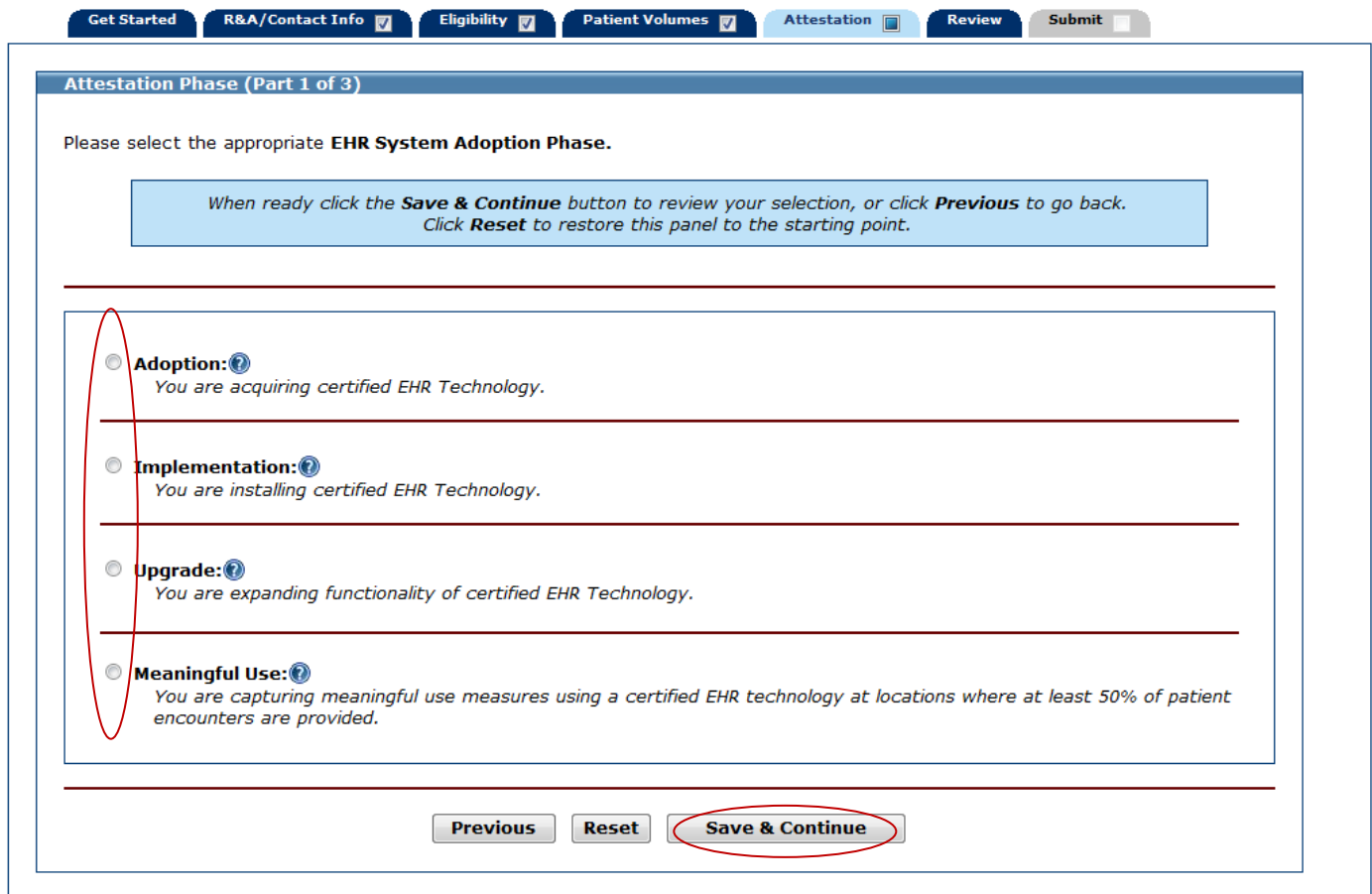
[Begin](#)

Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR Technology Status Phase**.

After making your selection, the next screen you see will depend on the status you selected.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data



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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

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

- ☒ **Adoption:** ⓘ
You are acquiring certified EHR Technology.
- ☐ **Implementation:** ⓘ
You are installing certified EHR Technology.
- ☐ **Upgrade:** ⓘ
You are expanding functionality of certified EHR Technology.
- ☐ **Meaningful Use:** ⓘ
You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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

Adoption Phase

For **Adoption** select the Adoption button. Click **Save & Continue** to review your selection, **Previous** to go back, or **Reset** to clear all unsaved data.

Proceed to page 162 of this guide.

Implementation Phase

For **Implementation** select the Implementation button.

Click **Save & Continue** to review your selection, or click **Previous** to go back, or **Reset** to clear all unsaved data.

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

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

☐ **Adoption:** You are acquiring certified EHR Technology.

☒ **Implementation:** You are installing certified EHR Technology.

☐ **Upgrade:** You are expanding functionality of certified EHR Technology.

☐ **Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset **Save & Continue**

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button.

At least one activity must be selected to proceed.

Click **other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to proceed, or **Previous** to go back, or **Reset** to clear all unsaved data. **Clear All** to remove standard activity selections.

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Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input type="radio"/>
Peripherals Installation	<input type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

Other (Click to Add)

PreviousResetClear AllSave & Continue

This page shows an example of entering activities other than what was in the **Implementation Activity** listing.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

Get Started

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Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete	
Workflow Analysis	<input type="radio"/>	<input type="radio"/>	
Workflow Redesign	<input type="radio"/>	<input type="radio"/>	
Software Installation	<input type="radio"/>	<input type="radio"/>	
Hardware Installation	<input type="radio"/>	<input type="radio"/>	
Peripherals Installation	<input type="radio"/>	<input type="radio"/>	
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>	
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>	
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>	
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>	
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>	
Training	<input type="radio"/>	<input type="radio"/>	
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input type="radio"/>	Delete
Other (Click to Add)			

Previous

Reset

Clear All

Save & Continue

Review the **Implementation Activity** you selected.

Click **Save & Continue** to continue, or click **Previous** to go back.

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

Attestation Phase (Part 2 of 3)

Please review the list of the activities where you have **planned** or **completed** an implementation.

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

Implementation Activity	Planned	Complete
Workflow Redesign		✓
Software Installation		✓
(Other) Reviewed EHR Certification Information		✓

Previous **Save & Continue**

Upgrade Phase

For **Upgrade** select the Upgrade button.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

The screenshot displays the 'Attestation Phase (Part 1 of 3)' interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit' (disabled). Below the navigation bar, a blue header reads 'Attestation Phase (Part 1 of 3)'. The main content area instructs the user to 'Please select the appropriate EHR System Adoption Phase.' A light blue box provides guidance: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, four radio button options are listed, each with a description: 'Adoption: ? You are acquiring certified EHR Technology.', 'Implementation: ? You are installing certified EHR Technology.', 'Upgrade: ? You are expanding functionality of certified EHR Technology.', and 'Meaningful Use: ? You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.' The 'Upgrade' option is selected and circled in red. At the bottom, three buttons are visible: 'Previous', 'Reset', and 'Save & Continue', with the latter also circled in red.

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

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

☐ **Adoption: ?**
You are acquiring certified EHR Technology.

☐ **Implementation: ?**
You are installing certified EHR Technology.

☒ **Upgrade: ?**
You are expanding functionality of certified EHR Technology.

☐ **Meaningful Use: ?**
You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset **Save & Continue**

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

At least one activity must be selected to proceed.

Click **other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.

Get StartedR&A/Contact InfoEligibilityPatient VolumesAttestationReviewSubmit

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>
<div>Other (Click to Add)</div>		

PreviousResetClear AllSave & Continue

67

This page shows an example of entering an activity in the **Other** field.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data. After saving, click **Clear All** to remove standard activity selections.

Get Started

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Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete	
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>	
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>	
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>	
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>	
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>	
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>	
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input type="radio"/>	Delete

Other (Click to Add)

Previous

Reset

Clear All

Save & Continue

Review the **Upgrade Activities** you selected.

Click **Save & Continue** to proceed or **Previous** to return.

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

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

Upgrade Activity	Planned	Complete
Upgrading Software Version	✓	
Electronic Prescribing		✓
(Other) Reviewed EHR Certification Information		✓

Previous **Save & Continue**

Meaningful Use Phase

For **Meaningful Use** select the Meaningful Use button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

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

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

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

☐ **Adoption:** You are acquiring certified EHR Technology.

☐ **Implementation:** You are installing certified EHR Technology.

☐ **Upgrade:** You are expanding functionality of certified EHR Technology.

☒ **Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

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

Select an EHR System Adoption Phase for reporting **Meaningful Use of certified EHR technology**. The selections available to you will depend on the Program Year you are in.

If you are in Program Year 2014, you must attest to Meaningful Use (90 days); therefore, the Meaningful Use (Full Year) option will not display. The screen below is an example of this scenario.

If you are in Program Year 2015 or higher and have previously attested to Adoption, Implementation, or Upgrade, you may attest to Meaningful Use (90 days) or Meaningful Use (Full Year).

If you are in Program Year 2015 or higher and you have previously attested to Meaningful Use, you must attest to Meaningful Use (Full Year); therefore, only this option will display.

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

Depending on the selection made on the previous screen, the Attestation EHR Reporting Period (Part 1 of 3) screen will display with the 90-day period or the full year period. The example below displays the 90-day period for an incentive application in Program Year 2014.

Enter a **Start Date** or use the calendar located to the right of the Start Date field.

For Program Year 2014, the 90 day EHR reporting period must fall within the Program Year begin and end date range, and not include days in a grace period.

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

Attestation EHR Reporting Period (Part 1 of 3)

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

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

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

(*) Red asterisk indicates a required field.

* **Start Date:** 01/01/2014
mm/dd/yyyy

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

This screen displays an example of a **Start Date** of January 1, 2014 and a system-calculated **End Date** of March 31, 2014.

Click **Save & Continue** to review your selection, or click **Previous** to go back.

Attestation EHR Reporting Period (Part 1 of 3)

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

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

Start Date: Jan 01, 2014
End Date: Mar 31, 2014

Previous **Save & Continue**

Attestation Meaningful Use Measures

The Medicaid EHR Incentive Program will be implemented in three stages with increasing requirements for participation. All EPs begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of Meaningful Use and a full year in their second year of Meaningful Use (except for Program Year 2014). After meeting the Stage 1 requirements, the EP then has to meet the Stage 2 requirements for two full years. Stage 1 Meaningful Use and Stage 2 Meaningful Use requirements are addressed in different sections of this manual.

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Measures are divided into four distinct topics: General Requirements, Core Measures, Menu Measures, and Clinical Quality Measures.

The Clinical Quality Measures are grouped into the following recommended sets.

- General: Lists all 64 Clinical Quality Measures available for attestation
- Adult Set: Lists the Clinical Quality Measures recommended for EPs with an adult population
- Pediatric Set: Lists the Clinical Quality Measures recommended for EPs with a pediatric population

You may select any of the four measure topics and complete them in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start the General Requirements topic.

If you are in Program Year 2014 and are scheduled to attest to Stage 2 Meaningful Use, MAPIR will allow you to attest to Stage 1 Meaningful Use. This only applies to Program Year 2014.

Also, if you are in Program Year 2014, the stage of attestation that you selected after confirming your CMS EHR Certification ID will determine the Attestation Meaningful Use Measures that will display on the Attestation tab. If you selected the **2013 Stage 1 objectives, measures, and CQM**, turn to page 192 of this guide.

Get Started

R&A/Contact Info ☒

Eligibility ☒


Patient Volumes ☒

Attestation ☒




Review

Submit ☐

Attestation Meaningful Use Measures




Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

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

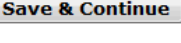
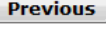
Completed?	Topics	Progress	Action
	General Requirements		
	Core Measures		
	Menu Measures		

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

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

Clinical Quality Measure - General	
Clinical Quality Measure - Adult Set	
Clinical Quality Measure - Pediatric Set	

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



Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

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

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

Meaningful Use General Requirements

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

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

(*) Red asterisk indicates a required field.

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

* Numerator

* Denominator

* Are you currently e-Prescribing?

☐ Yes
☐ No

* Are you currently exchanging lab results?

☐ Yes
☐ No

* Do you currently participate in a local or regional health information exchange?

☐ Yes
☐ No

Previous
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

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

Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<div>Edit</div> <div>Clear All</div>
	Core Measures		<div>Begin</div>
	Menu Measures		<div>Begin</div>

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

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

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin

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

Previous

Save & Continue

If you are in Meaningful Use Stage 1, proceed to the next page.

If you are in Meaningful Use Stage 2, proceed to page 110.

Stage 1

Meaningful Use Core Measures

This screen provides information about the Meaningful Use Core Measures for Stage 1.

Click **Begin** to continue to the Meaningful Use Core Measure List Table.

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

MEANINGFUL USE CORE MEASURES

As part of the meaningful use attestation, Eligible Professionals (EP) are required to complete **all Core Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all Core measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the Core measures.
6. Evaluation of MU measures are made after the application is submitted.

Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down an exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators:

1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology.
2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using certified EHR technology.

[Begin](#)

The screen on the following page displays the Meaningful Use Core Measure List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** to return to the Measures Topic List.

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

Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	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.		EDIT
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		EDIT
EPCMU03	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.		EDIT
EPCMU04	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.		EDIT
EPCMU05	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.		EDIT
EPCMU06	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.		EDIT
EPCMU07	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.		EDIT
EPCMU08	Record and chart changes in the following 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 0 - 20 years, including BMI. 	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) recorded as structured data.		EDIT
EPCMU09	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.		EDIT
EPCMU10	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.		EDIT
EPCMU11	Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information with the ability to view, download, and transmit to a third party.		EDIT
EPCMU12	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.		EDIT
EPCMU13	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 in accordance with the requirements under 45 CFR 164.308 (a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.		EDIT

[Return to Main](#)

Measure Selection for Core Measure 1 (Measure Code EPCMU01)

Core Measure 1 has two options, **Original Core Measure 1** or **Optional Core Measure 1**. On the Measure Selection for Core Measure 1 screen, choose if you would like to attest to the **Original Core Measure 1** or the **Optional Core Measure 1**. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

Click **Continue** to proceed to the appropriate core measure screen for the option you selected, or click **Previous** to go back.

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

Attestation Meaningful Use Measures

Measure Selection for Core Measure 1

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

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

(*) Red asterisk indicates a required field.

*Please select from the following options:

☐ Original Core Measure 1 -
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.

☐ Optional Core Measure 1 -
More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

Previous Continue

The following is a list of the 13 Meaningful Use Core Measures that you must attest to (Core Measure 1 has two versions to choose from).

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Core Measure	Screen Example
Core Measure 1 - CPOE for Medication Orders Original	Screen 1
Core Measure 1 - CPOE for Medication Orders Optional	Screen 1
Core Measure 2 - Drug Interaction Checks	Screen 2
Core Measure 3 - Maintain Problem List	Screen 3
Core Measure 4 - ePrescribing (eRx)	Screen 4
Core Measure 5 - Active Medication List	Screen 3
Core Measure 6 - Medication Allergy List	Screen 3
Core Measure 7 - Record Demographics	Screen 3
Core Measure 8 - Record Vital Signs	Screen 4
Core Measure 9 - Record Smoking Status	Screen 1
Core Measure 10 - Clinical Decision Support Rule	Screen 2
Core Measure 11 - Patient Electronic Access	Screen 1
Core Measure 12 - Clinical Summaries	Screen 1
Core Measure 13 - Protect Electronic Health Information	Screen 2

There are 13 Meaningful Use Core Measure screens (Core Measure 1 has two screens to choose from). As you proceed through the Meaningful Use Core Measure section of MAPIR, you will see four different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Core Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Meaningful Use Core Measures use this screen layout:

Core Measures 1 (Original and Optional), 8, 9, 11, and 12

The screenshot shows the 'Attestation Meaningful Use Measures' section of the MAPIR interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit' (disabled). Below this, the title 'Attestation Meaningful Use Measures' is displayed. The main content area is titled 'Core Measure 1 - CPOE for Medication Orders Original'. It contains an information icon and a link to 'Click HERE to review CMS Guidelines for this measure.' Below this is a blue instruction box: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk note states: '(*) Red asterisk indicates a required field.' The 'Objective' is: '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.' The 'Measure' 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.' A section titled '* PATIENT RECORDS:' asks to select whether data was extracted from ALL patient records or only from certified EHR technology. Two radio buttons are provided: 'This data was extracted from ALL patient records not just those maintained using certified EHR technology.' (selected) and 'This data was extracted only from patient records maintained using certified EHR technology.' An 'EXCLUSION:' note states: '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.' A question '*Does this exclusion apply to you?' has two radio buttons: 'Yes' and 'No' (selected). Below this, it says 'If the exclusion does not apply to you, please complete the following information:'. Definitions for 'Numerator' and 'Denominator' are provided. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

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

Attestation Meaningful Use Measures

Core Measure 1 - CPOE for Medication Orders Original

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

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

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication 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: 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

If the exclusion does not apply to you, please 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 Reset Save & Continue

Screen 2

The following Meaningful Use Core Measures use this screen layout:

Core Measures 2, 10, and 13

The screenshot shows the 'Attestation Meaningful Use Measures' screen. At the top is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit' (disabled). The main content area is titled 'Core Measure 2 - Drug Interaction Checks'. It includes an information icon and a link to CMS Guidelines. A blue instruction box states: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this is a red asterisk note: '(*) Red asterisk indicates a required field.' The 'Objective' is 'Implement drug-drug and drug-allergy interaction checks.' The 'Measure' is 'The EP has enabled this functionality for the entire EHR reporting period. Complete the following information:'. A required question follows: '*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?'. There are two radio button options: 'Yes' (selected) and 'No'. At the bottom are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

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

Attestation Meaningful Use Measures

Core Measure 2 - Drug Interaction Checks

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

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

(*) Red asterisk indicates a required field.

Objective: Implement 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 Reset Save & Continue

Screen 3

The following Meaningful Use Core Measures use this screen layout:

Core Measures 3, 5, 6, and 7

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☒

Review

Submit ☐

Attestation Meaningful Use Measures

Core Measure 3 - Maintain Problem List

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

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

(*) Red asterisk indicates a required field.

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

Measure: 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.
Complete the following information:

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

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

* Numerator:

* Denominator:

Previous

Reset

Save & Continue

85

Screen 4

The following Meaningful Use Core Measures use this screen layout:

Core Measures 4 and 8

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

Attestation Meaningful Use Measures

Core Measure 4 - ePrescribing (eRx)

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

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

(*) Red asterisk indicates a required field.

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

Measure: More than 40% 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: 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: Any EP who does not have a pharmacy within their organization, and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

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

☐ Yes
 ☐ No

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

Numerator = Number of prescriptions in the denominator generated and transmitted electronically.
Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

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

Previous
Reset
Save & Continue

After you enter information for a measure, click the **Save & Continue** button. You will return to the Meaningful Use Core Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below. (Please note that the entire screen is not displayed in this example.)

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

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

Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can allergy interaction checks.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one functionality for the entire EHR reporting period.	Numerator = 350 Denominator = 1001	EDIT
EPCMU03	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.		EDIT
EPCMU04	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.		EDIT

Once you have attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

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

Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	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 = 350 Denominator = 1001	EDIT
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
EPCMU03	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 = 240 Denominator = 1005	EDIT
EPCMU04	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.	Exclusion 1 = Excluded	EDIT
EPCMU05	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 = 876 Denominator = 1010	EDIT
EPCMU06	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 = 890 Denominator = 1090	EDIT
EPCMU07	Record all of the following demographics: • 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 = 567 Denominator = 1000	EDIT
EPCMU08	Record and chart changes in the following vital signs: • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children, including BMI.	More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 457 Denominator = 890	EDIT
EPCMU09	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.	Exclusion = Excluded	EDIT
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	EDIT
EPCMU12	Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.	Numerator = 600 Denominator = 900	EDIT
EPCMU13	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 = 765 Denominator = 1098	EDIT
EPCMU15	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

Return to Main

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

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

Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
	Menu Measures		Begin

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

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

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin


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

Previous
Save & Continue

Meaningful Use Menu Measures

This initial screen provides information about the Meaningful Use Menu Measures for Stage 1.

Click **Begin** to continue to the Meaningful Use Menu Measures Selection screen.

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

MEANINGFUL USE MENU SET MEASURES

As part of the **meaningful use attestation stage 1** process, Eligible Professionals (EP) are required to complete **5 Menu Set Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation. *Please note, for all stages of meaningful use under program year 2014 these exclusions will no longer count towards the number of menu objectives needed.*

For meaningful use stage 1, the EP must be able to meet **at least one public health measure**. For example if you submit to the Georgia Registry of Immunization Transactions and Services (GRITS - health.state.ga.us/programs/immunization/grits) you may meet the public health requirement. If the EP can attest to an exclusion from all public health menu measures, the EP must choose only one of the two public health menu measures and attest to the exclusion. If an EP is able to meet the measure of one of the public health menu objectives but can be excluded from the other, the EP should select and report on the public health menu objective they are able to meet. If an EP can be excluded from both public health menu objectives, the EP should claim an exclusion from only one public health objective and report on four additional menu objectives from outside the public health menu set.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the required measures.
6. Evaluation of MU measures are made after the application is submitted.

[Begin](#)

From the Meaningful Use Menu Measures Selection screen displayed on the following page, choose a minimum of five Meaningful Use Menu Measures to attest to. One measure must be from the public health list (first two measures listed on the top half of the screen). The remainder of the measures can be any combination from the remaining public health list measures or from the additional Meaningful Use Menu Measures listed. In the example shown on the following page, one public health measure and four measures from the additional Meaningful Use Measures listed are selected.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

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

Attestation Meaningful Use Measures

Instructions:

EPs must pass a minimum of five (5) measures without taking exclusions. Exclusions do not count toward passing the required minimum. If you cannot meet the minimum number of measures without taking an exclusion then you need to complete all the Menu Measures through a combination of meeting the exclusion criteria or meeting the measure.

You must answer at least one (1) of the Public Health measures, either Immunization Registries Data Submission or Syndromic Surveillance Data. If you exclude from one (1) Public Health measure, you must answer both.

If you meet the exclusion criteria for both Public Health measures, you must claim exclusions for both Public Health objectives and report on five (5) additional menu objectives from outside the Public Health menu set without taking any additional exclusions.

If you can pass one (1) Public Health measure, you must pass four (4) of the remaining measures without taking any exclusions. If you cannot pass four (4) without excluding, you must answer all the remaining Menu Measures through a combination of meeting the exclusion criteria or meeting the measure.

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

Measure Number	Objective	Public Health Measure	Select
EPMMU08	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically) except where prohibited.	<input checked="" type="checkbox"/>
EPMMU09	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically) except where prohibited.	<input type="checkbox"/>

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Measure Number	Objective	Measure	Select
EPMMU01	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"/>
EPMMU02	Incorporate clinical lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
EPMMU03	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"/>
EPMMU04	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"/>
EPMMU05	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 are provided patient-specific education resources.	<input type="checkbox"/>
EPMMU06	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>
EPMMU07	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 a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

The five measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the five measures selected on the previous screen example.

You must complete all the measures on this screen.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Selection List** to return to the Meaningful Use Menu Measures Selection screen.

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

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	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.		EDIT
EPMMU03	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.		EDIT
EPMMU06	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.		EDIT
EPMMU07	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 a 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.		EDIT
EPMMU08	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically) except where prohibited.		EDIT

Return to Selection List

The following is a list of the Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Menu Measure	Screen Example
Menu Measure 1 – Drug Formulary Checks	Screen 1
Menu Measure 2 – Clinical Lab Test Results	Screen 2
Menu Measure 3 – Patient List	Screen 3
Menu Measure 4 – Patient Reminders	Screen 4
Menu Measure 5 – Patient-Specific Education Resources	Screen 5
Menu Measure 6 – Medication Reconciliation	Screen 4
Menu Measure 7 – Transition of Care Summary	Screen 4
Menu Measure 8 – Immunization Registries Data Submission	Screen 6
Menu Measure 9 – Syndromic Surveillance Data	Screen 6

There are a total of 9 Meaningful Use Menu Measure screens. As you proceed through the Meaningful Use Menu Measure section of MAPIR, you will see six different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Menu Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 1

The screenshot shows the 'Attestation Meaningful Use Measures' section of the MAPIR interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation' (which is highlighted), 'Review', and 'Submit'. Below this, the main content area is titled 'Attestation Meaningful Use Measures' and contains a sub-header 'Menu Measure 1 - Drug Formulary Checks'. An information icon and text prompt the user to click 'HERE' for additional information. A blue instruction box states: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, a red asterisk indicates a required field. The 'Objective' is 'Implement drug formulary checks.' and the 'Measure' 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 that EPs writing fewer than 100 prescriptions can be excluded. A question asks if this exclusion applies, with 'Yes' and 'No' radio buttons. A note says 'If the exclusion does not apply to you, please complete the following information:'. Another question asks if the drug formulary check functionality was enabled and access was available, also with 'Yes' and 'No' radio buttons. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

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

Attestation Meaningful Use Measures

Menu Measure 1 - Drug Formulary Checks

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Implement drug formulary checks.
Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
EXCLUSION: 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.
*Does this exclusion apply to you?
☐ Yes ☐ No
If the exclusion does not apply to you, please complete the following information:
*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.
☐ Yes ☐ No

Previous Reset Save & Continue

Screen 2

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 2

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit ☐

Attestation Meaningful Use Measures

Menu Measure 2 - Clinical Lab Test Results

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

Measure: More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology 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: If an EP who orders no lab test 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

If the exclusion does not apply to you, please 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

Reset

Save & Continue

96

Screen 3

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 3

The screenshot shows a web application interface for 'Attestation Meaningful Use Measures'. At the top is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit' (disabled). Below the navigation bar is a header 'Attestation Meaningful Use Measures'. The main content area is titled 'Menu Measure 3 - Patient List'. It contains an information icon and text: 'Click [HERE](#) for additional information on completing this measure.' Below this is a light blue box with instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk note states: '(*) Red asterisk indicates a required field.' The 'Objective:' is 'Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.' The 'Measure:' is 'Generate at least one report listing patients of the EP with a specific condition. Complete the following information:'. A required question follows: '*Have you generated at least one report listing your patients with a specific condition?' with radio buttons for 'Yes' and 'No'. At the bottom are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

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

Attestation Meaningful Use Measures

Menu Measure 3 - Patient List

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Generate 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.
Complete the following information:

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

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

Screen 4

The following Meaningful Use Menu Measures use this screen layout:

Menu Measures 4, 6, and 7

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

Attestation Meaningful Use Measures

Menu Measure 4 - Patient Reminders

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

☐ Yes
 ☐ No

If the exclusion does not apply to you, please complete the following information:

Numerator = Number of patients in the denominator who were sent the appropriate reminder.
Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

* Numerator: * Denominator:

Previous
Reset
Save & Continue

Screen 5

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 6

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☒

Review

Submit

Attestation Meaningful Use Measures

Menu Measure 5 - Patient - Specific Education Resources

 Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Use 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 are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient-specific education resources.

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

* Numerator:

* Denominator:

Previous

Reset

Save & Continue

99

Screen 6

The following Meaningful Use Menu Measures use this screen layout:

Menu Measures 8 and 9

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

Attestation Meaningful Use Measures

Menu Measure 8 - Immunization Registries Data Submission

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

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

EXCLUSION 1: 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: If there is no immunization registry that has the capacity to receive the information electronically or if it is prohibited, 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

Note: If you would like to upload additional information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab.

If the exclusions do not apply to you, please answer the following question:

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

☐ Yes ☐ No

Additional Information:

* Enter the name of the immunization registry used:

If you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful?

☐ Yes ☐ No

If the test was successful, please enter the date and time of the test:

Date (MM/DD/YYYY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to 'Was the test successful', you must answer the following:

Was a follow up submission done? ☐ Yes ☐ No

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Menu Measure Worksheet. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

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

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	EDIT
EPMMU03	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.		EDIT
EPMMU05	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 are provided patient-specific education resources.		EDIT

Once you have attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Menu Measure Selection screen.

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

Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	EDIT
EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	EDIT
EPMMU05	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 are provided patient-specific education resources.	Numerator = 356 Denominator = 989	EDIT
EPMMU06	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 = 875 Denominator = 1098	EDIT
EPMMU08	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically) except where prohibited.	No No	EDIT

Return to Selection List

Click **Return to Main** to return to the Measure Topic List.

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

Attestation Meaningful Use Measures

Instructions:

For 2014, EPs must pass a minimum of 5 Menu measures without exclusions. Exclusions do not count toward passing the required minimum. If you pass 4 or fewer measures and exclude from 1 or more, you will be required to answer the remaining Menu measures to demonstrate that there are no other Menu measures you can pass.

You must answer at least one of the Public Health measures (9 and 10). If you exclude from one Public Health measure, you must answer both.

If you exclude from both Public Health measures, you must pass 5 of the remaining 7 measures. If you cannot pass 5 Menu measures without excluding, you must answer all 8 of the remaining measures, including those that do not have exclusions.

If you can pass 1 Public Health measure, you must pass 4 of the remaining 7 Menu Measures without exclusions. If you cannot pass 4 without excluding, you must answer all 7 of the remaining Menu measures including those that do not have exclusions.

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

Measure Number	Objective	Public Health Measure	Select
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Measure Number	Objective	Measure	Select
EPMMU01	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"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
EPMMU03	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"/>
EPMMU04	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"/>
EPMMU06	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
EPMMU07	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"/>
EPMMU08	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 a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) section on page 144.

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
✓	Core Measures	13/13	<div>EDIT</div> <div>Clear All</div>
✓	Menu Measures	5/5	<div>EDIT</div> <div>Clear All</div>

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

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

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin

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

Previous

Save & Continue

Meaningful Use Measures Summary for Stage 1

This screen displays the Measures Topic List for **Stage 1** with all three Meaningful Use Measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Proceed to the Meaningful Use Measures Summary screen the following page.

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

Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
✓	Menu Measures	5/5	EDIT Clear All

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

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

✓	Clinical Quality Measure - General	9/9	EDIT Clear All
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

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

Previous
Save & Continue

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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

Attestation Meaningful Use Measures

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

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 1 Denominator = 1 Percentage = 100%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 1 Denominator = 1 Percentage = 100%
<Enter Professional General Tips 1>	Yes
<Enter Professional General Tips 2>	Yes
<Enter Professional General Tips 3>	Yes

Meaningful Use Core Measure Review

Measure Code	Title	Entered	Additional Information
EPCMU01	Core Measure 1 - CPOE for Medication Orders Original	Numerator = 350 Denominator = 1001 Percentage = 34%	Patient Records = All
EPCMU02	Core Measure 2 - Drug Interaction Checks	Yes	N/A
EPCMU03	Core Measure 3 - Maintain Problem List	Numerator = 1 Denominator = 1 Percentage = 100%	N/A
EPCMU04	Core Measure 4 - ePrescribing (eRx)	Exclusion 1 = No Exclusion 2 = No Numerator = 1 Denominator = 1 Percentage = 100%	N/A
EPCMU05	Core Measure 5 - Active Medication List	Numerator = 1 Denominator = 1 Percentage = 100%	N/A
EPCMU06	Core Measure 6 - Medication Allergy List	Numerator = 1 Denominator = 1 Percentage = 100%	N/A

This is screen 2 of 4 of the Meaningful Use Measure Review.

EPCMU07	Core Measure 7 - Record Demographics	Numerator = 1 Denominator = 1 Percentage = 100%	N/A
EPCMU08	Core Measure 8 - Record Vital Signs	Exclusion 1 = No Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 1 Denominator = 1 Percentage = 100%	Patient Records = All
EPCMU09	Core Measure 9 - Record Smoking Status	Numerator = 1 Denominator = 1 Percentage = 100%	Patient Records = All
EPCMU10	Core Measure 10 - Clinical Decision Support Rule	Yes	N/A
EPCMU11	Core Measure 11 - Patient Electronic Access	Numerator = 1 Denominator = 1 Percentage = 100%	N/A
EPCMU12	Core Measure 12 - Clinical Summaries	Numerator = 1 Denominator = 1 Percentage = 100%	Patient Records = All
EPCMU13	Core Measure 13 - Protect Electronic Health Information	Yes	N/A

Meaningful Use Menu Measure Review

Measure Code	Title	Entered	Additional Information
EPMMU01	Menu Measure 1 - Drug Formulary Checks	Yes	N/A
EPMMU03	Menu Measure 3 - Patient List	Yes	N/A
EPMMU05	Menu Measure 5 - Patient - Specific Education Resources	Numerator = 356 Denominator = 989 Percentage = 35%	N/A
EPMMU06	Menu Measure 6 - Medication Reconciliation	Numerator = 875 Denominator = 1098 Percentage = 79%	N/A
EPMMU08	Menu Measure 8 - Immunization Registries Data Submission	No No	See below for additional information

Additional Information

EPMMU08

Immunization Registry : Immunization Reg
Test Successful : Yes
Test Date & Time : 10/23/2013 09:20 PM
Follow Up Submission : Yes

This is screen 3 of 4 of the Meaningful Use Measure Review.

Meaningful Use Clinical Quality Measure Review			
Measure Code	Domain	Title	Entered
CMS50 v3	Care Coordination	Closing the referral loop: receipt of specialist report	Numerator = 25 Denominator = 100 Performance Rate (%) = 10.0
CMS52 v3	Clinical Process/Effectiveness	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Stratum 1 Numerator 1 = 34 Denominator 1 = 100 Performance Rate 1 (%) = 13.0 Exception 1 = 3 Stratum 2 Numerator 2 = 45 Denominator 2 = 123 Performance Rate 2 (%) = 12.0 Exception 2 = 5 Stratum 3 Numerator 3 = 45 Denominator 3 = 100 Performance Rate 3 (%) = 4.0
CMS61 v4	Clinical Process/Effectiveness	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Stratum 1 Numerator 1 = 23 Denominator 1 = 102 Performance Rate 1 (%) = 2.0 Exclusion 1 = 4 Exception 1 = 12 Stratum 2 Numerator 2 = 34 Denominator 2 = 105 Performance Rate 2 (%) = 3.0 Exclusion 2 = 5 Exception 2 = 12 Stratum 3 Numerator 3 = 54 Denominator 3 = 100 Performance Rate 3 (%) = 10.0 Exclusion 3 = 7 Exception 3 = 14
CMS125 v3	Clinical Process/Effectiveness	Breast Cancer Screening	Numerator = 23 Denominator = 101 Performance Rate (%) = 4.0 Exclusion = 5
CMS126 v3	Clinical Process/Effectiveness	Use of Appropriate Medications for Asthma	Stratum 1 Numerator 1 = 12 Denominator 1 = 67 Performance Rate 1 (%) = 3.0 Exclusion 1 = 5 Stratum 2 Numerator 2 = 34 Denominator 2 = 120 Performance Rate 2 (%) = 12.0 Exclusion 2 = 7 Stratum 3 Numerator 3 = 23 Denominator 3 = 100 Performance Rate 3 (%) = 15.0 Exclusion 3 = 12 Stratum 4 Numerator 4 = 32 Denominator 4 = 123 Performance Rate 4 (%) = 20.0 Exclusion 4 = 15 Stratum 5 Numerator 5 = 24 Denominator 5 = 156 Performance Rate 5 (%) = 35.0 Exclusion 5 = 4

This is screen 4 of 4 of the Meaningful Use Measure Review.

CMS127 v3	Clinical Process/Effectiveness	Pneumonia Vaccination Status for Older Adults	Numerator = 12 Denominator = 45 Performance Rate (%) = 4.0
CMS129 v4	Efficient Use of Healthcare Resources	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Numerator = 78 Denominator = 100 Performance Rate (%) = 56.0 Exception = 4
CMS146 v3	Efficient Use of Healthcare Resources	Appropriate Testing for Children with Pharyngitis	Numerator = 45 Denominator = 102 Performance Rate (%) = 78.0 Exclusion = 2
CMS179 v3	Patient Safety	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Population = 34 Observation (%) = 23.0

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

Proceed to the Attestation Phase (Part 3 of 3) on page 162.

Stage 2

Meaningful Use Core Measures

This screen provides information about the Meaningful Use Core Measures for Stage 2.

Click **Begin** to continue to the Meaningful Use Core Measure List Table.

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

MEANINGFUL USE CORE MEASURES

As part of the meaningful use attestation, Eligible Professionals (EP) are required to complete **all Core Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all Core measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the Core measures.
6. Evaluation of MU measures are made after the application is submitted.

Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down an exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators:

1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology.
2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using certified EHR technology.

[Begin](#)

The screens on the following two pages display the Meaningful Use Core Measure List Table.

You must attest to all 17 Meaningful Use Core Measures.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return to Main** to return to the Measures Topic List.

This is screen 1 of 2 of the Meaningful Use Core Measure List Table.

Get Started
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Attestation
Review
Submit

Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.		EDIT
EPCMU02	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.		EDIT
EPCMU03	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.		EDIT
EPCMU04	Record and chart changes in the following 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, including BMI 	More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.		EDIT
EPCMU05	Record smoking status for patients 13 years old or older.	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.		EDIT
EPCMU06	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT
EPCMU07	Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information. More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.		EDIT

This is screen 2 of 2 of the Meaningful Use Core Measure List Table.

EPCMU08	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.	EDIT
EPCMU09	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.	EDIT
EPCMU10	Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.	More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.	EDIT
EPCMU11	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.	EDIT
EPCMU12	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	EDIT
EPCMU13	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	EDIT
EPCMU14	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	EDIT
EPCMU15	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 care record for each transition of care or referral.	<p>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 percent of transitions of care and referrals.</p> <p>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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN. An EP must satisfy one of the following criteria:</p> <p>(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).</p> <p>(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</p>	EDIT
EPCMU16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.	EDIT
EPCMU17	Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	EDIT

[Return to Main](#)

The following is a list of the 17 Meaningful Use Core Measures that you must attest to.

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Core Measure	Screen Example
Core Measure 1 – CPOE for Medication, Laboratory and Radiology Orders	Screen 1
Core Measure 2 – ePrescribing (eRx)	Screen 2
Core Measure 3 – Record Demographics	Screen 3
Core Measure 4 – Record Vital Signs	Screen 4
Core Measure 5 – Record Smoking Status	Screen 5
Core Measure 6 – Clinical Decision Support Rule	Screen 6
Core Measure 7 – Patient Electronic Access	Screen 7
Core Measure 8 – Clinical Summaries	Screen 5
Core Measure 9 – Protect Electronic Health Information	Screen 8
Core Measure 10 – Clinical Lab-Test Results	Screen 5
Core Measure 11 – Patient Lists	Screen 8
Core Measure 12 – Preventive Care	Screen 5
Core Measure 13 – Patient-Specific Education Resources	Screen 5
Core Measure 14 – Medication Reconciliation	Screen 9
Core Measure 15 – Summary of Care	Screen 10
Core Measure 16 – Immunization Registries Data Submission	Screen 11
Core Measure 17 – Use Secure Electronic Messaging	Screen 9

There are 17 Meaningful Use Core Measure screens. As you proceed through the Meaningful Use Core Measure section of MAPIR, you will see 11 different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Core Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown on the following pages.

Screen 1

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 1

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

Attestation Meaningful Use Measures

Core Measure 1 - CPOE for Medication, Laboratory and Radiology Orders

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

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

(*) Red asterisk indicates a required field.

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

Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded 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.

Measure 1: Medication
Numerator 1: The number of orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by the EP during the EHR reporting period.
EXCLUSION 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

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

☐ Yes ☐ No

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

Numerator 1: **Denominator 1:**

Measure 2: Radiology
Numerator 2: The number of orders in the denominator recorded using CPOE.
Denominator 2: Number of radiology orders created by the EP during the EHR reporting period.
EXCLUSION 2: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

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

☐ Yes ☐ No

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

Numerator 2: **Denominator 2:**

Measure 3: Laboratory
Numerator 3: The number of orders in the denominator recorded using CPOE.
Denominator 3: Number of laboratory orders created by the EP during the EHR reporting period.
EXCLUSION 3: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

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

☐ Yes ☐ No

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

Numerator 3: **Denominator 3:**

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

Screen 2

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 2

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☒

Review

Submit ☐

Attestation Meaningful Use Measures

Core Measure 2 - ePrescribing (eRx)

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

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

(*) Red asterisk indicates a required field.

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

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

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

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

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

*Does this exclusion apply to you?

☐ Yes ☐ No

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

*Does this exclusion apply to you?

☐ Yes ☐ No

If the exclusions do not apply to you, please 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 other than controlled substances during the EHR reporting period; or Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

Numerator:
Denominator:

Previous

Reset

Save & Continue

Screen 3

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 3

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☒

Review

Submit

Attestation Meaningful Use Measures

Core Measure 3 - Record Demographics

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

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

(*) Red asterisk indicates a required field.

Objective: Record the following demographics: preferred language, sex, race, ethnicity, date of birth.

Measure: More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.

Numerator: The number of patients in the denominator who have all the elements of demographics (or a specific notation 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:

Previous

Reset

Save & Continue

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Screen 4

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 4

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit

Attestation Meaningful Use Measures

Core Measure 4 - Record Vital Signs

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

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

(*) Red asterisk indicates a required field.

Objective:

Record and chart changes in the following vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children, including BMI

Measure:

More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) 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 1:

Any EP who sees no patients 3 years or older is excluded from recording blood pressure. **If this exclusion applies to you enter a 'Yes' in Exclusion 1 and complete entries in the Numerator and Denominator.**

☐ Yes ☐ No

EXCLUSION 2:

Any EP who believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them. **If this exclusion applies to you enter a 'Yes' in Exclusion 2 and do not complete entries in the numerator and denominator.**

☐ Yes ☐ No

EXCLUSION 3:

Any EP who Believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure. **If this exclusion applies to you enter a 'Yes' in Exclusion 3 and complete entries in the Numerator and Denominator.**

☐ Yes ☐ No

EXCLUSION 4:

Any EP who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight. **If this exclusion applies to you enter a 'Yes' in Exclusion 4 and complete entries in the Numerator and Denominator.**

☐ Yes ☐ No

Numerator:

Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.

Denominator:

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

* Numerator:

* Denominator:

Previous

Reset

Save & Continue

Screen 5

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 5, 8, 10, 12, 13

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☐

Review

Submit ☐

Attestation Meaningful Use Measures

Core Measure 5 - Record Smoking Status

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

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

(*) Red asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 80 percent 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: Any EP that neither sees nor admits any patients 13 years old or older.

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

☐ Yes ☐ No

Numerator: The number of 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:

Denominator:

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Save & Continue

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Screen 6

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 6

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

Attestation Meaningful Use Measures

Core Measure 6 - Clinical Decision Support Rule

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

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

(*) Red asterisk indicates a required field.

Objective:

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

Measure 1:

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

Did you meet this measure?

Yes
No

Measure 2 Exclusion:

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

Does this exclusion apply to you? If 'No', complete Measure2.

Yes
No

Measure 2:

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

Did you meet this measure?

Yes
No

Previous

Reset

Save & Continue

Screen 7

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 7

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☒

Review

Submit ☐

Attestation Meaningful Use Measures

Core Measure 7 - Patient Electronic Access

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

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

(*) Red asterisk indicates a required field.

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

***Exclusion Measure 1 and 2:** Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for 'Patient name' and 'Provider's name and office contact information', may exclude **both** measures.

☒ Yes ☐ No

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.
Numerator: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information.
Denominator: Number of unique patients seen by the EP during the EHR reporting period.

Numerator: **Denominator:**

Exclusion Measure 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude **only** the second measure.

☐ Yes ☐ No

Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.
Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information.
Denominator: Number of unique patients seen by the EP during the EHR reporting period.

Numerator: **Denominator:**

Previous

Reset

Save & Continue

Screen 8

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 9 and 11

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

Attestation Meaningful Use Measures

Core Measure 9 - Protect Electronic Health Information

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

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

(*) Red asterisk indicates a required field.

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

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

*Did you meet this measure?

☐ Yes ☐ No

Previous
Reset
Save & Continue

Screen 9


The following Meaningful Use Core Measure uses this screen layout:

Core Measure 14 and 17

Get StartedR&A/Contact Info ☒Eligibility ☒Patient Volumes ☒Attestation ☒ReviewSubmit ☐

Attestation Meaningful Use Measures

Core Measure 14 - Medication Reconciliation

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

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

(*) Red asterisk indicates a required field.

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

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

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

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

☐ Yes ☐ No

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

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

Numerator:

Denominator:

PreviousResetSave & Continue

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Screen 10

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 15

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit ☐

Attestation Meaningful Use Measures

Core Measure 15 - Summary of Care

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

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

(*) Red asterisk indicates a required field.

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

***EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all three measures.

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

☒ Yes ☐ No

Measure 1: 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 percent of transitions of care and referrals.

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

Denominator 1: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

Numerator 1: **Denominator 1:**

Measure 2: 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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Numerator 2: The number of transitions of care and referrals in the denominator where a summary of care record was (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

Denominator 2: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Numerator 2: **Denominator 2:**

Measure 3: An EP must satisfy one of the following criteria:

(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in 'measure 2' (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

Satisfied 3a: ☐ Yes ☐ No

(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Satisfied 3b: ☐ Yes ☐ No

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Save & Continue

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Screen 11

The following Meaningful Use Core Measure uses this screen layout:

Core Measure 16

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Attestation Meaningful Use Measures

Core Measure 16 - Immunization Registries Data Submission

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

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

(*) Red asterisk indicates a required field.

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

Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

The Eligible Professional must attest Yes or No to the following criteria under the umbrella of ongoing submission:

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current reporting period using either the current standard at 45 CFR 170.314(f)(1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

☐ Yes ☐ No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission as achieved.

☐ Yes ☐ No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is still engaged in testing and validation of ongoing electronic submission.

☐ Yes ☐ No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is awaiting invitation to begin testing and validation.

☐ Yes ☐ No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any Eligible Professional that meets one or more of the following criteria may be excluded from this objective.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data.

☐ Yes ☐ No

Operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional EPs.

☐ Yes ☐ No

Previous
Reset
Save & Continue

After you enter information for a measure, click the **Save & Continue**. You will be returned to the Meaningful Use Core Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

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Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.	Measure 1 = Excluded Numerator 2 = 234 Denominator 2 = 803 Measure 3 = Excluded	EDIT
EPCMU02	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.		EDIT
EPCMU03	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.		EDIT

Once you have attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

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Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.	Measure 1 = Excluded Numerator 2 = 234 Denominator 2 = 803 Measure 3 = Excluded	EDIT
EPCMU02	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Exclusion 1 = No Exclusion 2 = Excluded	EDIT
EPCMU03	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 890 Denominator = 1010	EDIT
EPCMU04	Record and chart changes in the following 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, including BMI 	More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Exclusion = No Numerator = 899 Denominator = 1002	EDIT
EPCMU05	Record smoking status for patients 13 years old or older.	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Exclusion = No Numerator = 87 Denominator = 105	EDIT
EPCMU06	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	EDIT
EPCMU07	Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information. More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.	Exclusion Measure 1 & 2 = Excluded	EDIT
EPCMU08	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.	Exclusion = No Numerator = 654 Denominator = 1045	EDIT

EPCMU08	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.	Exclusion = No Numerator = 654 Denominator = 1045	EDIT
EPCMU09	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.	Yes	EDIT
EPCMU10	Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data.	More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.	Exclusion = Excluded	EDIT
EPCMU11	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	EDIT
EPCMU12	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	Exclusion = No Numerator = 176 Denominator = 897	EDIT
EPCMU13	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = Excluded	EDIT
EPCMU14	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 687 Denominator = 1056	EDIT
EPCMU15	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 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 percent of transitions of care and referrals. 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 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN. An EP must satisfy one of the following criteria: (a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). (b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	Exclusion = No Numerator 1 = 80 Denominator 1 = 100 Numerator 2 = 87 Denominator 2 = 107 Measure 3 = Satisfied a = Yes Satisfied b = Yes	EDIT
EPCMU16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.	Q1 = Yes Q2 = Yes Q3 = Yes Q4 = Yes	EDIT
EPCMU17	Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 58 Denominator = 200	EDIT

[Return to Main](#)

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear all topic information you entered. Click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	17/17	EDIT Clear All
	Menu Measures		Begin

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

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

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin

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

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Save & Continue

Meaningful Use Menu Set Measures

This initial screen provides information about the Meaningful Use Menu Measures for Stage 2.

Click **Begin** to continue to the Meaningful Use Menu Measures Selection screen.

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MEANINGFUL USE MENU SET MEASURES

As part of the **meaningful use attestation stage 2** process, Eligible Professionals (EP) are required to complete **3 Menu Set Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation. *Please note, for all stages of meaningful use under program year 2014 these exclusions will no longer count towards the number of menu objectives needed.*

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the required measures.
6. Evaluation of MU measures are made after the application is submitted.

Begin

From the Meaningful Use Menu Measures Selection screen, choose a minimum of three Meaningful Use Menu Measures to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.

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Attestation Meaningful Use Measures

Instructions:

Eligible Professionals must report on a minimum of three (3) Meaningful Use Menu Measures. Of the six (6) menu measures, a minimum of three (3) measures can be met only if the measures are not excluded. If an Eligible Professional cannot answer at least three (3) menu measures without taking an exclusion, then the Eligible Professional must answer all six (6) measures.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

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

Measure Number	Objective	Measure	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	<input checked="" type="checkbox"/>
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	<input checked="" type="checkbox"/>
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	<input checked="" type="checkbox"/>
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	<input checked="" type="checkbox"/>
EPMMU05	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	<input type="checkbox"/>
EPMMU06	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	<input type="checkbox"/>

Return to Main
Reset
Save & Continue

The measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the four measures selected on the previous screen example.

You must complete all measures on this screen.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Selection List** to return to the Measures Topic List.

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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.		EDIT
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.		EDIT
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.		EDIT
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.		EDIT

Return to Selection List

The following is a list of the six Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Menu Measure	Screen Example
Menu Measure 1 - Syndromic Surveillance Data Submission	Screen 1
Menu Measure 2 - Electronic Notes	Screen 2
Menu Measure 3 - Imaging Results	Screen 2
Menu Measure 4 - Family Health History	Screen 2
Menu Measure 5 - Report Cancer Cases	Screen 1
Menu Measure 6 - Report Specific Cases	Screen 1

There are six Meaningful Use Menu Measure screens. As you proceed through the Meaningful Use Menu Measure section of MAPIR, you will see three different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Menu Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown on the following pages.

Screen 1

The following Meaningful Use Menu Measures use this screen layout:

Menu Measures 1, 5, and 6

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Attestation Meaningful Use Measures

Menu Measure 1 - Syndromic Surveillance Data Submission

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

The EP must attest YES to successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. Please select either Yes or No for each of the four criteria listed below.

*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period.

☐ Yes ☐ No

*Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

☐ Yes ☐ No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is still engaged in testing and validation of ongoing electronic submission.

☐ Yes ☐ No

*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is awaiting invitation to begin testing and validation.

☐ Yes ☐ No

EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any EP that meets one or more of the following criteria may be excluded from this objective:

The EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period.

☐ Yes ☐ No

The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period.

☐ Yes ☐ No

The EP operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data.

☐ Yes ☐ No

The EP operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs.

☐ Yes ☐ No

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Screen 2


The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 2, 3, and 4

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Attestation Meaningful Use Measures

Menu Measure 2 - Electronic Notes

 Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Record electronic notes in patient records.

Measure: Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.

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

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

☐ Yes ☐ No

Numerator = The number of unique patients in the denominator who have at least one electronic progress note from an eligible professional recorded as text searchable data.

Denominator = Number of unique patients with at least one office visit during the EHR reporting period for EPs during the EHR reporting period.

Numerator:

Denominator:

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After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Menu Measure Worksheet. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click on the **Edit** button for the next measure.

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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

When all measures have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main measure topic list.

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	Q1 = Yes Q2 = No Q3 = Yes Q4 = No	EDIT
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.		EDIT
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.		EDIT
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.		EDIT

Return to Selection List

Once you have attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Menu Measure Selection screen.

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Meaningful Use Menu Measure Worksheet

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

When all measures have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main measure topic list.

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	Q1 = Yes Q2 = No Q3 = Yes Q4 = No	EDIT
EPMMU02	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	Numerator = 304 Denominator = 998	EDIT
EPMMU03	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	Excluded	EDIT
EPMMU04	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	Numerator = 345 Denominator = 1010	EDIT

Return to Selection List

Click **Return to Main** to return to the Measure Topic List.

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click **Edit** to further edit the topic, or click **Clear All** to clear all topic information you entered. Click **Begin** to start the next topic.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) on page 144.

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Attestation Meaningful Use Measures

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	17/17	EDIT Clear All
✓	Menu Measures	4/4	EDIT Clear All

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

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

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin

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

Previous
Save & Continue


Meaningful Use Measures Summary for Stage 2

This screen displays the Measures Topic List for **Stage 2** with all four Meaningful Use Measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.




Proceed to the Meaningful Use Measures Summary screen on the following page.

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Attestation Meaningful Use Measures


Meaningful use measures are grouped into topics. Please complete all of the following topic areas: General Requirements, Core Measures, Menu Measures, and one of Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

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

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
	Core Measures	17/17	<div>EDIT</div> <div>Clear All</div>
	Menu Measures	4/4	<div>EDIT</div> <div>Clear All</div>

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

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

	Clinical Quality Measure - General	9/9	<div>EDIT</div> <div>Clear All</div>
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		

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

Previous

Save & Continue

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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Attestation Meaningful Use Measures

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

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 600 Denominator = 1000 Percentage = 60%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 850 Denominator = 1000 Percentage = 85%

Meaningful Use Core Measure Review

Measure Code	Title	Entered	Additional Information
EPCMU01	Core Measure 1 - CPOE for Medication, Laboratory and Radiology Orders	Measure 1 = Excluded Numerator 2 = 234 Denominator 2 = 803 Percentage = 29% Measure 3 = Excluded	Patient Records = All
EPCMU02	Core Measure 2 - ePrescribing (eRx)	Exclusion 1 = No Exclusion 2 = Excluded	Patient Records = All
EPCMU03	Core Measure 3 - Record Demographics	Numerator = 890 Denominator = 1010 Percentage = 88%	N/A
EPCMU04	Core Measure 4 - Record Vital Signs	Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No Numerator = 899 Denominator = 1002 Percentage = 89%	Patient Records = All

This is screen 2 of 4 of the Meaningful Use Measure Review.

EPCMU05	Core Measure 5 - Record Smoking Status	Exclusion = No Numerator = 87 Denominator = 105 Percentage = 82%	Patient Records = All
EPCMU06	Core Measure 6 - Clinical Decision Support Rule	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	N/A
EPCMU07	Core Measure 7 - Patient Electronic Access	Exclusion Measure 1 and 2 = Excluded	N/A
EPCMU08	Core Measure 8 - Clinical Summaries	Exclusion = No Numerator = 654 Denominator = 1045 Percentage = 62%	Patient Records = All
EPCMU09	Core Measure 9 - Protect Electronic Health Information	Yes	N/A
EPCMU10	Core Measure 10 - Clinical Lab - Test Results	Exclusion = Excluded	Patient Records = All
EPCMU11	Core Measure 11 - Patient Lists	Yes	N/A
EPCMU12	Core Measure 12 - Preventive Care	Exclusion = No Numerator = 176 Denominator = 897 Percentage = 19%	Patient Records = All
EPCMU13	Core Measure 13 - Patient-Specific Education Resources	Exclusion = Excluded	Patient Records = All
EPCMU14	Core Measure 14 - Medication Reconciliation	Exclusion = No Numerator = 687 Denominator = 1056 Percentage = 65%	N/A
EPCMU15	Core Measure 15 - Summary of Care	Exclusion = No Numerator 1 = 80 Denominator 1 = 100 Percentage = 80% Numerator 2 = 87 Denominator 2 = 107 Percentage = 81% Measure 3 = Satisfied a = Yes Satisfied b = Yes	N/A
EPCMU16	Core Measure 16 - Immunization Registries Data Submission	Q1 = Yes Q2 = Yes Q3 = Yes Q4 = Yes	N/A
EPCMU17	Core Measure 17 - Use Secure Electronic Messaging	Exclusion = No Numerator = 58 Denominator = 200 Percentage = 29%	N/A

This is screen 3 of 4 of the Meaningful Use Measure Review.

Meaningful Use Menu Measure Review			
Measure Code	Title	Entered	Additional Information
EPMMU01	Menu Measure 1 - Syndromic Surveillance Data Submission	Q1 = Yes Q2 = No Q3 = Yes Q4 = No	N/A
EPMMU02	Menu Measure 2 - Electronic Notes	Numerator = 304 Denominator = 998 Percentage = 30%	N/A
EPMMU03	Menu Measure 3 - Imaging Results	Excluded	N/A
EPMMU04	Menu Measure 4 - Family Health History	Numerator = 345 Denominator = 1010 Percentage = 34%	N/A

Meaningful Use Clinical Quality Measure Review			
Measure Code	Domain	Title	Entered
CMS50 v3	Care Coordination	Closing the referral loop: receipt of specialist report	Numerator = 25 Denominator = 100 Performance Rate (%) = 10.0
CMS52 v3	Clinical Process/Effectiveness	HIV/AIDS; Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Stratum 1 Numerator 1 = 34 Denominator 1 = 100 Performance Rate 1 (%) = 13.0 Exception 1 = 3 Stratum 2 Numerator 2 = 45 Denominator 2 = 123 Performance Rate 2 (%) = 12.0 Exception 2 = 5 Stratum 3 Numerator 3 = 45 Denominator 3 = 100 Performance Rate 3 (%) = 4.0
CMS61 v4	Clinical Process/Effectiveness	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Stratum 1 Numerator 1 = 23 Denominator 1 = 102 Performance Rate 1 (%) = 2.0 Exclusion 1 = 4 Exception 1 = 12 Stratum 2 Numerator 2 = 34 Denominator 2 = 105 Performance Rate 2 (%) = 3.0 Exclusion 2 = 5 Exception 2 = 12 Stratum 3 Numerator 3 = 54 Denominator 3 = 100 Performance Rate 3 (%) = 10.0 Exclusion 3 = 7 Exception 3 = 14
CMS125 v3	Clinical Process/Effectiveness	Breast Cancer Screening	Numerator = 23 Denominator = 101 Performance Rate (%) = 4.0 Exclusion = 5

This is screen 4 of 4 of the Meaningful Use Measure Review.

CMS126 v3	Clinical Process/Effectiveness	Use of Appropriate Medications for Asthma	<p>Stratum 1 Numerator 1 = 12 Denominator 1 = 67 Performance Rate 1 (%) = 3.0 Exclusion 1 = 5</p> <p>Stratum 2 Numerator 2 = 34 Denominator 2 = 120 Performance Rate 2 (%) = 12.0 Exclusion 2 = 7</p> <p>Stratum 3 Numerator 3 = 23 Denominator 3 = 100 Performance Rate 3 (%) = 15.0 Exclusion 3 = 12</p> <p>Stratum 4 Numerator 4 = 32 Denominator 4 = 123 Performance Rate 4 (%) = 20.0 Exclusion 4 = 15</p> <p>Stratum 5 Numerator 5 = 24 Denominator 5 = 156 Performance Rate 5 (%) = 35.0 Exclusion 5 = 4</p>
CMS127 v3	Clinical Process/Effectiveness	Pneumonia Vaccination Status for Older Adults	<p>Numerator = 12 Denominator = 45 Performance Rate (%) = 4.0</p>
CMS129 v4	Efficient Use of Healthcare Resources	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<p>Numerator = 78 Denominator = 100 Performance Rate (%) = 56.0 Exception = 4</p>
CMS146 v3	Efficient Use of Healthcare Resources	Appropriate Testing for Children with Pharyngitis	<p>Numerator = 45 Denominator = 102 Performance Rate (%) = 78.0 Exclusion = 2</p>
CMS179 v3	Patient Safety	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	<p>Population = 34 Observation (%) = 23.0</p>

Previous Save & Continue

Proceed to the Attestation Phase (Part 3 of 3) on page 162.

Stages 1 and 2

Meaningful Use Clinical Quality Measures

There are a total of 64 Meaningful Use Clinical Quality Measures available for you to attest to. To simplify the selection process for EPs with an adult population and EPs with a pediatric population, the Clinical Quality Measures are grouped into sets that contain the recommended measures for these two populations. You may also choose from all 64 measures by selecting the General set. The following are the three available Clinical Quality Measures sets to choose from:

- General: Lists all 64 available Clinical Quality Measures
- Adult Set: Lists the Clinical Quality Measures recommended for EPs with an adult population
- Pediatric Set: Lists the Clinical Quality Measures recommended for EPs with a pediatric population

Only one Clinical Quality Measure set can be completed. If you would like to switch to a different set after one is started, select the Clear All button on the previously selected set.

Select the set that you would like to use to pick at least nine Meaningful Use Clinical Quality Measures from.

This initial screen provides information about the Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

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MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES

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

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

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

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

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

Begin

The screens on the following pages display the Meaningful Use Clinical Quality Selection screen for the set you selected. In this example, the General set was selected.

Each Clinical Quality Measure is associated to one of the six domains.

Select a minimum of nine Meaningful Use Clinical Quality Measures from at least three different domains.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist Table

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

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure General set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected.

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

Clinical Quality Measure list Table

Measure#	Title	Domain	Selection
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination	<input checked="" type="checkbox"/>
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS62 v3	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS64 v4	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS65 v4	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS74 v4	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS75 v3	Children who have dental decay or cavities	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS77 v3	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS122 v3	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS123 v3	Diabetes: Foot Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS124 v3	Cervical Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	<input checked="" type="checkbox"/>
CMS128 v3	Anti-depressant Medication Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS130 v3	Colorectal Cancer Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS131 v3	Diabetes: Eye Exam	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS133 v3	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS134 v3	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS135 v3	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS136 v4	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS137 v3	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS140 v3	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS141 v4	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS142 v3	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness	<input type="checkbox"/>

CMS143 v3	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS144 v3	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS145 v3	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS148 v3	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS149 v3	Dementia: Cognitive Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS158 v3	Pregnant women that had HBsAg testing	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS159 v3	Depression Remission at Twelve Months	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS160 v3	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS161 v3	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS163 v3	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS164 v3	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS165 v3	Controlling High Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS167 v3	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS169 v3	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS182 v4	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	<input checked="" type="checkbox"/>
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	<input checked="" type="checkbox"/>
CMS154 v3	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS166 v4	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources	<input type="checkbox"/>
CMS56 v3	Functional status assessment for hip replacement	Patient and Family Engagement	<input type="checkbox"/>
CMS66 v3	Functional status assessment for knee replacement	Patient and Family Engagement	<input type="checkbox"/>
CMS90 v4	Functional status assessment for complex chronic conditions	Patient and Family Engagement	<input type="checkbox"/>
CMS157 v3	Oncology: Medical and Radiation - Pain Intensity Quantified	Patient and Family Engagement	<input type="checkbox"/>
CMS68 v4	Documentation of Current Medications in the Medical Record	Patient Safety	<input type="checkbox"/>
CMS132 v3	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	<input type="checkbox"/>
CMS139 v3	Falls: Screening for Future Fall Risk	Patient Safety	<input type="checkbox"/>
CMS156 v3	Use of High-Risk Medications in the Elderly	Patient Safety	<input type="checkbox"/>
CMS177 v3	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	<input type="checkbox"/>
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	<input checked="" type="checkbox"/>
CMS2 v4	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	<input type="checkbox"/>
CMS22 v3	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health	<input type="checkbox"/>
CMS69 v3	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	<input type="checkbox"/>
CMS82 v2	Maternal depression screening	Population/Public Health	<input type="checkbox"/>
CMS117 v3	Childhood Immunization Status	Population/Public Health	<input type="checkbox"/>
CMS138 v3	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health	<input type="checkbox"/>
CMS147 v3	Preventive Care and Screening: Influenza Immunization	Population/Public Health	<input type="checkbox"/>
CMS153 v3	Chlamydia Screening for Women	Population/Public Health	<input type="checkbox"/>
CMS155 v3	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health	<input type="checkbox"/>

The screen below displays the Meaningful Use Clinical Quality Measure Worklist Table. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Click **Edit** to enter or edit information for the measure, or click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

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Meaningful Use Clinical Quality Measures

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

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

Meaningful Use Clinical Quality Measure List Table

Measure#	Title	Domain	Entered	Select
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination		EDIT
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness		EDIT
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness		EDIT
CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness		EDIT
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness		EDIT
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness		EDIT
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources		EDIT
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources		EDIT
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety		EDIT

Return

The following is a list of the 64 Clinical Quality Measures available for you to attest to:

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS137v3	Clinical Quality Measure 2	Clinical Process/Effectiveness	Screen 2
CMS165v3	Clinical Quality Measure 3		Screen 1
CMS125v3	Clinical Quality Measure 7		Screen 1
CMS124v3	Clinical Quality Measure 8		Screen 1
CMS130v3	Clinical Quality Measure 10		Screen 1
CMS126v3	Clinical Quality Measure 11		Screen 2
CMS127v3	Clinical Quality Measure 14		Screen 3
CMS131v3	Clinical Quality Measure 16		Screen 3
CMS123v3	Clinical Quality Measure 17		Screen 3
CMS122v3	Clinical Quality Measure 18		Screen 3
CMS148v3	Clinical Quality Measure 19		Screen 3
CMS134v3	Clinical Quality Measure 20		Screen 3
CMS163v3	Clinical Quality Measure 21		Screen 3
CMS164v3	Clinical Quality Measure 22		Screen 3
CMS145v3	Clinical Quality Measure 24		Screen 4
CMS182v4	Clinical Quality Measure 25		Screen 3
CMS135v3	Clinical Quality Measure 26		Screen 1
CMS144v3	Clinical Quality Measure 27		Screen 1
CMS143v3	Clinical Quality Measure 28		Screen 1
CMS167v3	Clinical Quality Measure 29		Screen 1
CMS142v3	Clinical Quality Measure 30		Screen 1
CMS161v3	Clinical Quality Measure 32		Screen 3
CMS128v3	Clinical Quality Measure 33		Screen 1
CMS136v3	Clinical Quality Measure 34		Screen 3
CMS169v3	Clinical Quality Measure 35		Screen 3

CMS141v4	Clinical Quality Measure 37		Screen 1
CMS140v3	Clinical Quality Measure 38		Screen 1
CMS62v3	Clinical Quality Measure 40		Screen 3
CMS52v3	Clinical Quality Measure 41		Screen 4
CMS77v3	Clinical Quality Measure 42		Screen 3
CMS133v3	Clinical Quality Measure 47		Screen 1
CMS158v3	Clinical Quality Measure 48		Screen 1
CMS159v3	Clinical Quality Measure 49		Screen 1
CMS160v3	Clinical Quality Measure 50		Screen 4
CMS75v3	Clinical Quality Measure 51		Screen 3
CMS74v4	Clinical Quality Measure 54		Screen 2
CMS61v4	Clinical Quality Measure 55		Screen 4
CMS64v4	Clinical Quality Measure 56		Screen 4
CMS149v3	Clinical Quality Measure 57		Screen 1
CMS65v4	Clinical Quality Measure 58		Screen 1
CMS146v3	Clinical Quality Measure 1	Efficient Use of Healthcare Resources	Screen 1
CMS166v4	Clinical Quality Measure 15		Screen 1
CMS154v3	Clinical Quality Measure 23		Screen 1
CMS129v4	Clinical Quality Measure 39		Screen 1
CMS157v3	Clinical Quality Measure 36	Patient and Family Engagement	Screen 3
CMS66v3	Clinical Quality Measure 60		Screen 1
CMS56v3	Clinical Quality Measure 61		Screen 1
CMS90v3	Clinical Quality Measure 62		Screen 1
CMS156v3	Clinical Quality Measure 4	Patient Safety	Screen 3

CMS139v3	Clinical Quality Measure 31		Screen 1
CMS68v4	Clinical Quality Measure 44		Screen 1
CMS132v3	Clinical Quality Measure 46		Screen 1
CMS177v3	Clinical Quality Measure 52		Screen 3
CMS179v3	Clinical Quality Measure 63		Screen 6
CMS155v3	Clinical Quality Measure 5	Population/Public Health	Screen 2
CMS138v3	Clinical Quality Measure 6		Screen 1
CMS153v3	Clinical Quality Measure 9		Screen 2
CMS117v3	Clinical Quality Measure 12		Screen 3
CMS147v3	Clinical Quality Measure 13		Screen 1
CMS2v4	Clinical Quality Measure 43		Screen 5
CMS69v3	Clinical Quality Measure 45		Screen 4
CMS82v2	Clinical Quality Measure 53		Screen 3
CMS22v3	Clinical Quality Measure 64		Screen 5
CMS50v3	Clinical Quality Measure 59	Care Coordination	Screen 3

There are 64 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see six different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Measure Numbers use this screen layout:

CQM 1, 3, 6, 7, 8, 10, 13, 15, 23, 26, 27, 28, 29, 30, 31, 33, 37, 38, 39, 44, 46, 47, 48, 49, 57, 58, 60, 61, and 62

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Attestation Meaningful Use Measures

Clinical Quality Measure 1

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

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

(*) Red asterisk indicates a required field.

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

Domain:	Efficient Use of Healthcare Resources
Measure Number:	CMS146 v3
Measure Title:	Appropriate Testing for Children with Pharyngitis
Measure Description:	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:

* Denominator:

* Performance Rate (%):

* Exclusion:

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Screen 2

The following Measure Numbers use this screen layout:

CQM 2, 5, 9, 11, and 54

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Attestation Meaningful Use Measures

Clinical Quality Measure 2

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

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

(*) Red asterisk indicates a required field.

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

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

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

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

Stratum 1 Patient ages 13 -17

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

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

Stratum 2 Patient ages >=18

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

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

Stratum 3 Total Patient ages >=13

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

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

Previous
Reset
Save & Continue

Screen 3

The following Measure Numbers use this screen layout:

CQM 4, 12, 14, 16, 17, 18, 19, 20, 21, 22, 25, 32, 34, 35, 36, 40, 42, 51, 52, 53, and 59

Get StartedR&A/Contact Info ☒Eligibility ☒Patient Volumes ☒Attestation ☒ReviewSubmit ☐

Attestation Meaningful Use Measures

Clinical Quality Measure 12

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

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

(*) Red asterisk indicates a required field.

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

Domain:

Population/Public Health

Measure Number:

CMS117 v3

Measure Title:

Childhood Immunization Status

Measure Description:

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Numerator:

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

Denominator:

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

Performance Rate(%):

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

* Numerator:

* Denominator:

* Performance Rate (%):

Previous

Reset

Save & Continue

155

Screen 4

The following Measure Numbers use this screen layout:

CQM 24, 41, 45, 50, 55, and 56

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

Attestation Meaningful Use Measures

Clinical Quality Measure 24

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

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

(*) Red asterisk indicates a required field.

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

Domain:
Measure Number:
Measure Title:
Measure Description:

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

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

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

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

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

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

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

Previous

Reset

Save & Continue

Screen 5

The following Measure Numbers use this screen layout:

CQM 43 and 64

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

Attestation Meaningful Use Measures

Clinical Quality Measure 43

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

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

(*) Red asterisk indicates a required field.

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

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

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

Previous
Reset
Save & Continue

157

Screen 6

The following Measure Numbers use this screen layout:

CQM 63

Get StartedR&A/Contact InfoEligibilityPatient VolumesAttestationReviewSubmit

Attestation Meaningful Use Measures

Clinical Quality Measure 63

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

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

(*) Red asterisk indicates a required field.

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

Domain:

Patient Safety

Measure Number:

CMS179 v3

Measure Title:

ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

Measure Description:

Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

Population:

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

Observation (%):

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

* Population:

* Observation (%)

PreviousResetSave & Continue

158

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Clinical Quality Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

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

Meaningful Use Clinical Quality Measures

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

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

Meaningful Use Clinical Quality Measure List Table

Measure#	Title	Domain	Entered	Select
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination	Numerator = 25 Denominator = 100 Performance Rate (%) = 10.0	EDIT
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness		EDIT
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness		EDIT
CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness		EDIT
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness		EDIT
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness		EDIT
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources		EDIT
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources		EDIT
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety		EDIT

Return

The screens on the following pages display the Meaningful Use Quality Measures List Table with data entered for every measure selected to attest to.

This is screen 1 of 2 of the Meaningful Use Quality Measures List Table.

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

Meaningful Use Clinical Quality Measures

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

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

Meaningful Use Clinical Quality Measure List Table

Measure#	Title	Domain	Entered	Select
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination	Numerator = 25 Denominator = 100 Performance Rate (%) = 10.0	EDIT
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 34 Denominator 1 = 100 Performance Rate 1 (%) = 13.0 Exception 1 = 3 Stratum 2 Numerator 2 = 45 Denominator 2 = 123 Performance Rate 2 (%) = 12.0 Exception 2 = 5 Stratum 3 Numerator 3 = 45 Denominator 3 = 100 Performance Rate 3 (%) = 4.0	EDIT
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 23 Denominator 1 = 102 Performance Rate 1 (%) = 2.0 Exclusion 1 = 4 Exception 1 = 12 Stratum 2 Numerator 2 = 34 Denominator 2 = 105 Performance Rate 2 (%) = 3.0 Exclusion 2 = 5 Exception 2 = 12 Stratum 3 Numerator 3 = 54 Denominator 3 = 100 Performance Rate 3 (%) = 10.0 Exclusion 3 = 7 Exception 3 = 14	EDIT

This is screen 2 of 2 of the Meaningful Use Quality Measures List Table.

CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness	Numerator = 23 Denominator = 101 Performance Rate (%) = 4.0 Exclusion = 5	EDIT
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 12 Denominator 1 = 67 Performance Rate 1 (%) = 3.0 Exclusion 1 = 5 Stratum 2 Numerator 2 = 34 Denominator 2 = 120 Performance Rate 2 (%) = 12.0 Exclusion 2 = 7 Stratum 3 Numerator 3 = 23 Denominator 3 = 100 Performance Rate 3 (%) = 15.0 Exclusion 3 = 12 Stratum 4 Numerator 4 = 32 Denominator 4 = 123 Performance Rate 4 (%) = 20.0 Exclusion 4 = 15 Stratum 5 Numerator 5 = 24 Denominator 5 = 156 Performance Rate 5 (%) = 35.0 Exclusion 5 = 4	EDIT
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness	Numerator = 12 Denominator = 45 Performance Rate (%) = 4.0	EDIT
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	Numerator = 78 Denominator = 100 Performance Rate (%) = 56.0 Exception = 4	EDIT
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	Numerator = 45 Denominator = 102 Performance Rate (%) = 78.0 Exclusion = 2	EDIT
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	Population = 34 Observation (%) = 23.0	EDIT
Return				

Click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

From the Meaningful Use Clinical Quality Selection screen, click **Return to Main** to return to the Measure Topic List.

If you are in Stage 1, proceed to page 105.

If you are in Stage 2, proceed to page 139.

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase asks you to identify whether or not you assigned your incentive payment and to confirm the address to which the incentive payment should be sent, contingent on obtaining approval from DCH for an incentive payment.

Click **Yes** to confirm you are receiving this payment as the payee indicated or you are assigning this incentive payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

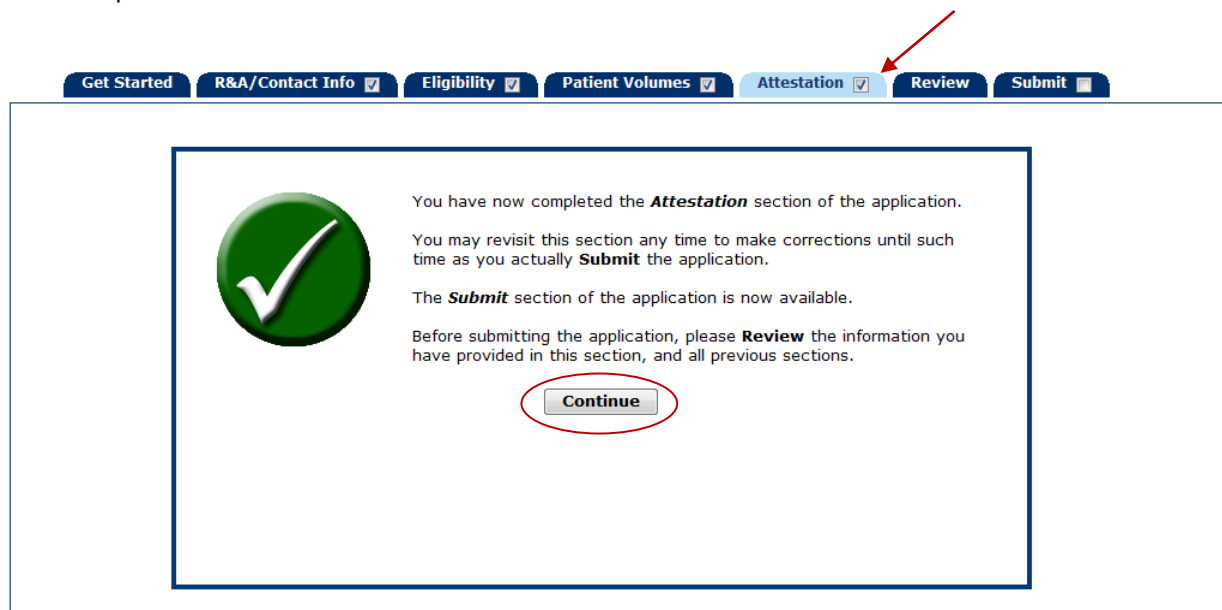
Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

The screenshot shows a web application interface for the 'Attestation Phase (Part 3 of 3)'. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit'. Below the navigation bar, the main content area has a title 'Attestation Phase (Part 3 of 3)' and a prompt: 'Please answer the following questions so that we can determine your eligibility for the program.' A blue box contains instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, a red asterisk indicates a required field. The main question is: '* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.' To the right of the question are radio buttons for 'Yes' (selected) and 'No'. A help icon is also present. Below the question, a note states: 'NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.' At the bottom of the form are three buttons: 'Previous', 'Reset', and 'Save & Continue' (which is circled in red).


This page confirms you have completed the **Attestation** section.

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.



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



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

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

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

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

Continue

Step 6 – Review Application

The **Review** tab displays all the information associated with your application.

Carefully review all of the information to ensure that it is accurate. After you have submitted your application you will not have the opportunity to change it.

Once you have reviewed all information click the **Submit** tab to proceed.

Click **Print** to generate a printer-friendly version of this information.

This is page **1 of 3** of the **Review** tab display.

When you have finished reviewing all information click the **Submit** tab to proceed.

Note: If you are in Program Year 2014, the CEHRT ID Information section on the following screen will also display the Meaningful Use Reporting Option and Reason for Delay (if applicable).

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

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

[Print](#)**Status****Incomplete****CEHRT ID Information****CMS EHR Certification ID:** A0H1301DAPAKEAF**R&A Verification**

Name	Steven Tucker	Applicant NPI	9999999999
Personal TIN/SSN	999999999	Payee TIN	999999999
Payee NPI	999999999		

Business Address	123 First Street Anytown, PA 12345-1234
-------------------------	--

Business Phone	999-999-9999
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Incentive Program	MEDICAID	State	AK
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Eligible Professional Type	Physician
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R&A Registration ID	999999999
--------------------------------	-----------

R&A Registration Email	Providermail@email.com
-----------------------------------	------------------------

CMS EHR Certification Number	A014E01EPAKJEA3
-------------------------------------	-----------------

Is this information accurate?	Yes
--------------------------------------	-----

This is page **2 of 3** of the **Review** tab display.

Primary Contact Information	
First Name	John
Last Name	Doe
Phone	999-999-9999
Phone Extension	
Email Address	jdoe@email.com
Department	ECS
Address	4905 Waters Edge Dr raleigh, NE 27607

Alternate Contact Information	
First Name	
Last Name	
Phone	
Phone Extension	
Email Address	

Eligibility Questions (Part 1 of 2)	
Are you a Hospital based eligible professional?	No
I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from Colorado.	Yes

Eligibility Questions (Part 2 of 2)	
What type of provider are you?	Pediatrician
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	No
Are you currently in compliance with all parts of the HIPAA regulations?	Yes
Are you licensed in all states in which you practice?	No

Patient Volume Practice Type (Part 1 of 3)	
Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?	No
Please indicate if you are submitting volumes for:	Individual Practitioner

Patient Volume 90 Day Period (Part 2 of 3)	
Start Date:	Oct 01, 2013
End Date:	Dec 29, 2013

This is page **3 of 3** of the **Review** tab display.

Patient Volume Individual (Part 3 of 3)					
Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	Medicaid Only In State: 100 Total Medicaid: 200 Denominator: 300	67%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
100	200	300	67%

Attestation Phase (Part 1 of 3)	
EHR System Adoption Phase:	Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)	
Start Date:	Jan 01, 2014
End Date:	Mar 31, 2014

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

Attestation Phase (Part 3 of 3)									
Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.	Yes								
You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.									
<table border="1"><thead><tr><th>Provider ID</th><th>Location Name</th><th>Address</th><th>Additional Information</th></tr></thead><tbody><tr><td>9999999999, 9999999999</td><td>Doctor Office</td><td>123 First Street Anytown, PA 12345-1234</td><td></td></tr></tbody></table>	Provider ID	Location Name	Address	Additional Information	9999999999, 9999999999	Doctor Office	123 First Street Anytown, PA 12345-1234		
Provider ID	Location Name	Address	Additional Information						
9999999999, 9999999999	Doctor Office	123 First Street Anytown, PA 12345-1234							

[Top](#)

[Continue](#)

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

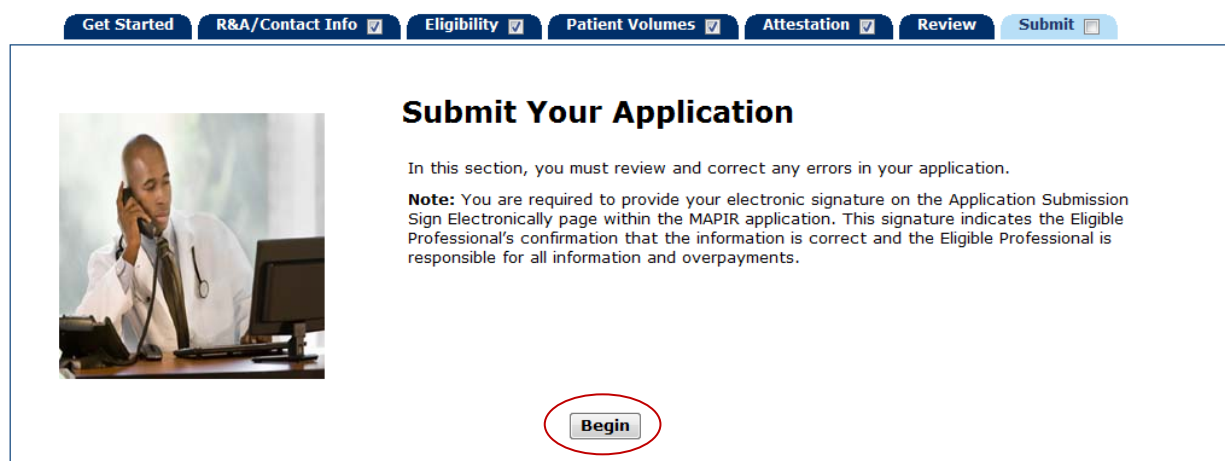
Review and Check Errors – MAPIR will check your application for errors. If errors are present you will have the opportunity to go back to the section where the error occurred and correct it. If you do not want to correct the errors you can still submit your application; however, *the errors may affect your eligibility and the payment.*

Optional Questions - You will be asked a series of optional questions in a questionnaire. Your responses do not affect your application. The answers will provide information to the Georgia Medicaid program about your **Medicaid EHR Incentive Program** participation.

File Upload – You will be **required** to upload documentation supporting your application. This will include your Eligible Professional Patient Volume Calculator and your AIU documentation.

The initial **Submit** screen contains information about this section.

Click **Begin** to continue to the submission process.



Submit Your Application

In this section, you must review and correct any errors in your application.

Note: You are required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the Eligible Professional's confirmation that the information is correct and the Eligible Professional is responsible for all information and overpayments.

Begin

This page lists the current status of your application and any errors that occurred during the application process.

You can submit this application without making any changes; however the error messages identified may impact your eligibility and incentive payment.

To review error messages:

Click **Review** to be taken to the specific section identified and make any appropriate changes to the entered information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

The screenshot shows the MAPIR application interface. At the top, there is a navigation bar with tabs: Get Started, R&A/Contact Info (checked), Eligibility (checked), Patient Volumes (checked), Attestation (checked), Review, and Submit (disabled). Below the navigation bar, the 'Status' section displays 'Incomplete' in red. The main content area contains the following text:

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

You must participate in the Medicaid incentive program in order to qualify.

As a Hospital Based physician you are not eligible to participate

Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.

On the right side of the error messages, there are three 'Review' buttons, each corresponding to one of the error messages. These buttons are circled in red. At the bottom center of the main content area, there is a 'Save & Continue' button.

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

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

Application Questionnaire

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

Question 1:
Did the Medicaid EHR Incentive Payment program encourage you to adopt, implement or upgrade an EHR system?

☒ Yes ☐ No

Question 2:
Did you attend any professional association meetings where the Medicaid Incentive Program was discussed?

☒ Yes ☐ No

Question 3:
Did you attend any Medicaid Incentive Program webinars offered by the Department of Community Health?

☒ Yes ☐ No

Question 4:
Did you sign-up with the Georgia Health Information Technology Regional Extension Center (GA-HITREC) for technical or other types of assistance.

☒ Yes ☐ No

Question 5:
Do you expect to attest to Meaningful Use Stage 1 in 2012?

☒ Yes ☐ No

Question 6:
Do barriers exist that prevent you from achieving Meaningful Use Stage 1?

☒ Yes ☐ No

Question 7:
Was the Medicaid Incentive Program registration and attestation process easy to use?

☒ Yes ☐ No

Previous Reset **Save & Continue**

Remember - You are **required** to upload documentation supporting your application. This will include your Eligible Professional Patient Volume Calculator and the supporting AIU documentation. **The documents listed in Appendix A are acceptable for verifying AIU.**

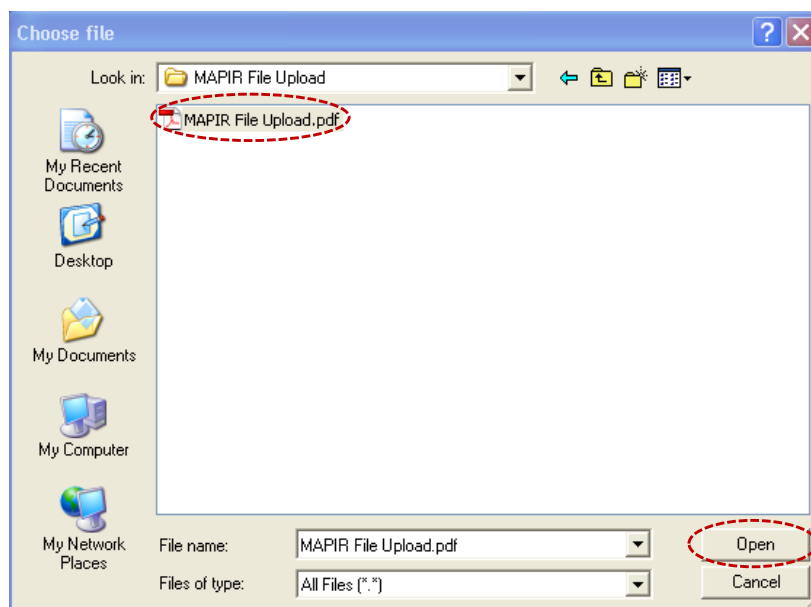
To upload files click **Browse** then select the file(s) you wish to upload from your computer.

Note: Only files that are in portable data (.pdf) or excel (.xls or .xlsx) format and a maximum of 4 (MB) megabytes each in size may be uploaded.

The screenshot displays the 'Application Submission (Part 1 of 2)' interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Application Submission (Part 1 of 2)' and contains the following text: 'You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.' and 'All files must be in **PDF** or **XLS** format, and must be no larger than **4 MB** in size.' A blue instruction box states: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, it says 'To upload a file, type the full path or click the **Browse...** button.' and 'All files must be in **PDF** or **XLS** format, and must be no larger than **4 MB** in size.' A label 'File name must be less than or equal to **100 characters**.' is positioned above a 'File Location:' text input field. To the right of the input field is a 'Browse...' button, which is circled in red. Below the input field is an 'Upload File' button. At the bottom of the form are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.



Check the file name in the file name box.

Click **Upload File** to begin the file upload process.

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

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

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

To upload a file, type the full path or click the **Browse...** button.

All files must be in **PDF** or **XLS** format, and must be no larger than **4 MB** in size.

File name must be less than or equal to **100 characters**.

File Location: C:\Documents and Settings\training1\Desktop\Attachments.pdf Browse...

Upload File

Previous Reset Save & Continue

Note: the “File has been successfully uploaded,” message.

Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times as necessary.

All of the files you uploaded will be listed in the **Uploaded Files** section of the page. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To delete an uploaded file click the **Delete** button in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

Click **Save & Continue** to proceed, or **Previous** to go back. Click **Reset** to clear all unsaved data.

Failure to upload your Eligible Professional Patient Volume Calculator and supporting AIU documentation may result in denial of your application for payment.

The screenshot shows the 'Application Submission (Part 1 of 2)' screen. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (checked), 'Review', and 'Submit' (disabled). Below the navigation bar, the main content area has a header 'Application Submission (Part 1 of 2)'. The text below the header says: 'You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.'

Below this text is a blue box with instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.'

Below the blue box, the text says: 'To upload a file, type the full path or click the **Browse...** button.'

Below this text, there are two lines of instructions: 'All files must be in **PDF** or **XLS** format, and must be no larger than **4 MB** in size.' and 'File name must be less than or equal to **100 characters**.'

Below the instructions, there is a 'File Location:' label followed by a text input field and a 'Browse...' button. Below the input field is an 'Upload File' button.

Below the 'Upload File' button, there is a section titled 'Uploaded Files'. It contains a table with the following data:

File Name	File Size	Date Uploaded	Available Actions
Attachment_Form.pdf	68249	12/10/2012	<div>View</div> <div>Delete</div>

Below the table, there is a red arrow pointing to a message: '• File has been successfully uploaded.'

At the bottom of the screen, there are three buttons: 'Previous', 'Reset', and 'Save & Continue' (which is circled in red).

Select the check box to acknowledge that you have reviewed all of your information.

Select the **Provider** or **Preparer** button, as appropriate.

Click **Save & Continue** to proceed, **Previous** to go back, or **Reset** to clear all unsaved data.

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

Application Submission (Part 1 of 2)

Please answer the following questions.

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

(*) Red asterisk indicates a required field.

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

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

☐ Provider ☒ Preparer

Previous Reset Save & Continue

This screen depicts the Provider signature screen.

Enter your **Provider Initials**, **NPI**, and **Personal TIN**.

Click **Sign Electronically** to proceed.

Click **Previous** to go back, or **Reset** to clear all unsaved data.

The screenshot shows the 'Application Submission (Part 2 of 2)' screen. At the top is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (checked), 'Review', and 'Submit'. Below the navigation bar is a blue header bar with the text 'Application Submission (Part 2 of 2)'. The main content area has a blue background and contains the following text:

As the actual **provider** who has completed this application, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

As the Eligible Professional who is ultimately responsible for the completion of this application, you must attest to the accuracy of all information entered and uploaded, and to the following:

This is to certify that the foregoing information in this application is true, accurate, and complete. I Understand that Medicaid EHR incentives 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. In signing this application I acknowledge reading the NOTICE OF LIABILITY and hereby accept full financial responsibility for any and all payments received to which I was not entitled.

NOTICE OF PROVIDER LIABILITY: The Eligible Professional requesting the incentives payment is responsible and liable for any errors or falsifications in the attestation process as set forth in this registration. The Eligible Professional and not the contact for the application will be held liable for inaccurate or incorrect information that improperly results in a Medicaid incentives payment.

In the event that an Eligible Professional applied for and obtained a payment for which the Eligible Professional was not entitled, the Eligible Professional will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Professional will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

* **Provider Initials:** ALW * **NPI:** 1234567890 * **Personal TIN:** 999999999

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

At the bottom are three buttons: 'Previous', 'Reset', and 'Sign Electronically' (which is circled in red).

This page depicts the signature screen for a Preparer on behalf of the provider. As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

Enter your **Preparer Name** and **Preparer Relationship** to the provider.

Click **Sign Electronically** to proceed, or **Previous** to return. **Reset** to clear all unsaved data.

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

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

As the Eligible Professional who is ultimately responsible for the completion of this application, you must attest to the accuracy of all information entered and uploaded, and to the following:

This is to certify that the foregoing information in this application is true, accurate, and complete. I Understand that Medicaid EHR incentives 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. In signing this application I acknowledge reading the NOTICE OF LIABILITY and hereby accept full financial responsibility for any and all payments received to which I was not entitled.

NOTICE OF PROVIDER LIABILITY: The Eligible Professional requesting the incentives payment is responsible and liable for any errors or falsifications in the attestation process as set forth in this registration. The Eligible Professional and not the contact for the application will be held liable for inaccurate or incorrect information that improperly results in a Medicaid incentives payment.

In the event that an Eligible Professional applied for and obtained a payment for which the Eligible Professional was not entitled, the Eligible Professional will be liable for full repayment to the Georgia Department of Community Health. In the event of fraud, the Eligible Professional will be liable for repayment of all costs, interest, and expenses attributable to that repayment.

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name: Professional Preparer

* Preparer Relationship: Preparer

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

[Previous](#) [Reset](#) [Sign Electronically](#)

After electronically signing the application, MAPIR determines if the Meaningful Use attestation data you attested to is accepted or rejected. If your Meaningful Use attestation data is rejected, the following screen will display.

If your Meaningful Use attestation data is accepted, this screen will not display. Proceed to the following page.

The screenshot shows the 'Application Submission (Part 2 of 2)' screen. At the top, there is a navigation bar with tabs: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The 'Attestation' tab is currently selected. Below the navigation bar, the main content area has a blue header 'Application Submission (Part 2 of 2)'. The text reads: 'The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.' It continues: 'By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.' A note states: 'Note: Mandatory requirements must be met to qualify for an incentive payment.' Below this, a light blue box contains the instruction: 'Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.' Further down, there is a section titled 'Attestation Meaningful Use Measures'. It contains the text: 'Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.' and 'If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.' A link labeled 'Meaningful Use Measures' is highlighted with a red oval. At the bottom of the screen, there are two buttons: 'Previous' and 'Save & Continue'.

Click on the **Meaningful Use Measures** link to review the Meaningful Use attestation data that you entered as well as the acceptance or rejection outcome for each measure. Click on the **Attestation** tab to return to the Meaningful Use Attestation where you can revise the Meaningful Use attestation data.

Please note that you may be subject to an audit after frequent attempts at correcting failed measures.

Also note that while you have the option to continue with your submission by clicking **Save & Continue**, if you do not meet the mandatory requirements, you will not receive an incentive payment.

Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.

This is an example of an incentive payment chart for a **Non Pediatric Professional**.

No information is required on this screen.

The incentive payment chart example for Pediatricians is shown on the next page.

Note: This is the final step of the **Submit** process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click **Exit**, and return at any time to complete the submission process.

Click **Submit Application** to continue.

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

Application Submission (Part 2 of 2)

Based on the Medicaid EHR Incentive Program rules, the following chart displays the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

Note: Eligible Professionals that switched between the Medicare and Medicaid EHR Incentive Programs may not exceed the maximum incentive amount of \$63,750.00.

Example Professional Incentive Payment Chart

(First Calendar Year of Participation)

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

Submit Application

This is an example of an incentive payment chart for a **Pediatric Professional**.

No information is required on this screen.

Note: This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit, and return at any time to complete the submission process.

Click **Submit Application**.

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

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart indicates the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

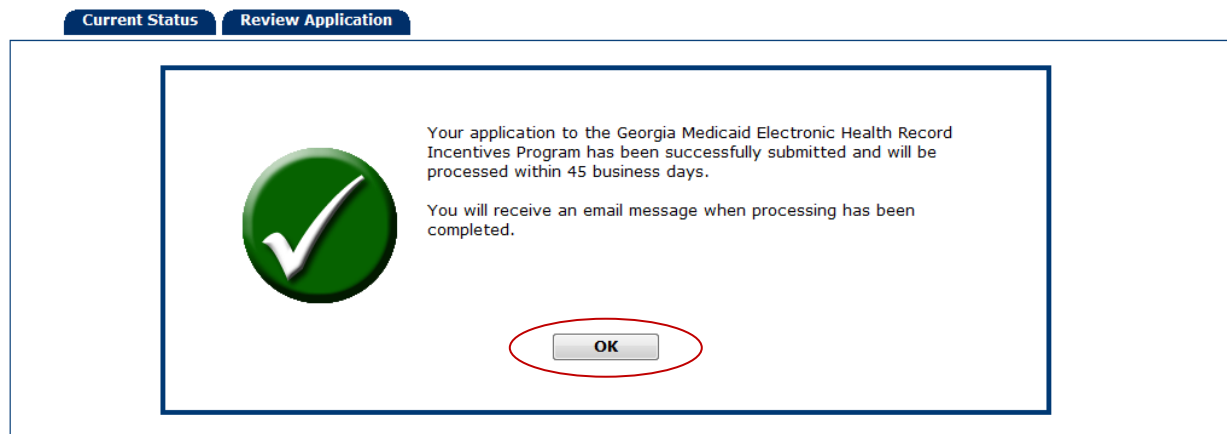
Example Pediatrician Incentive Payment Chart
(First Calendar Year of Participation)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$14,167					
CY 2012	\$5,667	\$14,167				
CY 2013	\$5,667	\$5,667	\$14,167			
CY 2014	\$5,667	\$5,667	\$5,667	\$14,167		
CY 2015	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167	
CY 2016	\$5,665	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167
CY 2017		\$5,665	\$5,667	\$5,667	\$5,667	\$5,667
CY 2018			\$5,665	\$5,667	\$5,667	\$5,667
CY 2019				\$5,665	\$5,667	\$5,667
CY 2020					\$5,665	\$5,667
CY 2021						\$5,665
TOTAL	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500

Submit Application

The check indicates your application has been successfully submitted.

Click **OK**.



When your application has been successfully submitted, you will see the application status change to **Submitted**.

Click **Exit** to exit MAPIR.

The screenshot shows the MAPIR application status page. At the top, there are three tabs: 'Current Status' (highlighted), 'Review Application', and 'Document Upload'. Below the tabs, the user's name is listed as 'JOHN DOE'. The 'Applicant NPI' is represented by a blacked-out box. The 'Status' is 'Submitted', which is highlighted in a blue box and pointed to by a red arrow. Below the status, a message says: 'Select **Review Application** to view the information that was entered on the application that was submitted.' To the right, under the heading 'Get Started', there is a list of six steps for registration, each with a brief description and a link to a resource. The steps are: 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals, 2. 90-day Reporting Period, 3. Attestation decision, 4. Your patient encounter volume information, 5. Certified EHR Number, and 6. Electronic documentation. At the bottom of the 'Get Started' section, there is a link to 'contact us' and two website links: 'CMS EHR website' and 'Georgia Medicaid EHR Incentives Program website'.

Current Status **Review Application** **Document Upload**

Name: JOHN DOE

Applicant NPI: [REDACTED]

Status: **Submitted**

Select **Review Application** to view the information that was entered on the application that was submitted.

Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
- 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
- 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
- 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology

For additional help, visit these websites or [contact us](#).
[CMS EHR website](#)
[Georgia Medicaid EHR Incentives Program website](#)

This screen shows that your MAPIR session has ended. You should now close your browser window.

The screenshot shows the MAPIR session ended screen. At the top, there is a tab labeled 'MAPIR'. Below the tab, there is a message box that says: 'Exit MAPIR' and 'Your session has ended. To complete the log out process, you must close your browser.'

MAPIR

Exit MAPIR

Your session has ended. To complete the log out process, you must close your browser.

Post Submission Activities

When you have successfully completed the application submission process, DCH will send an email confirming your submission has been received by DCH. This section contains information about post-application submission activities. At any time you can check the status of your application by accessing MAPIR through the Georgia Web Portal. You may also receive email updates from DCH as your application is processed. The screen below shows an application in a status of **Completed**. You can click the **Review Application** tab to review your application; however, you will not be able to make any changes to your application.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

Current Status

Review Application

Submission Outcome

Document Upload

Name:
JOHN DOE

Applicant NPI: [REDACTED]

Status:

Completed


Get Started

You will need the following information **before** you begin registration:

- 1. Georgia Medicaid EHR Incentive Payment User Guide for Eligible Professionals** - Print this document to help you complete your Medicaid EHR Incentives application.
- 2. 90-day Reporting Period.** The dates for your 90-day reporting period for the patient volume calculation.
- 3. Attestation decision.** Decide whether you are attesting to an individual or group/clinic patient encounter volume.
- 4. Your patient encounter volume information.** Download the **Eligible Professional Patient Volume Calculator** to complete your calculation **before** you begin registration.
- 5. Certified EHR Number.** Click [here](#) to obtain a CMS EHR Certification number provided by the Office of the National Coordinator. This number is required for registration.
- 6. Electronic documentation.** Provide an electronic copy of documentation to be uploaded when attesting to your adoption, implementation or upgrade (AIU) of certified EHR technology

For additional help, visit these websites or **contact us**.
[CMS EHR website](#)
[Georgia Medicaid EHR Incentives Program website](#)

Once your application has been processed by DCH, you can click the **Submission Outcome** tab to view the status of your application.

Current Status	Review Application	Submission Outcome	Document Upload
<div>  Select "Print" to generate a printer friendly version of this information. <div>Print</div> </div>			
<div> Status <div>Completed</div> </div>			
<div> Payment Amount <div>You have been approved to receive a payment in the amount of \$14,167.00</div> </div>			
<div> Provider Information <div> <div>Name:</div> <div>Dr. Medicaid Provider</div> <div>Applicant NPI:</div> <div>9999999999</div> </div> </div>			

Review an Adjustment

If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment.

The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

*A financial adjustment is in process for one or more program year applications and may require your approval.
Please select **Review Adjustment** for further information.*

Click the Review Adjustment button. The EP Multi-Year Adjustment eSignature screen displays.

NPI 999999999
TIN 999999999

Please review the adjustment information below, complete the required fields, and select the "Submit" button. To leave this screen, select the "Close" button and your entries will not be saved.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

(*) Red asterisk indicates a required field.

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

* ☒ Provider ☐ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

* ☒ I have reviewed and accept the terms of this agreement.

* Your Signature (entering your name in the box to the right will constitute your electronic signature):

Review the adjustment information on the screen. Indicate if you are a Provider or Preparer. Select the checkbox if you read, understood, and accept the terms of the agreement. Sign the agreement by entering your name in the text box. Click the Submit button to agree to the adjustment or click the Close button to exit this screen.

Note: If, while you are reviewing your pending adjustment, the Administrative User submits the adjustment without your signature or cancels the adjustment, you will receive an error message indicating that the adjustment is no longer available. No further action is needed.

After clicking the Submit button, the EP Multi-Year Adjustment review screen displays with a summary of the pending adjustment. Select the Close button to return to the Medicaid EHR Incentive Program Participation Dashboard. While the adjustment is in process, the Review Adjustment button will remain on the Medicaid EHR Incentive Program Participation Dashboard. You can view the pending adjustment using the Review Adjustment button until the adjustment process completes. At that point, the button will no longer display and the status changes and payment year shift resulting from the multi-year adjustment will display.

NPI 999999999

TIN 999999999

Below is a summary of the adjustment you have agreed to.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

☒ Provider ☐ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

☒ I have reviewed and accept the terms of this agreement.

Your Signature (entering your name in the box to the right will constitute your electronic signature): Walter Kraft

Close

Program Year 2014

This section provides instructions for the steps of the incentive application process that differ for a Program Year 2014 incentive application than a Program Year 2015 incentive application.

For a Program Year 2014 incentive application, you will have to select a Meaningful Use Reporting option, as displayed on the screen on the following page. The options available to you will depend on the CMS EHR Certification ID and stage progression. The table below identifies the Meaningful Use Reporting options available for Program Year 2014.

Program Year 2014 Meaningful Use Reporting Options		
CMS EHR Certification ID	Stage Progression	Meaningful Use Reporting Option
2011	All payment years	2013 Stage 1 objectives, measures, and CQMs
2011/2014	First or second year attesting to Meaningful Use.	2013 Stage 1 objectives, measures, and CQMs 2014 Stage 1 objectives, measures, and CQMs
2011/2014	Third year attesting to Meaningful Use.	2013 Stage 1 objectives, measures, and CQMs 2014 Stage 1 objectives, measures, and CQMs 2014 Stage 2 objectives, measures, and CQMs
2014	Payment Year 1	AIU 2014 Stage 1 objectives, measures, and CQMs.
2014	Payment Year 2	2014 Stage 1 objectives, measures, and CQMs
2014	Third year attesting to Meaningful Use.	2014 Stage 1 objectives, measures, and CQMs 2014 Stage 2 objectives, measures, and CQMs

Depending the Meaningful Use Reporting option that you select, you may be required to enter a delay reason.

The Program Year 2014 Meaningful Use reporting options only apply to new incentive application or incentive applications that are aborted and re-started after the implementation of MAPIR Release 5.5.

Meaningful Use Reporting Option

Select the stage of attestation that you would like to complete for this incentive application. Click **Next** to continue.

Payment Year1Program Year2014

MAPIR

Name:Dr. Medicaid Provider

Applicant NPI:999999999

Status:Not Started

<Please select the stage of attestation that you would like to complete for this application>

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

(*) Red asterisk indicates a required field.

*Option (Select to Continue)	Meaningful Use Reporting Option
<input type="radio"/>	Adoption Implementation Upgrade
<input checked="" type="radio"/>	2014 Stage 1 objectives, measures, and CQMs **

** 2013 Stage 1 objectives, measures, and CQMs will require one or more delay reasons. 2014 Stage 1 objectives, measures, and CQMs may require one or more delay reasons. 2014 Stage 2 objectives, measures, and CQMs may require one or more delay reasons.

Previous

Next

If the stage of attestation that you selected does not require a delay reason, proceed to page 190.

If the stage of attestation that you selected requires a delay reason, the following screen will display.

Select one or more reason for the delay in implementing 2014 Certified EHR Technology. If your reason for delay is not listed or you would like to add more details to the reason you chose, use the text box below the list of delay reasons.

Click **Next** to review your entry. Click **Previous** to return to the stage of attestation selection page. Click **Reset** to restore this panel back to the starting point.

Payment Year	1	Program Year	2014
---------------------	---	---------------------	------

MAPIR

Name:

Applicant NPI:

Status: Not Started

Select one or more reasons for the delay in implementing 2014 Certified EHR Technology. If the reason for your delay is not one of the five listed options or if you want to add more details to the reason you chose, please use the text box below for your explanation.

When ready click the **Next** button to continue, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Software development delays ☐

Missing or delayed software updates ☐

Being able to implement 2014 CEHRT for part of the reporting period (not the full reporting period) ☐

Unable to train staff, test the updates system, or put new workflows in place due to delay with installation of 2014 CEHRT ☐

Cannot meet Stage 2 Summary of Care measures due to the recipient of their Summary of Care transmittal being impacted by 2014 CEHRT issues. The sending provider may experience significant difficulty meeting the 10% threshold for electronic transmissions, despite the referring provider's ability to send the electronic document, if the intermediary or the recipient of the transition or referral is experiencing delays in the ability to fully implement 2014 Edition CEHRT. ☐

If the reason for your delay is not one of the five listed above or if you want to add more details to the reason you chose, please explain in the text box below (*up to 500 characters*):

Previous
Reset
Next

Review your CMS EHR Certification ID, Meaningful Use Reporting Option, and Reason for Delay (if applicable). Click **Next** to continue, or click **Previous** to go back.

If you were not required to enter a delay reason, the Reason for Delay field will be blank.

Payment Year	1	Program Year	2014
---------------------	---	---------------------	------

MAPIR

Name: Dr. Medicaid Provider

Applicant NPI: 9999999999

Status: **Not Started**

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

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

CMS EHR Certification ID: A014E01EPAKJEA3

Meaningful Use Reporting Option: 2014 Stage 1 objectives, measures, and CQMs

Reason for Delay:

Software development delays

Previous

Next

Proceed to page 19 of this guide.

2013 Stage 1 objectives, measures, and CQM

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Measures are divided into six distinct topics: General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, Alternate Core Clinical Quality Measures, and Additional Clinical Quality Measures.

You may select any of the six topics and complete them in any order. You are not required to complete any of the Alternate Core Clinical Quality Measures unless you have entered a zero denominator for one or more Core Clinical Quality Measures.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Get Started

R&A/Contact Info ☒Eligibility ☒Patient Volumes ☒Attestation ☐

Review

Submit ☐**Attestation Meaningful Use Measures**

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
	General Requirements		Begin
	Core Measures		Begin
	Menu Measures		Begin

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all the of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

Core Clinical Quality Measures	Begin
Alternate Core Clinical Quality Measures	Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures	Begin
--------------------------------------	-----------------------

Note:

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

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

Meaningful Use General Requirements

Enter information in all required fields.

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

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

Meaningful Use General Requirements

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

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

(*) Red asterisk indicates a required field.

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

Numerator : 600

Denominator : 1000

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

Numerator : 850

Denominator : 1000

Previous
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality has a denominator of zero.

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

Completed?	Topics	Progress	Action
	General Requirements	2/2	EDIT Clear All
	Core Measures		Begin
	Menu Measures		Begin

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all the of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

Core Clinical Quality Measures	Begin
Alternate Core Clinical Quality Measures	Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures	Begin
--------------------------------------	-------

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

Previous
Save & Continue

Meaningful Use Core Measures

This screen provides information about the Meaningful Use Core Measures.

Click **Begin** to continue to the Meaningful Use Core Measure List Table.

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MEANINGFUL USE CORE MEASURES

As part of the meaningful use attestation, Eligible Professionals (EP) are required to complete **all Core Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all Core measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the Core measures.
6. Evaluation of MU measures are made after the application is submitted.

Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down an exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators:

1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology.
2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using certified EHR technology.

Begin

The screen on the following page displays the Meaningful Use Core Measure List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return to Main** to return to the Measures Topic List.

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Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	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.	You must choose between two options for this measure. Select the edit button to continue.		EDIT
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		EDIT
EPCMU03	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.		EDIT
EPCMU04	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.		EDIT
EPCMU05	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.		EDIT
EPCMU06	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.		EDIT
EPCMU07	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.		EDIT
EPCMU08	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. 	You must choose between two options for this measure. Select the edit button to continue.		EDIT
EPCMU09	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.		EDIT
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.		EDIT
EPCMU12	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.		EDIT
EPCMU13	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.		EDIT
EPCMU15	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.		EDIT

Return to Main

Measure Selection for Core Measure 1 (Measure Code EPCMU01)

Choose if you would like to attest to the **Original Core Measure 1** or the **Optional Core Measure 1**. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

Click **Save & Continue** to proceed to the appropriate core measure screen for the option you selected or click **Previous** to go back

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Attestation Meaningful Use Measures

Measure Selection for Core Measure 1

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

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

(*) Red asterisk indicates a required field.

*Please select from the following options:

☒ Original Core Measure 1 -
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.

☐ Optional Core Measure 1 -
More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

Previous Continue

The following is a list of the 13 Meaningful Use Core Measures that you must attest to (Core Measure 1 and Core Measure 8 have two versions to choose from).

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Core Measure	Screen Example
Core Measure 1 Original	Screen 1
Core Measure 1 Optional	Screen 1
Core Measure 2	Screen 2
Core Measure 3	Screen 3
Core Measure 4	Screen 4
Core Measure 5	Screen 3
Core Measure 6	Screen 3
Core Measure 7	Screen 3
Core Measure 8 Original	Screen 5
Core Measure 8 Optional	Screen 4
Core Measure 9	Screen 1
Core Measure 11	Screen 2
Core Measure 12	Screen 1
Core Measure 13	Screen 1
Core Measure 15	Screen 2

Screen 1

The following Meaningful Use Core Measures use this screen layout:

Core Measures 1 Original, 1 Optional, 9, 12, and 13

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Attestation Meaningful Use Measures

Core Measure 1

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

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

(*) Red asterisk indicates a required field.

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

If the exclusion does not apply please 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 : 65

* Denominator : 100

Previous

Reset

Save & Continue

201

Screen 2

The following Meaningful Use Core Measures use this screen layout:

Core Measures 2, 11, 15

Attestation Meaningful Use Measures

Core Measure 2

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

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

(*) Red asterisk indicates a required field.

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

Screen 3

The following Meaningful Use Core Measures use this screen layout:

Core Measures 3, 5, 6, and 7

Attestation Meaningful Use Measures

Core Measure 3

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

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

(*) Red asterisk indicates a required field.

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

Measure: 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.

Complete the following information:

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

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

* Numerator : 135 * Denominator : 150

Previous Reset **Save & Continue**

Screen 4

The following Meaningful Use Core Measures use this screen layout:

Core Measures 4 and 8 Original

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Attestation Meaningful Use Measures

Core Measure 4

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

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

(*) Red asterisk indicates a required field.

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.

EXCLUSION1- 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

EXCLUSION2- Based on ALL patient records: Any EP who does not have a pharmacy within their organization, and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

*Does this exclusion apply to you?

☐ Yes ☒ No

If the exclusion does not apply please complete the following information:

Numerator = Number of prescriptions in the denominator generated and transmitted electronically.
Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

Numerator : 95 * Denominator : 200

Previous Reset **Save & Continue**

Screen 5

The following Meaningful Use Core Measures use this screen layout:

Core Measure 8 Optional

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Attestation Meaningful Use Measures

Core Measure 8

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

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

(*) Red asterisk indicates a required field.

Objective: Record and chart changes in the following vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children, including BMI.

Measure: More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) 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.

EXCLUSION1- Based on ALL patient records: Any EP who sees no patients 3 years or older is excluded from recording blood pressure. If this exclusion applies to you a numerator and denominator is required.

*Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION2- Based on ALL patient records: Any EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from this requirement. If this exclusion applies to you a numerator and denominator is not required.

*Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION3- Based on ALL patient records: Any EP who believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure. If this exclusion applies to you a numerator and denominator is required.

*Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION4- Based on ALL patient records: Any EP who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight. If this exclusion applies to you a numerator and denominator is required.

*Does this exclusion apply to you?

☐ Yes ☒ No

Numerator = Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator : 89 * Denominator : 130

Previous Reset **Save & Continue**

You may only select Yes to one exclusion.

If **Exclusion1** applies to you, answer the Patient Records question, select **Yes** to Exclusion1, select **No** to all other exclusions, and enter a numerator and denominator.

If **Exclusion2** applies to you, answer the Patient Records question, select **Yes** to Exclusion2, and **do not** enter a numerator and denominator.

If **Exclusion3** applies to you, answer the Patient Records question, select **Yes** to Exclusion3, select **No** to all other exclusions, and enter a numerator and denominator.

If **Exclusion4** applies to you, answer the Patient Records question, select **Yes** to Exclusion4, select **No** to all other exclusions, and enter a numerator and denominator.

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

The screen on the following page shows an example where Exclusion2 applies; therefore the numerator and denominator are not entered.

Once you attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

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Meaningful Use Core Measures

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

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

Meaningful Use Core Measure List Table

Measure Number	Objective	Measure	Entered	Select
EPCMU01	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=65 Denominator=100	EDIT
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
EPCMU03	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=135 Denominator=150	EDIT
EPCMU04	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.	Excluded	EDIT
EPCMU05	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=85 Denominator=100	EDIT
EPCMU06	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=185 Denominator=220	EDIT
EPCMU07	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=89	EDIT
EPCMU08	Record and chart changes in the following 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, including BMI. 	More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Numerator=89 Denominator=130	EDIT
EPCMU09	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=45 Denominator=81	EDIT
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	EDIT
EPCMU12	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=61 Denominator=105	EDIT
EPCMU13	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.	Excluded	EDIT
EPCMU15	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

Return to Main

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
	General Requirements	2/2	EDIT Clear All
	Core Measures	13/13	EDIT Clear All
	Menu Measures		Begin

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

Core Clinical Quality Measures	Begin
Alternate Core Clinical Quality Measures	Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures	Begin
--------------------------------------	-------

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

Previous
Save & Continue

Meaningful Use Menu Measures

This initial screen provides information about the Menu Measures.

Click **Begin** to continue to the Meaningful Use Menu Measures Selection screen.

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MEANINGFUL USE MENU SET MEASURES

As part of the **meaningful use attestation stage 1** process, Eligible Professionals (EP) are required to complete **5 Menu Set Measures**. Certain objectives do provide **exclusions**. If an EP meets the criteria for that **exclusion**, then the EP can claim that **exclusion** during attestation. *Please note, for all stages of meaningful use under program year 2014 these exclusions will no longer count towards the number of menu objectives needed.*

For meaningful use stage 1, the EP must be able to meet **at least one public health measure**. For example if you submit to the Georgia Registry of Immunization Transactions and Services (GRITS - health.state.ga.us/programs/immunization/grits) you may meet the public health requirement. If the EP can attest to an exclusion from all public health menu measures, the EP must choose only one of the two public health menu measures and attest to the exclusion. If an EP is able to meet the measure of one of the public health menu objectives but can be excluded from the other, the EP should select and report on the public health menu objective they are able to meet. If an EP can be excluded from both public health menu objectives, the EP should claim an exclusion from only one public health objective and report on four additional menu objectives from outside the public health menu set.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required measures, a green checkmark will appear indicating the section is complete.
5. The green checkmark does not mean you passed or failed the required measures.
6. Evaluation of MU measures are made after the application is submitted.

[Begin](#)

From the Meaningful Use Menu Measures Selection screen displayed on the following page, choose five Meaningful Use Menu Measures to attest to. One measure must be from the public health list (first two measures listed on the top half of the screen). The remainder of the measures can be any combination from the remaining public health list measures or from the additional Meaningful Use Menu Measures listed. In the example shown on the following page, one public health measure and four measures from the additional Meaningful Use Measures listed are selected.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point.

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Attestation Meaningful Use Measures

Instructions:

Eligible Professionals must report on a minimum of five (5) Meaningful Use Menu Measures. EPMMU09 and EPMMU10 are the Public Health measures. Eligible Professionals are required to attest to at least one (1) Public Health measure and four (4) other Menu measures, or attest to two (2) Public Health measures and three (3) other menu measures. If an Eligible Professional can be excluded from both Public Health measures, the Eligible Professional must claim an exclusion from only one (1) Public Health measure and report on four (4) additional menu measures. Please refer to the tab introduction (splash page) for state specific information.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

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

Measure Number	Objective	Public Health Measure	Select
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Measure Number	Objective	Measure	Select
EPMMU01	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"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
EPMMU03	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"/>
EPMMU04	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"/>
EPMMU05	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"/>
EPMMU06	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
EPMMU07	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"/>
EPMMU08	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 a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Return to Main

Reset

Save & Continue

The five measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the five measures selected on the previous screen example.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return to Selection List** to return to the Meaningful Use Menu Measures Selection screen.

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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	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.		EDIT
EPMMU03	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.		EDIT
EPMMU06	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.		EDIT
EPMMU08	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 a 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.		EDIT
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).		EDIT

Return to Selection List

The following is a list of the Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

Meaningful Use Menu Measure	Screen Example
Menu Measure 1	Screen 1
Menu Measure 2	Screen 2
Menu Measure 3	Screen 3
Menu Measure 4	Screen 4
Menu Measure 5	Screen 4
Menu Measure 6	Screen 5
Menu Measure 7	Screen 4
Menu Measure 8	Screen 4
Menu Measure 9	Screen 6
Menu Measure 10	Screen 6

Screen 1

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 1

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Attestation Meaningful Use Measures

Menu Measure 1

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Implement drug formulary checks.

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

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.

*Does this exclusion apply to you?

☐ Yes
☒ No

If the exclusion does not apply please complete the following information:

*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.

☒ Yes
☐ No

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Save & Continue

Screen 2

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 2

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Attestation Meaningful Use Measures

Menu Measure 2

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

Measure: More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are 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 test 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

If the exclusion does not apply please 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 : 40 * Denominator : 63

Previous Reset Save & Continue

Screen 3

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 3

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Attestation Meaningful Use Measures

Menu Measure 3

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Generate 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 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

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Reset
Save & Continue

Screen 4

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 4, 5, 7, and 8

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Attestation Meaningful Use Measures

Menu Measure 4

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Send reminders to patients per patient preference for preventive/follow up care.
Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

*** 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 patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

☐ Yes ☒ No

If the exclusion does not apply please complete the following information:

Numerator = Number of patients in the denominator who were sent the appropriate reminder.
Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

* Numerator : 25 * Denominator : 100

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Screen 5

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 6

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Menu Measure 6

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Objective: Use 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-specific education resources.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

(*) Numerator : 21
(*) Denominator : 122

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Reset
Save & Continue

Screen 6

The following Meaningful Use Menu Measures use this screen layout:

Menu Measure 9 and 10

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Attestation Meaningful Use Measures

Menu Measure 9

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

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

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

Note: If you would like to upload additional information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab.

If the exclusions do not apply please answer the following question:

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

☒ Yes ☐ No

Additional Information:

* Enter the name of the immunization registry used:

IF you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful?

☒ Yes ☐ No

If the test was successful, please enter the date and time of the test:

Date (MM/DD/YY)

Time (HH:MM AM/PM) (Example: 09:15 PM)

If you answered Yes to 'Was the test successful', you must answer the following:

Was a follow up submission done? ☐ Yes ☒ No

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

If Exclusion 1 and/or Exclusion 2 apply to you select **Yes** and do not answer the EHR technology question.

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

Once you attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Menu Measure Selection screen.

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Attestation Meaningful Use Measures

Meaningful Use Menu Measure Worksheet

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

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

Measure Number	Objective	Measure	Entered	Select
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	EDIT
EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	EDIT
EPMMU06	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= 21 Denominator= 122	EDIT
EPMMU08	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 a 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= 93 Denominator= 153	EDIT
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	No No	EDIT

[Return to Selection List](#)

Click **Return to Main** to return to the Measure Topic List.

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Attestation Meaningful Use Measures

Instructions:

Eligible Professionals must report on a minimum of five (5) Meaningful Use Menu Measures. EPMMU09 and EPMMU10 are the Public Health measures. Eligible Professionals are required to attest to at least one (1) Public Health measure and four (4) other Menu measures, or attest to two (2) Public Health measures and three (3) other menu measures. If an Eligible Professional can be excluded from both Public Health measures, the Eligible Professional must claim an exclusion from only one (1) Public Health measure and report on four (4) additional menu measures. Please refer to the tab introduction (splash page) for state specific information.

Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

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

Measure Number	Objective	Public Health Measure	Select
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
EPMMU10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a minimum of five Meaningful Use Menu Measures Objectives have been selected, even if an exclusion applies to all of the menu measure objectives that are selected.

Measure Number	Objective	Measure	Select
EPMMU01	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"/>
EPMMU02	Incorporate clinic lab test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
EPMMU03	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"/>
EPMMU04	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"/>
EPMMU05	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"/>
EPMMU06	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
EPMMU07	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"/>
EPMMU08	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 a summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
<input checked="" type="checkbox"/>	Core Measures	13/13	<div>EDIT</div> <div>Clear All</div>
<input checked="" type="checkbox"/>	Menu Measures	5/5	<div>EDIT</div> <div>Clear All</div>

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

Core Clinical Quality Measures	Begin
Alternate Core Clinical Quality Measures	Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures	Begin
--------------------------------------	-------

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

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Save & Continue

Meaningful Use Core Clinical Quality Measures

This initial screen provides information about the Meaningful Use Core Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Core Clinical Quality Measure Worklist Table.

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MEANINGFUL USE CORE CLINICAL QUALITY MEASURES

As part of the Meaningful Use attestation, Eligible Professionals (EP) are required to complete **all Clinical Quality Measures** (Core or Alternative Core Clinical Quality measures and Additional Clinical Quality Measures). The following screens are the Core Clinical Quality Measures.

The data for these measures must be obtained directly from the certified EHR system. Some Clinical Quality Measures may not apply to the EP thus you would not have any eligible patients or actions for the measure denominator. For the core clinical quality measures, if the EP reports a zero for the core measure denominator, then the EP must report results for all alternate core measures (potentially reporting on all core / alternate core measures). For the menu-set clinical quality measures, we expect the EP to report on measures which do not have a denominator of zero.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. You may review the completed measures by selecting the 'Edit' button.
3. When the measures are complete, a green checkmark will appear indicating the section is complete.
4. More information about the Clinical Quality Measures is available at:
https://www.cms.gov/EHRIncentivePrograms/29_ClinicalQualityMeasures.asp

Begin

The screen on the following page displays the Meaningful Use Core Clinical Quality Measure Worklist Table. You must complete all measures.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for the measure or click **Return to Main** to return to the Measures Topic List.

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Meaningful Use Core Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
NQF 0013 Hypertension: Blood Pressure Measurement.	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.		EDIT
NQF 0028-PQRI 114 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. 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.		EDIT
NQF 0421-PQRI 128 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.		EDIT

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Core Clinical Quality Measure NQF 0013


Enter information in all required fields.

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

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Attestation Meaningful Use Measures

Core Clinical Quality Measure

 Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a 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 have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information. All data entered must be a positive whole number:

* Numerator : 55

* Denominator : 100

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Core Clinical Quality Measure NQF 0028-PQRI 114

Enter information in all required fields.

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

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Attestation Meaningful Use Measures

Core Clinical Quality Measure

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

NQF 0028-PQRI 114

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. All data entered must be a positive whole number:

* Numerator : 16 * Denominator : 32

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. All data entered must be a positive whole number:

* Numerator : 8 * Denominator : 16

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Core Clinical Quality Measure NQF 0421-PQRI 128


Enter information in all required fields.

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

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Core Clinical Quality Measure

 Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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

NQF 0421-PQRI 128

Title: Adult Weight Screening and Follow-up.

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

Complete the following information. All data entered must be a positive whole number:

Population Criteria 1: * Numerator 1 : 35 * Denominator : 80 * Exclusion : 10

Population Criteria 2: * Numerator 2 : 20 * Denominator : 0 * Exclusion : 5

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The following screen displays the Meaningful Use Core Clinical Quality Measures Worklist Table with data entered for every measure.

Click **Return to Main** to return to the Measures Topic List.

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Meaningful Use Core Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
NQF 0013 Hypertension: Blood Pressure Measurement.	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Numerator = 55 Denominator = 100	EDIT
NQF 0028-PQRI 114 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. b. Tobacco Cessation Intervention Description: Percentage of patients aged 18 years and older indentified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	a. Numerator = 16 Denominator = 32 b. Numerator = 8 Denominator = 16	EDIT
NQF 0421-PQRI 128 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.	Numerator 1 = 35 Denominator = 80 Exclusion = 10 Numerator 2 = 20 Denominator = 0 Exclusion = 5	EDIT

Return to Main

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
✓	Menu Measures	5/5	EDIT Clear All

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

✓	Core Clinical Quality Measures	3/3	EDIT Clear All
	Alternate Core Clinical Quality Measures		Begin

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

	Additional Clinical Quality Measures	Begin
--	--------------------------------------	-------

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

Previous
Save & Continue

Meaningful Use Alternate Core Clinical Quality Measures

This initial screen provides information about the Alternate Core Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Alternate Core Clinical Quality Measures Selection screen.

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MEANINGFUL USE ALTERNATE CORE CLINICAL QUALITY MEASURES

As part of the Meaningful Use attestation, Eligible Professionals (EP) are required to complete **all Clinical Quality Measures** (Core or Alternative Core Clinical Quality measures and Additional Clinical Quality Measures). The EP must report results for all alternate core measures if the EP reports a zero for the core measure denominator.

The data for these measures must be obtained directly from the certified EHR system. Some Clinical Quality Measures may not apply to the EP thus you would not have any eligible patients or actions for the measure denominator. The following screens are the Alternate Core Clinical Quality Measures.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. You may review the completed measures by selecting the 'Edit' button.
3. When the measures are complete, a green checkmark will appear indicating the section is complete.
4. More information about the Clinical Quality Measures is available at:
https://www.cms.gov/EHRIncentivePrograms/29_ClinicalQualityMeasures.asp

Begin

The following screen displays the Meaningful Use Alternate Core Clinical Quality Measures Selection screen.

You are only required to answer an Alternate Core Clinical Quality Measure if you entered a zero in a denominator field for a Core Clinical Quality Measure.

If you only enter zeros in the denominator fields for the Alternate Core Clinical Quality Measures, then you must attest to all three Alternate Core Clinical Quality measures to show that you were not able to attest to any of the Alternate Core Clinical Quality Measures with a value greater than zero in the denominator field.

Click on the checkbox next to the measure(s) you want to attest to. Click **Save & Continue** to proceed to the Meaningful Use Alternate Core Clinical Quality Measure Worklist Table where you can review your selections. Click **Reset** to restore this panel to the starting point or last saved data. Click **Return to Main** to return to the Measures Topic List.

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Attestation Meaningful Use Measures

Instructions:

You have entered a denominator of zero for one or more of your Core Clinical Quality Measures. You must submit one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero Denominator.

Please select the Alternate Core Clinical Quality Measure(s) from the list below.

Please Note: Unchecking an Alternate Core Clinical Quality Measure will result in the loss of any data entered for that measure. 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.

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

Measure Number	Title	Description	Selection
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 checked="" type="checkbox"/>
NQF 0041-PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

Return to Main
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Save & Continue

The 3 available Alternate Core Clinical Quality Measures are described in this user guide. Only those that you selected will apply to you.

The screen on the following page displays the Meaningful Use Alternate Core Clinical Quality Measure Worklist Table which lists the measures you chose to attest to on the previous screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for the measure or click **Return to Selection List** to return to the Meaningful Use Alternate Core Clinical Quality Measures Selection screen.

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Attestation Meaningful Use Measures

Meaningful Use Alternate Core Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
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.		EDIT
NQF 0041-PQRI 110 - Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).		EDIT
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.		EDIT

[Return to Selection List](#)

Alternate Core Clinical Quality Measure NQF 0024

Enter information in all required fields.

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

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Attestation Meaningful Use Measures

Alternate Core Clinical Quality Measure

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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. All data entered must be a positive whole number:

Population Criteria 1:

* Numerator 1 : 50

* Denominator : 100

* Numerator 2 : 74

* Denominator : 100

* Numerator 3 : 24

* Denominator : 100

Population Criteria 2:

* Numerator 1 : 45

* Denominator : 100

* Numerator 2 : 125

* Denominator : 200

* Numerator 3 : 156

* Denominator : 200

Population Criteria 3:

* Numerator 1 : 178

* Denominator : 200

* Numerator 2 : 167

* Denominator : 200

* Numerator 3 : 87

* Denominator : 100

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Alternate Core Clinical Quality Measure NQF 0041-PQRI 110

Enter information in all required fields.

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

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Attestation Meaningful Use Measures

Alternate Core Clinical Quality Measure

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

NQF 0041-PQRI 110

Title: Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.

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

Complete the following information. All data entered must be a positive whole number:

* Numerator : 86
* Denominator : 100
* Exclusion : 24

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Alternate Core Clinical Quality Measure NQF 0038

Enter information in all required fields.

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

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Alternate Core Clinical Quality Measure

[Click HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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. All data entered must be a positive whole number:

* Numerator 1 : 25 * Denominator : 100	* Numerator 7 : 85 * Denominator : 100
* Numerator 2 : 35 * Denominator : 100	* Numerator 8 : 95 * Denominator : 100
* Numerator 3 : 45 * Denominator : 100	* Numerator 9 : 90 * Denominator : 100
* Numerator 4 : 55 * Denominator : 100	* Numerator 10 : 80 * Denominator : 100
* Numerator 5 : 65 * Denominator : 100	* Numerator 11 : 70 * Denominator : 100
* Numerator 6 : 75 * Denominator : 100	* Numerator 12 : 60 * Denominator : 100

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Once you attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Alternate Core Clinical Quality Measures Selection screen.

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Attestation Meaningful Use Measures

Meaningful Use Alternate Core Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
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.	Population Criteria 1 Numerator 1 = 50 Denominator = 100 Numerator 2 = 74 Denominator = 100 Numerator 3 = 24 Denominator = 100 Population Criteria 2 Numerator 1 = 45 Denominator = 100 Numerator 2 = 125 Denominator = 200 Numerator 3 = 156 Denominator = 200 Population Criteria 3 Numerator 1 = 178 Denominator = 200 Numerator 2 = 167 Denominator = 200 Numerator 3 = 87 Denominator = 100	EDIT
NQF 0041-PQRI 110 - Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	Numerator = 86 Denominator = 100 Exclusion = 24	EDIT
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.	Numerator 1 = 25 Denominator = 100 Numerator 2 = 35 Denominator = 100 Numerator 3 = 45 Denominator = 100 Numerator 4 = 55 Denominator = 100 Numerator 5 = 65 Denominator = 100 Numerator 6 = 75 Denominator = 100 Numerator 7 = 85 Denominator = 100 Numerator 8 = 95 Denominator = 100 Numerator 9 = 90 Denominator = 100 Numerator 10 = 80 Denominator = 100 Numerator 11 = 70 Denominator = 100 Numerator 12 = 60 Denominator = 100	EDIT

Return to Selection List

Click **Return to Main** to return to the Measure Topic List.

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Attestation Meaningful Use Measures

Instructions:

You have entered a denominator of zero for one or more of your Core Clinical Quality Measures. You must submit one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero Denominator.

Please select the Alternate Core Clinical Quality Measure(s) from the list below.

Please Note: Unchecking an Alternate Core Clinical Quality Measure will result in the loss of any data entered for that measure. 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.

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

Measure Number	Title	Description	Selection
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 checked="" type="checkbox"/>
NQF 0041-PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

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Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Core Measures	13/13	EDIT Clear All
✓	Menu Measures	5/5	EDIT Clear All

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

✓	Core Clinical Quality Measures	3/3	EDIT Clear All
✓	Alternate Core Clinical Quality Measures	3/3	EDIT Clear All

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

Additional Clinical Quality Measures
Begin

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

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Meaningful Use Additional Clinical Quality Measures

This initial screen provides information about the Additional Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Additional Clinical Quality Measures Selection screen.

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MEANINGFUL USE ADDITIONAL CLINICAL QUALITY MEASURES

As part of the Meaningful Use attestation, Eligible Professionals (EP) are required to complete **all Clinical Quality Measures** (Core or Alternative Core Clinical Quality measures and Additional Clinical Quality Measures). The EP must report results for all alternate core measures if the EP reports a zero for the core measure denominator. The EP must report results on 3 Additional Clinical Quality Measures.

The data for these measures must be obtained directly from the certified EHR system. Some Clinical Quality Measures may not apply to the EP thus you would not have any eligible patients or actions for the measure denominator. The EP should select the measures that best apply to your scope of practice. The following screens are the Additional Clinical Quality Measures.

HELPFUL HINTS

1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. You may review the completed measures by selecting the 'Edit' button.
3. When the measures are complete, a green checkmark will appear indicating the section is complete.
4. More information about the Clinical Quality Measures is available at:

https://www.cms.gov/EHRIncentivePrograms/29_ClinicalQualityMeasures.asp

[Begin](#)

The screens on the following pages display the Meaningful Use Additional Clinical Quality Measures Selection screen. You are required to answer three Additional Clinical Quality Measures. There are a total of 38 Additional Clinical Quality Measures to choose from.

Click on the checkbox next to the measures you want to attest to, click **Save & Continue** to review your selections, or click **Reset** to restore this panel to the starting point or last saved data.

Meaningful Use Additional Clinical Quality Measures Selection screen (Part 1 of 3)

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Attestation Meaningful Use Measures

Instructions:

Select three(3) 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 **Save & Continue** button below.

Measure#	Title	Description	Selection
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 greater than 9.0%.	<input checked="" 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 less than 100mg/dl.	<input checked="" 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 less than 140/90 mmHg.	<input checked="" 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 less than 40%) who were prescribed ACE inhibitor or ARB therapy.	<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 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 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 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 less than 40%) who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment.	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input 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 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 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"/>

Meaningful Use Additional Clinical Quality Measures Selection screen (Part 2 of 3)

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 at least once within 12 months.	<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 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 0387-PQRI 71	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer.	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	<input 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 IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.	<input 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 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 0056-PQRI 163	Diabetes: Foot Exam.	The percentage of patients 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 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 were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	<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 who 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 (less than 140/90 mmHg).	<input type="checkbox"/>
NQF 0068-PQRI 204	Ischemic Vascular Disease (IVD): Use of aspirin or another antithrombotic.	Percentage of patients 18 years of age or older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass (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"/>

Meaningful Use Additional Clinical Quality Measures Selection screen (Part 3 of 3)

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 0001-PQRI 64	Asthma Assessment.	Percentage of patient aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who 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 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 was less than 100 mg/dl.	<input type="checkbox"/>
NQF 0575	Diabetes: Hemoglobin A1c (less than 8.0%).	The percentage of patients 18-75 years with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%.	<input type="checkbox"/>

The following screen displays the Meaningful Use Additional Clinical Quality Measure Worklist Table with the Additional Clinical Quality Measures you selected to attest to.

Click **Edit** to enter or edit information for a measure or click **Return to Selection List** to return to the Meaningful Use Additional Clinical Quality Measures Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Get Started
R&A/Contact Info
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Attestation
Review
Submit

Attestation Meaningful Use Measures

Meaningful Use Additional Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
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 greater than 9.0%.		EDIT
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 less than 100mg/dl.		EDIT
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 less than 140/90 mmHg.		EDIT

Return to Selection List

The following is a list of the Additional Clinical Quality Measures that you must attest to.

Click on the Screen Example to see an example of the screen layout.

Additional Clinical Quality Measure	Screen Example
NQF 0059-PQRI 1	Screen 1
NQF 0064-PQRI 2	Screen 1
NQF 0061-PQRI 3	Screen 1
NQF 0081-PQRI 5	Screen 1
NQF 0070-PQRI 7	Screen 1
NQF 0043-PQRI 111	Screen 2
NQF 0031-PQRI 112	Screen 2
NQF 0034-PQRI 113	Screen 1
NQF 0067-PQRI 6	Screen 1
NQF 0083-PQRI 8	Screen 1
NQF 0105	Screen 3
NQF 0086-PQRI 12	Screen 1
NQF 0088-PQRI 18	Screen 1
NQF 0089-PQRI 19	Screen 1
NQF 0047-PQRI 53	Screen 1
NQF 0002-PQRI 66	Screen 2
NQF 0387-PQRI 71	Screen 1
NQF 0385-PQRI 72	Screen 1
NQF 0389-PQRI 102	Screen 1
NQF 0027-PQRI 115	Screen 3
NQF 0055-PQRI 117	Screen 1
NQF 0062-PQRI 119	Screen 1
NQF 0056-PQRI 163	Screen 1
NQF 0074-PQRI 197	Screen 1

Additional Clinical Quality Measure	Screen Example
NQF 0084-PQRI 200	Screen 1
NQF 0073-PQRI 201	Screen 2
NQF 0068-PQRI 204	Screen 2
NQF 0004	Screen 4
NQF 0001-PQRI 64	Screen 2
NQF 0012	Screen 1
NQF 0014	Screen 1
NQF 0018	Screen 2
NQF 0032	Screen 2
NQF 0033	Screen 4
NQF 0036	Screen 4
NQF 0052	Screen 2
NQF 0075	Screen 3
NQF 0575	Screen 1

Screen 1

The following Additional Clinical Quality Measures use this screen layout:

Additional Clinical Quality Measures NQF 0059-PQRI 1, NQF 0064-PQRI 2, NQF 0061-PQRI 3, NQF 0081-PQRI 5, NQF 0070-PQRI 7, NQF 0034-PQRI 113, NQF 0067-PQRI 6, NQF 0083-PQRI 8, NQF 0086-PQRI 12, NQF 0088-PQRI 18, NQF 0089-PQRI 19, NQF 0047-PQRI 53, NQF 0387-PQRI 71, NQF 0385-PQRI 72, NQF 0389-PQRI 102, NQF 0055-PQRI 117, NQF 0062-PQRI 119, NQF 0056-PQRI 163, NQF 0074-PQRI 197, NQF 0084-PQRI 200, NQF 0012, NQF 0014, and NQF 0575.

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒


Attestation ☐

Review

Submit ☐

Attestation Meaningful Use Measures

Additional Clinical Quality Measure

 Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

NQF 0059-PQRI 1

Title: Diabetes: Hemoglobin A1c Poor Control.

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

Complete the following information. All data entered must be a positive whole number:

* Numerator : 38

* Denominator : 76

* Exclusion : 2

Previous

Reset

Save & Continue

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Screen 2

The following Additional Clinical Quality Measures use this screen layout:

Additional Clinical Quality Measures NQF 0043-PQRI 111, NQF 0031-PQRI 112, NQF 0002-PQRI 66, NQF 0073-PQRI 201, NQF 0068-PQRI 204, NQF 0001-PQRI 64, NQF 0018, NQF 0032, and NQF 0052.

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

Attestation Meaningful Use Measures

Additional Clinical Quality Measure

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

NQF 0043-PQRI 111

Title: Pneumonia Vaccination Status for Older Adults.

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

Complete the following information. All data entered must be a positive whole number:

* Numerator : 24 * Denominator : 89

Previous
Reset
Save & Continue

Screen 3

The following Additional Clinical Quality Measures use this screen layout:

Additional Clinical Quality Measures NQF 0004, NQF 0033, and NQF 0036.

Screen 4

The following Additional Clinical Quality Measures use this screen layout:

Additional Clinical Quality Measures NQF 0004, NQF 0033, and NQF 0036.

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Attestation Meaningful Use Measures

Additional Clinical Quality Measure

Click [HERE](#) for additional information on completing this measure.

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

(*) Red asterisk indicates a required field.

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. All data entered must be a positive whole number:

Population Criteria 1:	* Numerator 1 :	24	* Denominator :	65
	* Numerator 2 :	23	* Denominator :	65
Population Criteria 2:	* Numerator 1 :	29	* Denominator :	38
	* Numerator 2 :	25	* Denominator :	38
Population Criteria 3:	* Numerator 1 :	40	* Denominator :	47
	* Numerator 2 :	20	* Denominator :	47

Previous
Reset
Save & Continue

Once you attested to all the measures for this topic, click **Return to Selection List** to return to the Meaningful Use Additional Clinical Quality Measures Selection screen.

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Attestation Meaningful Use Measures

Meaningful Use Additional Clinical Quality Measure Worklist Table

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

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

Title	Description	Entered	Select
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 greater than 9.0%.	Numerator = 38 Denominator = 76 Exclusion = 2	EDIT
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 less than 100mg/dl.	Numerator 1 = 39 Denominator = 76 Exclusion = 0 Numerator 2 = 32 Denominator = 60	EDIT
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 less than 140/90 mmHg.	Numerator = 39 Denominator = 78 Exclusion = 7	EDIT

Return to Selection List

Click **Return to Main** to return to the Measure Topic List. (Only the top and bottom sections of the Meaningful Use Additional Clinical Quality Measures Selection screen are displayed below.)

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Attestation Meaningful Use Measures

Instructions:

Select three(3) 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 **Save & Continue** button below.

Measure#	Title	Description	Selection
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 greater than 9.0%.	<input checked="" 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 less than 100mg/dl.	<input checked="" 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 less than 140/90 mmHg.	<input checked="" 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 less than 40%) who were prescribed ACE inhibitor or ARB therapy.	<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 was less than 100 mg/dl.	<input type="checkbox"/>
NQF 0575	Diabetes: Hemoglobin A1c (less than 8.0%).	The percentage of patients 18-75 years with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%.	<input type="checkbox"/>

Return to Main
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all six meaningful use measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

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

Attestation Meaningful Use Measures

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics; General Requirements, Core Measures, Menu Measures, Core Clinical Quality Measures, and Additional Clinical Quality Measures. The application will display a check mark icon by a topic when all required data has been entered. The progress level of each topic will be displayed as measures are completed.

Note: The Alternate Core Clinical Quality Measure topic is only required if any Core Clinical Quality Measure has a denominator of zero.

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

Completed?	Topics	Progress	Action
<input checked="" type="checkbox"/>	General Requirements	2/2	EDIT Clear All
<input checked="" type="checkbox"/>	Core Measures	13/13	EDIT Clear All
<input checked="" type="checkbox"/>	Menu Measures	5/5	EDIT Clear All

You are required to answer all three (3) Core Clinical Quality Measures. You will need to select one Alternate Clinical Quality Measure for each Core Clinical Quality Measure where you have entered a zero in the denominator field. If you have not entered a zero in any denominator field in the Core Clinical Quality Measures you do not need to select from the Alternate Clinical Quality Measures. If all of the Alternate Core Clinical Quality Measures can only be answered with zeros in the denominator field then you must answer all three.

<input checked="" type="checkbox"/>	Core Clinical Quality Measures	3/3	EDIT Clear All
<input checked="" type="checkbox"/>	Alternate Core Clinical Quality Measures	3/3	EDIT Clear All

In addition you are required to select (3) Additional Clinical Quality Measures from a list of 38 to complete the Clinical Quality Measures section of Meaningful Use.

<input checked="" type="checkbox"/>	Additional Clinical Quality Measures	3/3	EDIT Clear All
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Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

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

Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

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Attestation Meaningful Use Measures

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

Meaningful Use General Requirements Review

Question	Entered
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 850 Denominator = 1000 Percentage = 85%
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 600 Denominator = 1000 Percentage = 60%

Meaningful Use Core Measure Review

Measure Number	Objective	Measure	Entered	Additional Information
EPCMU01	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 = 65 Denominator = 100 Percentage = 65%	Patient Records = All
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	N/A

This is screen 2 of 5 of the Meaningful Use Measures Summary.

EPCMU03	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 = 135 Denominator = 150 Percentage = 90%	N/A
EPCMU04	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.	Excluded	Patient Records = All
EPCMU05	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 = 85 Denominator = 100 Percentage = 85%	N/A
EPCMU06	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 = 185 Denominator = 220 Percentage = 84%	N/A
EPCMU07	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 = 89 Percentage = 57%	N/A
EPCMU08	Record and chart changes in the following 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, including BMI. 	More than 50% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Numerator = 89 Denominator = 130 Percentage = 68%	Patient Records = All
EPCMU09	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 = 45 Denominator = 81 Percentage = 55%	Patient Records = Only EHR
EPCMU11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	N/A
EPCMU12	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 = 61 Denominator = 105 Percentage = 58%	Patient Records = All
EPCMU13	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.	Excluded	Patient Records = All
EPCMU15	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	N/A

This is screen 3 of 5 of the Meaningful Use Measures Summary.

Meaningful Use Menu Measure Review

Measure Number	Objective	Measure	Entered	Additional Information
EPMMU01	Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	N/A
EPMMU03	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	Patient Records = Only EHR
EPMMU06	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 = 21 Denominator = 122 Percentage = 17%	N/A
EPMMU08	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 a 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 = 93 Denominator = 153 Percentage = 60%	Patient Records = All
EPMMU09	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Yes	See below for additional information

Additional Information

EPMMU09

Immunization Registry : Immunization Reg

Test Successful : Yes

Test Date & Time : 12/15/12 12:15 PM

Follow Up Submission : No

Meaningful Use Core Clinical Quality Measure Review

Measure Number	Title	Description	Entered
NQF 0013	Hypertension: Blood Pressure Measurement.	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Numerator = 55 Denominator = 100
NQF 0028-PQRI 114	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. 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.	a.Numerator = 16 Denominator = 32 b.Numerator = 8 Denominator = 16
NQF 0421-PQRI 128	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.	Population Criteria 1 Numerator = 35 Denominator = 80 Exclusion = 10 Population Criteria 2 Numerator = 20 Denominator = 0 Exclusion = 5

This is screen 4 of 5 of the Meaningful Use Measures Summary.

Meaningful Use Alternate Clinical Quality Measure Review			
Measure Number	Title	Description	Entered
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.	Population Criteria 1 Numerator = 50 Denominator = 100 Numerator = 74 Denominator = 100 Numerator = 24 Denominator = 100 Population Criteria 2 Numerator = 45 Denominator = 100 Numerator = 125 Denominator = 200 Numerator = 156 Denominator = 200 Population Criteria 3 Numerator = 178 Denominator = 200 Numerator = 167 Denominator = 200 Numerator = 87 Denominator = 100
NQF 0041-PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	Numerator = 86 Denominator = 100 Exclusion = 24
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.	Numerator 1 = 25 Denominator = 100 Numerator 2 = 35 Denominator = 100 Numerator 3 = 45 Denominator = 100 Numerator 4 = 55 Denominator = 100 Numerator 5 = 65 Denominator = 100 Numerator 6 = 75 Denominator = 100 Numerator 7 = 85 Denominator = 100 Numerator 8 = 95 Denominator = 100 Numerator 9 = 90 Denominator = 100 Numerator 10 = 80 Denominator = 100 Numerator 11 = 70 Denominator = 100 Numerator 12 = 75 Denominator = 100

This is screen 5 of 5 of the Meaningful Use Measures Summary.

Meaningful Use Additional Clinical Quality Measure Review

Measure Number	Title	Description	Entered
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 greater than 9.0%.	Numerator = 38 Denominator = 76 Exclusion = 2
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 less than 100mg/dl.	Numerator1 = 39 Denominator = 76 Exclusion = 0 Numerator2 = 32 Denominator = 60
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 less than 140/90 mmHg.	Numerator = 39 Denominator = 78 Exclusion = 7

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Proceed to the Attestation Phase Part 3 of 3 screen on page 162 of this guide.

Adoption, Implementation, or Upgrade (AIU) Document Requirements

Appendix A

Eligible Professionals and Eligible Hospitals are required, as part of the state level registration and attestation process, to furnish evidence that verifies the adoption, implementation or upgrade (AIU) of certified Electronic Health Record (EHR) technology by uploading documents supporting AIU. The following is a list of documentation that will be acceptable for verifying AIU.

Adoption

The provider must furnish clearly dated documentation demonstrating the acquisition of or the intent to acquire *certified EHR technology*. Eligible Professionals and Eligible Hospitals must submit any of the following documents relating to the certified EHR technology to satisfy this requirement:

- Receipts from EHR software vendors
- Executed sales contract for software and/or hardware
- Purchase order
- Software licensing agreement
- Service performance agreement

In addition, documentation must be provided to show the CMS EHR certification ID provided during state level attestation. This certification ID will be validated against the Office of the National Coordinator (ONC) Certified HIT Product List (CHPL).

Implementation

The provider must furnish proof of adoption with one of the acceptable documents listed above *plus* evidence of costs associated with the implementation of *certified EHR technology*. Costs associated with the implementation of certified EHR can be incurred through various activities. The provider must submit documentation supporting any of the following implementation activities to satisfy this requirement:

- Evidence of adoption of certified EHR technology (see requirements above) **and** one of the following:
 - Evidence of costs for installation of certified EHR technology
 - Data use agreements pertaining to the certified EHR technology
 - Evidence of costs associated with staff training support or staff support to implement certified EHR technology, including a contract if applicable
 - Documented costs associated with workstation or physical plant re-design for the implementation of certified EHR technology
- For Eligible Hospitals (EHs), cost reports reflecting implementation expenses relating to the certified EHR technology. EHs must indicate in which Cost Center(s) on Worksheet A the implementation costs are included.

Upgrade

The provider must furnish clearly dated documentation for upgrading currently certified technology **or** upgrading from non-certified to *certified EHR technology*.

Eligible Professionals and Eligible Hospitals must submit any of the following documents relating to certified EHR technology to satisfy this requirement:

- Receipts from EHR software vendors
- Executed sales contract for software and/or hardware
- Purchase order
- Software licensing agreement
- Service performance agreement

Documentation must be provided to show the CMS EHR certification ID provided during state level attestation. This certification ID will be validated against the Office of the National Coordinator (ONC) Certified HIT Product List (CHPL).

In addition, other reasonable substantiating documents that reflect expenses incurred for AIU of certified EHR technology may also be acceptable.

Program Year 2014: Verification of Use Letter Required

CMS requires that all providers at all stages of attestation (AIU & MU Stage 1, 2) attest using CEHRT which meets 2014 ONC's Standards & Certification Criteria. DCH requires applicants to obtain a Verification of Use Letter from their CEHRT vendor confirming that their current software version meets the 2014 ONC Certification Criteria and upload this letter when submitting their MAPIR application(s).

Retention of AIU Documentation

Documentation submitted is considered auditable and must be retained by providers for auditing purposes. All Eligible Professionals and Eligible Hospitals must retain all such documentation for a minimum period of six (6) years from the date of an approved application that resulted in a Medicaid EHR incentive payment. With respect to applications for incentive payments submitted in subsequent program years, all providers must retain their supporting documentation for a minimum period of six (6) years from the date of an approved application that resulted in a Medicaid EHR incentive payment.

Any provider's failure to retain requisite documentation for review by the Department of Community Health or independent auditors for the six (6) year period may result in an adverse action against a provider, including, but not limited to, recoupment of incentive payments and sanctions.

Acronyms and Terms for Eligible Professionals

Appendix B

AIU – Adopt, Implement, or Upgrade are legal terms defined by federal law.

CHIP – Children's Health Insurance Program

CHPL –Certified Health IT Product List maintained by the ONC.

CMS – Centers for Medicare and Medicaid Services

EHR – Electronic Health Record as defined by the Health Information Technology for Economic and Clinical Health Act (HITECH ACT)

FQHC/RHC – Federally Qualified Health Center/Rural Health Clinic

Hospital-Based - a professional furnishing ninety percent (90%) or more of their professional services in a hospital inpatient or Emergency Room setting (Place of Service Codes 21 and 23) and who is not eligible for a Medicaid EHR Incentive Payment.

MAPIR – The Medical Assistance Provider Incentive Repository for processing Medicaid EHR incentive applications submitted by Eligible Hospitals and Eligible Professionals.

Medicaid Encounter for an Eligible Professional – services rendered to an individual on any one day where:

- Medicaid paid for part or all of the service; or
- Medicaid paid all or part of the individual's premiums, copayments, and cost-sharing.

MMIS - Medicaid Management Information System, means the electronic Medicaid claims payment system.

MMIS Web Portal - is the Web Portal solution that provides communication, data exchange, and self-service tools to the provider community. The Web Portal consists of both public and secure areas. Access to the secure area of the Web Portal requires a username and password. The secure area offers access to the state level registration tool, known as MAPIR.

Needy Individual - Needy Individuals are those receiving Medical Assistance from Medicaid (Title XIX) or CHIP (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

NPI – National Provider Identifier is a ten digit number unique to each health care provider.

ONC – Office of the National Coordinator for Health Information Technology

Pediatrician - a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. To qualify as a pediatrician, a provider must be classified in Georgia's Medicaid Management Information System (MMIS) as a pediatrician or a pediatric specialist with NPI taxonomy codes within the 208000000X region.

Practices predominantly - means an Eligible Professional for whom more than 50 percent of his or her clinical services occur at a Federally Qualified Health Center or a Rural Health Clinic. The calculation is based on a period of six (6) months in the most recent calendar year.

R&A – the Medicare and Medicaid EHR Incentive Program Registration and Attestation System controlled and maintained by CMS

TIN – Tax Identification Number

Appeals Process and Contact Information

Appendix C

Georgia Medicaid Electronic Health Records (EHR) Incentives Program

Appeals Process

I. Appeals Generally

The Commissioner of the Department of Community Health (DCH) shall appoint the Administrative Hearing Officer(s) for the Medicaid EHR Incentives Program appeal process. The appeals shall generally conform to and be comparable with the process and procedures for Georgia Medicaid provider appeals as set forth in O.C.G.A. § 49-4-153 (b) (3), O.C.G.A. § 50-13-19 and in accordance with 42 C.F.R. § 495.370 and 42 C.F.R. § 447.253 (e). The failure to comply with the requirements set forth in the appeal process below will result in the provider's waiver of appellate rights.

II. Initial Administrative Review

1. A provider shall file a Request for Initial Administrative Review of the decision to deny eligibility for an incentive payment, the decision as to the amount of an incentive payment, or any other adverse action including termination, suspension or recoupment within thirty (30) calendar days from the date of such decision by submitting a written Request for Initial Administrative Review to the following address:

Georgia Department of Community Health
DCH Medicaid EHR Incentives Program
Request for Initial Administrative Review
2 Peachtree Street, N.W., 32nd Floor
Atlanta, Georgia 30303

2. After review by the Medicaid Incentive Program staff, DCH will issue an Initial Administrative Review Determination in writing within thirty (30) calendar days from the date of receipt of the Request for Initial Administrative Review. In the rare event that DCH needs an extension of time before issuing this determination, DCH is authorized an additional period of time not to exceed thirty (30) days. The failure of the Medicaid Incentive Program staff to issue an Initial Administrative Review Determination within the time period allowed shall constitute an automatic affirmance of the original decision. Thereafter, the provider may file a Request for Hearing.

III. Review by an Administrative Hearing Officer

1. A provider who is dissatisfied with the Initial Administrative Review Determination shall have thirty (30) calendar days from the date of the Initial Administrative Review Determination to file a Request for Hearing. The hearing will be conducted by an Administrative Hearing Officer in Atlanta at the headquarters of DCH. The issues for appeal of the Initial Administrative Review Determination regarding the Medicaid EHR Incentives Program include the following:
 - a. Incentive payments
 - b. Incentive payment amounts
 - c. Provider eligibility determinations
 - d. The demonstration of adopting, implementing, upgrading certified EHRs, and meaningful use eligibility for incentive payments under this program

- e. Other adverse actions including, but not limited to, termination, suspension, or recoupment
2. The provider's Request for Hearing shall be filed with the Commissioner at the following address:

Georgia Department of Community Health
Office of the Commissioner
Medicaid EHR Incentives Program Hearing Request
2 Peachtree Street, N.W., 40th Floor
Atlanta, Georgia 30303

3. An Appeal Hearing shall be scheduled within thirty (30) calendar days from the date upon which the Commissioner receives the Request for Hearing. The Request for Hearing filed by the provider must include all issues and justification for reversing the Initial Administrative Review Determination. The provider (whether an individual or an entity) shall have an opportunity to challenge the determination of the DCH Medicaid EHR Incentives Program by submitting documents or data or both to support the provider's claim(s) when filing a Request for Hearing. The provider shall also include an explanation of each and every claim including a statement explaining why the provider believes that the Initial Administrative Review Determination is wrong and a concise statement of the relief sought. If, in the opinion of the Administrative Hearing Officer, the Request for Hearing is not accompanied by the required supporting documentation, data, or proper explanation of the claim(s), the Administrative Hearing Officer will afford the provider ten (10) additional calendar days to provide the incomplete information. The provider's failure to timely submit the information requested by the Administrative Hearing Officer shall result in dismissal of the Request for Hearing and shall terminate any further review.
4. In cases involving an audit of a provider, any documentation submitted with either a Request for Initial Administrative Review or Request for Hearing may, at DCH's sole discretion, toll the time frame set out herein, to allow adequate time to re-audit the provider or for a referral to the Program Integrity Unit for the purpose of consideration of the newly submitted documentation. Such determination shall be made by the Initial Reviewer or the Administrative Hearing Officer in writing.
5. Failure to comply with the procedural requirements of the Initial Administrative Review and/or a Request for Hearing set out herein, including the requirement to timely submit necessary documentation, data or proper explanation shall constitute a waiver of any and all further appeal rights, including the right to an administrative hearing and/or judicial review.
6. The Initial Administrative Review process must be completed in order for a provider to be entitled to file a Request for Hearing.
7. The Administrative Hearing Officer shall render the written Final Administrative Decision of DCH as soon as practical after the completion of the hearing and the close of the record. Failure of the Administrative Hearing Officer to issue a Final Administrative Decision within ninety (90) calendar days of the close of the record shall constitute an affirmance of the Initial Administrative Review Decision. Thereafter, the provider may seek judicial review as authorized by law.

IV. Judicial Review

Any provider who has exhausted all administrative remedies within DCH as set forth above and who is aggrieved by the Final Administrative Decision may seek judicial review in accordance with the provisions of O.C.G.A. § 50-13-19.

Getting Help

Appendix D

Where can an Eligible Professional get technical assistance?

The Georgia Health Information Technology Extension Center (GA-HITEC) provides education, outreach and technical assistance in selecting, implementing and using health information technology to improve the quality and value of health care. For more information, visit the [GA-HITEC website](http://ga-hitec.org) at <http://ga-hitec.org> or call toll free: 1-877-658-1990.

The CMS Electronic Health Record (EHR) Information Center is now open to assist the Provider Community with inquiries. Hours of Operation are from 8:30 a.m. – 7:30 p.m. (ET), Monday through Friday, except federal holidays. The main telephone number is 1-888-734-6433 or 1-888-734-6563 for TTY callers.

For additional questions not covered here?

- V. For more information about the Medicare and Medicaid EHR Incentive Programs, please visit <http://www.cms.gov/EHRIncentivePrograms/>
- VI. <http://www.dch.georgia.gov/ehr>

Can't find the answer to your question? Email us at hp.mapir.outreach@hp.com