



**Medical Assistance HIT Initiative**  
**Medical Assistance EHR Provider Incentive Program**  
*Eligible Professional Provider Manual V.1.5*

# **STATE OF RHODE ISLAND MEDICAL ASSISTANCE EHR INCENTIVE PROGRAM**

## **ELIGIBLE PROFESSIONAL PROVIDER MANUAL**

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**June 25, 2012**

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## Introduction

The American Recovery and Re-investment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Professionals under the Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a physician assistant

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

*Note: Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.*

To apply for the Medicaid EHR Incentive Payment Program, Eligible Professionals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program.

## Before You Begin

There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

### Complete your R&A registration.

You must register at the R&A before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.

MAPIR	
Name:	Not Available
Applicant NPI:	Not Available
Status:	<b>Not Registered at R&amp;A</b>

Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click [here](#) to access the R&A registration website.

If you have successfully completed the R&A registration, please contact Rhode Island DHS/OHHS for assistance.

Please access the federal Web site below for instructions on how to do this or to register:

*For general information regarding the Incentive Payment Program:*  
<http://www.cms.gov/EHRIncentivePrograms>

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

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. When MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.



## Identify one individual to complete the MAPIR application.

MAPIR is accessed via the secure provider portal by selecting the "EHR Incentive Program" hyperlink on the State of Rhode Island DHS/OHHS website <http://www.dhs.ri.gov/> and selecting the **"MAPIR Login Click Here "** hyperlink present at the bottom of the **"Electronic Health Records (EHR) Incentive Program"** Page or by using this URL <https://www.dhs.ri.gov/secure/logonMAPIR.do> for accessing directly.

Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user 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 once it has been started.

## Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review the guidelines defined by the State of Rhode Island DHS/OHHS on their website <http://www.dhs.ri.gov/> by selecting the hyperlink for EHR Incentive Program or you can directly access the information through the following URL ["http://www.dhs.ri.gov/DefaultPermissions/ElectronicHealthRecordsIncentiveProgram/tabid/997/Default.aspx"](http://www.dhs.ri.gov/DefaultPermissions/ElectronicHealthRecordsIncentiveProgram/tabid/997/Default.aspx) to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) Web site (<http://onc-chpl.force.com/ehrcert>).



## Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

**Once you submit your application, you can no longer modify the data.** It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), Tax Identification Number (TIN), Payment Year, and Program year at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).

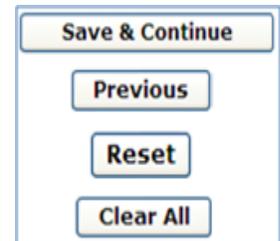


You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.

The **Clear All** button will remove standard activity selections for the screen in which you are working.



A (\*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

*Note: Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. **Do not use the browser buttons** as this could result in unexpected results.*

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

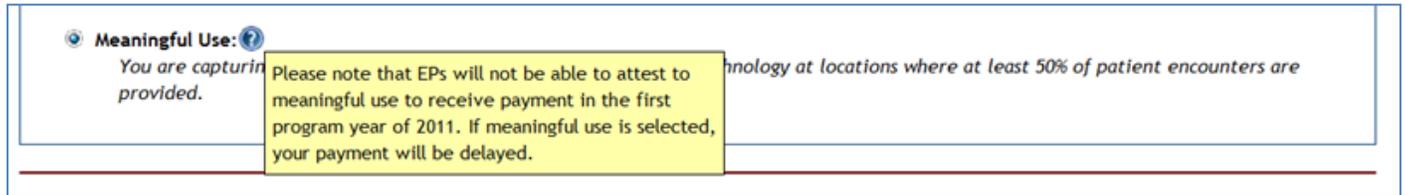


## Eligible Professional Provider Manual

Using MAPIR

MAPIR User Guide for Eligible Professionals

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the  will reveal additional text providing more details.



**Meaningful Use:** 

You are capturing data from technology at locations where at least 50% of patient encounters are provided.

Please note that EPs will not be able to attest to meaningful use to receive payment in the first program year of 2011. If meaningful use is selected, your payment will be delayed.





**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.

*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.



# Eligible Professional Provider Manual

The following screen will display with the information for the incentive application you selected.

A status of *Not Registered at R&A* indicates 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 of Rhode Island Medicaid Program. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

*For more information on statuses, refer to the Additional User Information section later in this guide.*

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

<b>Payment Year</b>	1	<b>Program Year</b>	2011
---------------------	---	---------------------	------

MAPIR

**Name:** Dr. Medicaid Provider

**Applicant NPI:** 9999999999

**Status:**

---

**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.

---

If you selected an incentive application that you are not associated with, you will receive a message indicating a different Internet/Portal account has already started the Rhode Island 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 Rhode Island DHS/OHHS or Customer Service Help Desk at (407)784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls for assistance.



# Eligible Professional Provider Manual

## Step 1 – Getting Started

## MAPIR User Guide for Eligible Professionals

Click **Confirm** to associate the current Internet/portal account with this incentive application.

**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.

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

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

**Name** Dr . Medical Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

---

**Name:** Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!

**Applicant NPI:** In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:

- **NLR & Contact Information** – Verify data from your CMS registration file
- **Eligibility** – Verify demographics and provider information
- **Patient Volume** – Verify your patient volume and practice category
- **AIU Attestation** – Attest that you have adopted, implemented, or upgraded to a certified EHR system
- **Review** – Verify all information prior to submission
- **Submit** your EHR Incentive registration

**Status:** Incomplete

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

---

**Navigation Keys:**

- **Save and Continue** - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time
- **Previous** - Allows you to move to the previous screen
- **Reset** - Allow you to reset the values within the screen you are currently on
- **Print** - You can print as part of the review of saved data (multiple tabs) and the check errors review



## Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the State of Rhode Island Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the State of Rhode Island Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial **R&A/Contact Info** screen contains information about this section.

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

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

In this section, you will verify that you registered with CMS and the information you provided will be displayed for verification.

Please note the following:

- You will need to verify the accuracy of information derived from the CMS Registration & Attestation System (referred to in this system as the NLR)
- If there are errors or discrepancies in the information, you will need to return to the NLR to update any required information prior to resuming the application process.
- The following link will take you to the NLR to correct any errors noted: <https://ehrincentives.cms.gov/hitech/login.action>

**Begin**

See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links. Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

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

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data. The Reset button will not reset R&A information. If the R&A information is not correct, you will need to return to the R&A to correct it.



# Eligible Professional Provider Manual

## Step 2 – Confirm R&A and Contact Info

## MAPIR User Guide for Eligible Professionals

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	
<b>Payee NPI</b>			
<b>Business Address</b>	123 Main Street Hometown, PA 12345-1234		
<b>Business Phone</b>	999-999-9999		
<b>Incentive Program</b>	MEDICAID	<b>State</b>	PA
<b>Eligible Professional Type</b>	Physician		
<b>R&amp;A Registration ID</b>	9999999999		
<b>R&amp;A Registration Email Address</b>	professional@provider.com		
<b>CMS EHR Certification Number</b>	999999999999999		

(\*) Red asterisk indicates a required field.

\* Is this information accurate?  Yes  No

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

Enter a **Contact Name** and **Contact Phone**.

Enter a **Contact Email Address** twice for verification.

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



# Eligible Professional Provider Manual

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[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 email address entered below. The email address, if any, entered at the R&A will be used as 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.

\*Contact Name  \*Contact Phone  -  -  Ext

Enter twice to verify :  
\*Contact Email Address

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



## Eligible Professional Provider Manual

### Step 2 – Confirm R&A and Contact Info

### MAPIR User Guide for Eligible Professionals

This screen 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.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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



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

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

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

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

**Continue**



## Step 3 – Eligibility

The Eligibility section will ask questions to allow the State of Rhode Island Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. You will also enter your required CMS EHR Certification ID.

The initial **Eligibility** screen contains information about this section.

Click **Begin** to proceed to the **Eligibility Questions (Part 1 of 3)**.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

In this section, you will provide basic information to confirm your eligibility for the EHR Incentive Program.

To be eligible, you will need to indicate that:

- You are a Rhode Island Medicaid provider in good standing
- You are not collecting Medicare incentive payments
- You are not a hospital-based provider (and therefore ineligible)
- You have no current Medicare or Medicaid sanctions in any state
- Your practice is HIPAA-compliant
- You are licensed in all states in which you practice

You will also need to provide:

- The CMS EHR Certification number which has been assigned to your organization
- Your provider type (only certain provider types are eligible)

**Begin**



# Eligible Professional Provider Manual

## Step 3 – Eligibility

## MAPIR User Guide for Eligible Professionals

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

### Eligibility Questions (Part 1 of 3)

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 Colorado?  Yes  No



# Eligible Professional Provider Manual

This screen will ask questions to determine your eligibility for the EHR Medicaid Incentive Payment Program. Please select your provider type from the list and answer the questions.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

### Eligibility Questions (Part 2 of 3)

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

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

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

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

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

---

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

---

\* Are you currently in compliance with all parts of the HIPAA regulations?  Yes  No ?

---

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

---

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



## Eligible Professional Provider Manual

### Step 3 – Eligibility

MAPIR User Guide for Eligible Professionals

This Eligibility screen asks for information about your **CMS EHR Certification ID**.

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

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.

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

#### Eligibility Questions (Part 3 of 3)

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.

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

(No dashes or spaces should be entered.)

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



# Eligible Professional Provider Manual

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**Eligibility Questions (Part 3 of 3)**

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

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

CMS EHR Certification ID: Q000000I0CVMAQ

**Previous** **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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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



You have now completed the **Eligibility** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Patient Volumes** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.

**Continue**



### Step 4 - Patient Volumes

The Patient Volumes section gathers information about your practice type, practice locations, the 90 day period you intend to use for reporting the patient volumes, and the patient volumes themselves. Additionally, you will be asked about how you utilize your certified EHR technology.

There are three parts to Patient Volumes:

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 90 day period for reporting patient volumes.

Part 3 of 3 contains screens to add new locations for reporting **Medicaid Patient Volumes**, selecting at least one location for **Utilizing Certified EHR Technology**, and entering patient volumes for the chosen reporting period.



# Eligible Professional Provider Manual

The initial **Patient Volumes** screen contains information about this section.  
Click **Begin** to proceed to the **Patient Volume Practice Type (Part 1 of 3)** screen.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

In this section, you will provide information that will determine whether you meet minimum Medicaid patient volume (defined as encounters/patient visits).

You will need to select any 90-day period from the prior calendar year (days must be consecutive) and provide your Medicaid patient encounters during that period.

To qualify for the EHR Incentive:

- Providers with the following provider types will need to demonstrate at least **30%** Medicaid patient volume. Eligible provider types include:
  - Physician
  - Nurse Practitioner
  - Nurse Midwife
  - Dentist
  - Physician Assistant (if you practice in a FQHC that is so led by a Physician Assistant)
- Pediatricians will need to demonstrate at least **20%** Medicaid patient volume. Patient volumes for pediatricians will need to be adjusted/reduced using the county-level adjustment percentage that has been defined for CHIP enrollees (children).

In the first step, you will indicate whether you practice predominately in a Federally Qualified Health Center (FQHC) and/or in a Rural Health Clinic (RHC). Your eligibility criteria may be impacted if you do practice on either or both of these settings.

To qualify for the EHR Incentive Program under FQHC guidelines, you will need to:

- Practice at least 50% in an FQHC
- Have at least 30% Medicaid patient encounter volume, which is comprised of a combination of Medicaid, CHIP, and Needy Individual encounters.

**Excluding Children's Health Insurance Plan (CHIP) Activity**  
If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport county had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation:  $1,245 * (-11.4\%) = 1,103$

**Begin**



# Eligible Professional Provider Manual

## 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 or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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   
 Practitioner Panel 

**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 90 day patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

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

Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated).

**Note:** The **Start Date** must fall within the preceding calendar year prior to reporting.

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

(\*) Red asterisk indicates a required field.

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

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



# Eligible Professional Provider Manual

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

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

Please enter the **Start Date** of any representative, continuous 90 day period within the preceding calendar year prior to reporting (**End Date** will be calculated).

**Note:** The **Start Date** must fall within the preceding calendar year prior to reporting.

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

**Start Date:** Jan 01, 2010  
**End Date:** Mar 31, 2010

**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 patient volumes. The information will be used to determine your eligibility for the incentive program. The responses to the questions for Practice Type (Part 1 of 3) on the first Patient Volume screen determine the questions you will be asked to complete and the information required. The information is summarized below:

1. Practice locations – MAPIR will present a list of practice locations that the State of Rhode Island DHS/OHHS 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.
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 information for the patient volume 90 day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the State of Rhode Island Medicaid program to assist with determining your eligibility. The specific formula for each practice type percentage calculation is listed within the section for that practice type.

The table below directs you to the page number in this guide to provide details for completing this section.

<b>Practice Type</b>	<b>Page No.</b>
Individual	25
Group	31
FQHC/RHC* Individual	37
FQHC/RHC* Group	43

\* Federally Qualified Health Center/Rural Health Clinic



### Patient Volume – Individual

The following pages will show you how to apply for the EHR Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page 24 for more information about your practice type.

Practice locations – MAPIR will present a list of locations that the State of Rhode Island Medicaid program office has on record. If you have additional locations, you can add them. Once all locations are added, you will enter the required Patient Volume information.

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

---

**Name** Dr. Medicaid Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

**Payment Year** 1      **Program Year** 2011

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

---

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

RI 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	999999999	Doctor Office	123 First Street Anywho, PA 12345-1234	

**Add Location** Refresh

---

Previous | Reset | Save & Continue



# Eligible Professional Provider Manual

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**Patient Volume - Individual (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:**  ?

\* **Address Line 1:**  ?

**Address Line 2:**

**Address Line 3:**

\* **City:**

\* **State:**  ▼

\* **Zip (5+4):**  -

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



# Eligible Professional Provider Manual

## Step 4 - Patient Volumes

## MAPIR User Guide for Eligible Professionals

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 patient requirements and at least one location for utilizing 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 review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Name** Dr. Medicaid Provider  
**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999  
**Payment Year** 1  
**Payee TIN** 999999999  
**Program Year** 2011

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

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

RI 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				
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, RI 12345	<b>Edit</b> <b>Delete</b>

**Add Location** **Refresh**

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



# Eligible Professional Provider Manual

Click **Begin** to proceed to the screens where you will enter patient volumes.

**Name** Dr. Medicaid  
Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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

In this section, you will provide information that will determine whether you meet minimum Medicaid patient volume (defined as encounters/patient visits).

You will need to provide your Medicaid patient encounters during that period. To qualify for the EHR Incentive:

- Providers with the following provider types will need to demonstrate at least **30%** Medicaid patient volume. Eligible provider types include:
  - Physician
  - Nurse Practitioner
  - Nurse Midwife
  - Dentist
  - Physician Assistant (if you practice in a FQHC that is so led by a Physician Assistant)
- Pediatricians will need to demonstrate at least **20%** Medicaid patient volume. Patient volumes for pediatricians will need to be adjusted/reduced using the county-level adjustment percentage that has been defined for CHIP enrollees (children).

#### Excluding Children's Health Insurance Plan (CHIP) Activity

If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport country had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation:  $1,245 * (-11.4\%) = 1,103$

**Begin**



## Medicaid Patient Volume Percentage Formula - Individual (Medicaid Encounter Volume / Total Encounter Volume)

Enter patient volumes for each location listed on the screen.

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.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2011

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

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

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

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service, or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

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	Doctor 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**



# Eligible Professional Provider Manual

This screen displays the locations where you are utilizing certified EHR technology, patient 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.

Proceed to page 50 of this guide to continue with the application.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

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

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<b>Medicaid Only In State:</b> 800 <b>Total Medicaid:</b> 1000 <b>Denominator:</b> 3300	30%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	<b>Medicaid Only In State:</b> 400 <b>Total Medicaid:</b> 500 <b>Denominator:</b> 1500	33%

Sum Medicaid Only In State Encounter Volume <i>(Numerator)</i>	Sum Medicaid Encounter Volume <i>(Numerator)</i>	Total Encounter <i>(Denominator)</i>	Total %
1200	1500	4800	31% <span style="color: red;">←</span>

Previous
Save & Continue



### Patient Volume - Group

The following pages will show you how to apply for the EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the table on page 24 for more information.

Practice locations – MAPIR will present a list of locations that the State of Rhode Island Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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

---

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

RI 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	999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

**Add Location** Refresh

Previous Reset Save & Continue



# Eligible Professional Provider Manual

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**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:**

\* **Address Line 1:**

**Address Line 2:**

**Address Line 3:**

\* **City:**

\* **State:**

\* **Zip (5+4):**  -

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



# Eligible Professional Provider Manual

For each location check whether you are **Utilizing 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 review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payment Year** 1

**Payee TIN** 999999999

**Program Year** 2011

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

---

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

RI 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				
<input type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, RI 12345	<b>Edit</b> <b>Delete</b>

**Add Location** | **Refresh**

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



# Eligible Professional Provider Manual

Click **Begin** to proceed to the screens where you will enter patient volumes.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	777777777	<b>Payee TIN</b>	88888888

**Get Started**

**R&A/Contact Info**

**Eligibility**

**Patient Volumes**

**Attestation**

**Review**

**Submit**

This section is designated for program applicants who practice in a clinic/group setting and who wish to calculate and attest to patient volume as a **group**.

The following guidelines apply for group-based applications:

- The Group NPI must be used to define the group
- All members of the group must apply in the same manner (i.e. as a group)
- The group method cannot be used in cases where one or more providers in the group see commercial, Medicare, or self-pay patients exclusively
- All providers included in the group must have Medicaid encounters in the selected 90-day period from the prior calendar year
- Medicaid patient encounter volume must equal at least 30% at an aggregate group level

#### Excluding Children's Health Insurance Plan (CHIP) Activity

If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport county had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation:  $1,245 * (-11.4\%) = 1,103$

**Begin**



## Medicaid Patient Volume Percentage Formula - Group

### Medicaid Encounter Volumes

Divided by

### Total Encounter Volume

Enter **Group Practice Provider IDs**. Please be sure to include all Medicaid Group Practice ID(s) associated with the group or organization. Group patient volume is determined by the entire group and cannot be split apart in any way. 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.

Enter **Patient Volumes** for the locations.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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.**

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

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



# Eligible Professional Provider Manual

This screen displays the 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.

Proceed to page 50 of this guide to continue with the application.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

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

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

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

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Individual provider. If you are not applying as an FQHC/RHC Individual provider, refer to the table on page 24 for more information.

Practice locations – MAPIR will present a list of locations that the State of Rhode Island Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

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

RI 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, or click **Previous** to go back.  
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	05, XXXX01, 005	RI PROVIDER CLINIC	XXX PROVIDER RD WARWICK RI 02893 - XXXX	

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

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



# Eligible Professional Provider Manual

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**Patient Volume - FQHC/RHC Individual (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:**

\* **Address Line 1:**

**Address Line 2:**

**Address Line 3:**

\* **City:**

\* **State:**

\* **Zip (5+4):**  -

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



# Eligible Professional Provider Manual

## Step 4 - Patient Volumes

## MAPIR User Guide for Eligible Professionals

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 patient requirements and at least one location for utilizing 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 review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
**Payment Year** 1 **Program Year** 2011

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

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

RI 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	999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, RI 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>



# Eligible Professional Provider Manual

MAPIR User Guide for Eligible Professionals

Patient Volume – FQHC/RHC Individual

Click **Begin** to proceed to the screens where you will enter patient volumes.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

**Get Started**

**R&A/Contact Info**

**Eligibility**

**Patient Volumes**

**Attestation**

**Review**

**Submit**

If you practice predominately in a Federally Qualified Health Center (FQHC) and/or in a Rural Health Clinic (RHC) and wish to register as an individual, this section will be used to calculate and attest to your patient encounter volume.

Requirements for qualification for the EHR Incentive Program under FQHC guidelines, as a group registrant, include:

- Practice at least 50% in an FQHC
- Have at least 30% Medicaid patient encounter volume, which is comprised of a combination of Medicaid, CHIP, and Needy Individual encounters
- Practice comprised of a combination of medium and low-income CHIP enrollees
- Must have Medicaid encounters in the selected 90-day period from the prior calendar year

Excluding Children's Health Insurance Plan (CHIP) Activity

If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport county had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation:  $1,245 * (-11.4\%) = 1,103$

**Begin**



## Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

**Total Needy Encounter Volume**

**Divided by**

**Total Encounter Volume**

Enter **Patient Volume** for the locations.

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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 Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- 2) Services rendered on any one day to an individual for where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and or cost-sharing;
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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

(\*) Red asterisk indicates a required field.

?	?	?	?	?	?	
Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
9999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	* 800	* 1000	* 1800	* 3300
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 900	* 1500



# Eligible Professional Provider Manual

This screen displays the locations you are utilizing certified EHR technology, patient 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.

Proceed to page 50 of this guide to continue with the application.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2011

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

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

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<b>Medicaid and chip Numerator:</b> 800 <b>Other Needy Numerator:</b> 1000 <b>Total Needy Numerator:</b> 1800 <b>Denominator:</b> 3300	55%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	<b>Medicaid and chip Numerator:</b> 400 <b>Other Needy Numerator:</b> 500 <b>Total Needy Numerator:</b> 900 <b>Denominator:</b> 1500	60%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
1200	1500	2700	4800	56%

Previous **Save & Continue**



## Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Group provider. If you are not applying as an FQHC/RHC Group provider, refer to the table on page 24 for more information.

Practice locations – MAPIR will present a list of locations that the State of Rhode Island Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	TTTTTTTT	<b>Payee TIN</b>	88888888

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

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

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, or click **Previous** to go back.  
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	05, XXXX01, 005	RI PROVIDER CLINIC	XXX PROVIDER RD WARWICK RI 02893 - XXXX	



# Eligible Professional Provider Manual

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 or **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**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:** 123 Main Street

**Address Line 2:**

**Address Line 3:**

\* **City:** Anytown

\* **State:** Alabama

\* **Zip (5+4):** 12345 -

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



# Eligible Professional Provider Manual

## Step 4 - Patient Volumes

## MAPIR User Guide for Eligible Professionals

For each location, check whether you plan to utilize certified EHR technology. You must select at least one location for utilizing 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 review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Name** Dr. Medicaid Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

**Payment Year** 1      **Program Year** 2011

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

---

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

RI 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 type="radio"/> Yes <input type="radio"/> No	999999999	Doctor Who's Office	123 Tardus Street Anytown, PA 12345-1234	
<input type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, RI 12345	<b>Edit</b> <b>Delete</b>

**Add Location**   **Refresh**

---

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



# Eligible Professional Provider Manual

Click **Begin** to proceed to the screens where you will enter patient volumes.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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

If you practice predominately in a Federally Qualified Health Center (FQHC) and/or in a Rural Health Clinic (RHC) and wish to register as a group, this section will be used to calculate and attest to your patient encounter volume.

Requirements for qualification for the EHR Incentive Program under FQHC guidelines, as a group registrant, include:

- Practice at least 50% in an FQHC
- Have at least 30% Medicaid patient encounter volume, which is comprised of a combination of Medicaid, CHIP, and Needy Individual encounters
- Practice comprised of a combination of medium and low-income CHIP enrollees
- Group NPI must be used to define the group
- All members of the group must apply in the same manner (i.e. as a group)
- The group method cannot be used in cases where one or more providers in the group see commercial, Medicare, or self-pay patients exclusively
- All providers included in the group must have Medicaid encounters in the selected 90-day period from the prior calendar year
- Medicaid patient encounter volume must equal at least 30% at an aggregate group level

**Excluding Children's Health Insurance Plan (CHIP) Activity**  
If your individual or group practice provides care to children between the age of 8 - 18, you will need to apply a County CHIP Patient Volume reduction to your total Medicaid encounters based on your facility or practice location. Each Rhode Island county location reduction percentage must be applied as follows: Bristol - 12.3%, Kent - 13.1%, Newport 11.4%, Providence - 10.0%, Washington - 11.3%.

For example, if you have determined that over a 90-day consecutive period in the previous calendar year your practice in Newport country had 1,245 Medicaid encounters, you will need to reduce the amount to 1,103 after applying the related Country CHIP Patient Volume percentage reduction of 11.4%.

Sample calculation:  $1,245 * (-11.4\%) = 1,103$

**Begin**



Medicaid Patient Volume Percentage Formula – FQHC/RHC Group

Total Needy Encounter Volume

Divided by

Total Encounter Volume

Enter Group Practice Provider IDs. Please be sure to include all Medicaid Group Practice ID(s) associated with the group or organization. Group patient volume is determined by the entire group and cannot be split apart in any way. 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.

Enter Patient Volumes.

Click Save & Continue to proceed or Previous to go back. Click Reset to restore this panel to the starting point or last saved data.

Name Dr. Medicaid Provider Applicant NPI 999999999

Personal TIN/SSN 999999999 Payee TIN 999999999

Payment Year 1 Program Year 2011

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

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

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

\* 1234567890 2345678901 3456789012 4567890123

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 are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid for part or all of the service;
- 2) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing;
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

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

(\*) Red asterisk indicates a required field.

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
* 600	* 650	* 1250	* 3500

Previous Reset Save & Continue



# Eligible Professional Provider Manual

This screen displays the locations where you are utilizing EHR technology, patient 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.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2011

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

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

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

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

Utilizing Certified EHR Technology?	Provider ID	Location Name	Location Name
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123 ←

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3500	36% ←

Previous **Save & Continue**



## Eligible Professional Provider Manual

### Step 4 - Patient Volumes

### MAPIR User Guide for Eligible Professionals

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.

<b>Name</b>	Veronica Hernandez	<b>Applicant NPI</b>	1619939337
<b>Personal TIN/SSN</b>	000031187	<b>Payee TIN</b>	000031187
<b>Payment Year</b>	1	<b>Program Year</b>	2011



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

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

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

## 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.

For the first year of participation in the Medicaid EHR Incentive program, Eligible Professionals will have the option to attest to **Adoption, Implementation, Upgrade, or Meaningful Use**. After the first year of participation, the Eligible Professionals are required to attest to **Meaningful Use**.

This initial Attestation screen provides information about this section.

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

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

In this section, you will provide information to attest that you adopted, implemented, or upgraded to a certified EHR system. Please note: at this time, you are not able to attest to Meaningful Use (MU).

As part of attestation, you will need to provide the following:

- Fifteen-digit CMS Certification Number
- Supporting documentation provided via system upload (e.g. contract, invoice, letters of intent, etc)
- Your CMS number

Begin

### Attestation Phase (Part 1 of 3)

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

The screen shown below is the Attestation Phase (Part 1 of 3) screen you will see if it is your first year participating (Payment Year 1).

If it is not your first year participating (Payment Year 2 or beyond), turn to page 62 of this guide.

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

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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

**Adoption:** ?  
*You have acquired or are installing certified EHR technology.*

---

**Implementation:** ?  
*You are installing certified EHR technology and have started one of the following:*

- A training program for the certified EHR technology*
- Data entry of patient demographic and administrative data into the EHR*
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).*

---

**Upgrade:** ?  
*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

---

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

For **Adoption** continue to page 53 of this guide.

For **Implementation** turn to page 54 of this guide.

For **Upgrade** turn to page 58 of this guide.

For **Meaningful Use** turn to page 62 of this guide.

## Adoption Phase

For **Adoption** select the Adoption 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.

Proceed to page 200 of this guide.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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

**Adoption:** 

*You have acquired or are installing certified EHR technology.*

---

**Implementation:** 

*You are installing certified EHR technology and have started one of the following:*

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

---

**Upgrade:** 

*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

---

**Meaningful Use:** 

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

## Implementation Phase (Part 2 of 3)

For **Implementation** select the Implementation 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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

**Adoption:**

*You have acquired or are installing certified EHR technology.*

---

**Implementation:**

*You are installing certified EHR technology and have started one of the following:*

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

---

**Upgrade:**

*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

---

**Meaningful Use:**

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

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

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

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. This is an example of a completed screen.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an implementation.

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 checked="" type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" 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"/>

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an implementation.

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 checked="" type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" 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: <input type="text" value="Reviewed EHR Certification Information"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="button" value="Other (Click to Add)"/>		

Review the **Implementation Activity** you selected.

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

Proceed to page 200 in this guide to continue.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

- 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 Analysis	✓	
Workflow Redesign		✓
Hardware Installation		✓
Peripherals Installation		✓
Uploading Patient Data	✓	
Electronic Prescribing		✓
(Other) Reviewed EHR Certification Information		✓

## Upgrade Phase (Part 2 of 3)

For **Upgrade** select the Upgrade 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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

**Adoption:**

*You have acquired or are installing certified EHR technology.*

---

**Implementation:**

*You are installing certified EHR technology and have started one of the following:*

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

---

**Upgrade:**

*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

---

**Meaningful Use:**

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

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

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

### Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

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 checked="" type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input checked="" 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"/>
<input type="button" value="Other (Click to Add)"/>		

This screen shows an example of entering activities other than what was in the Upgrade Activity listing. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an upgrade.

*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 checked="" type="radio"/>	<input type="radio"/>	
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>	
Clinical Decision Support	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	Delete

Other (Click to Add)

Previous
Reset
Clear All
Save & Continue

Review the **Upgrade Activities** you selected. Click **Save & Continue** to continue, or click **Previous** to go back. Proceed to page 200 in this guide to continue.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
**Payment Year** 1 **Program Year** 2011

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

**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	<input checked="" type="checkbox"/>	
Clinical Decision Support		<input checked="" type="checkbox"/>
(Other) Reviewed EHR Certification Information		<input checked="" type="checkbox"/>

- 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

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

**Adoption:** ?  
*You have acquired or are installing certified EHR technology.*

---

**Implementation:** ?  
*You are installing certified EHR technology and have started one of the following:*

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

---

**Upgrade:** ?  
*You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.*

---

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

Select a 90-day period or a full year period for reporting **Meaningful Use of certified EHR technology**. If you selected Meaningful Use in the Attestation Phase for Payment Year 1, your only option on this screen for Payment Year 2 and beyond will be the Meaningful Use (Full Year).

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

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

**Meaningful Use (90 days)** ?  
*You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.*

---

**Meaningful Use (Full Year)** ?  
*You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.*

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.

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

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

---

**Attestation EHR Reporting Period (Part 1 of 3)**

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

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

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

(\*) Red asterisk indicates a required field.

---

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

---

This screen displays an example of a **Start Date** of January 1, 2012 and a system-calculated **End Date** of March 30, 2012.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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

**Attestation EHR Reporting Period (Part 1 of 3)**

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

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

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

**Start Date:** Jan 01, 2012  
**End Date:** Mar 30, 2012 ←

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

## Attestation Meaningful Use Measures

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.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2012

- 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.

<u>Completed?</u>	<u>Topics</u>	<u>Progress</u>	<u>Action</u>
	General Requirements		<input type="button" value="Begin"/>
	Core Measures		<input type="button" value="Begin"/>
	Menu Measures		<input type="button" value="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	<input type="button" value="Begin"/>
Alternate Core Clinical Quality Measures	<input type="button" value="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	<input type="button" value="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.

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

---

**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.

---

<p>* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.</p>	<p><b>* Numerator :</b> <input type="text" value="600"/></p>	<p><b>* Denominator :</b> <input type="text" value="1000"/></p>
<p>* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.</p>	<p><b>* Numerator :</b> <input type="text" value="850"/></p>	<p><b>* Denominator :</b> <input type="text" value="1000"/></p>

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

### 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
<input checked="" type="checkbox"/>	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input type="checkbox"/>	Core Measures		<input type="button" value="Begin"/>
<input type="checkbox"/>	Menu Measures		<input type="button" value="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.

<b>Core Clinical Quality Measures</b>	<input type="button" value="Begin"/>
<b>Alternate Core Clinical Quality Measures</b>	<input type="button" value="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.

<b>Additional Clinical Quality Measures</b>	<input type="button" value="Begin"/>
---	--------------------------------------

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

## 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.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payment Year** 1

**Payee TIN** 999999999

**Program Year** 2011

---

**MEANINGFUL USE CORE MEASURES**  
 As part of the meaningful use attestation, Eligible Professionals (EPs) are required to complete **15 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 Measures can be completed in any order by selecting the 'Begin' button.
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. Measure results do not round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **only** displayed in whole numbers.
5. Measures that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80.0% would not pass.
6. After completing all 15 measures, you will receive a green checkmark indicating the section is complete.
7. The green checkmark does not mean you passed or failed the 15 measures.
8. Evaluation of MU measures is made after the application is electronically signed.
9. To return to the Attestation Meaningful Use Measures selection screen, select the 'Return to Main' button at the bottom of the page.

**Instructions:** Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or choosing an exclusion if you meet the requirements for that exclusion. 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 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 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.

**Name** Dr. Medicaid Provider  
**Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999  
**Payee TIN** 999999999  
**Payment Year** 1  
**Program Year** 2012

- 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.		<b>EDIT</b>
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>
EPCMU07	Record all of the following demographics: <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Gender</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.		<b>EDIT</b>
EPCMU08	Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>• Blood pressure</li> <li>• Calculate and display body mass index (BMI)</li> <li>• Plot and display growth charts for children 2-20 years, including BMI.</li> </ul>	More than 50% of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structure data.		<b>EDIT</b>
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.		<b>EDIT</b>
EPCMU10	Report ambulatory clinical quality measures.	Successfully report ambulatory clinical quality measures as required.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>
EPCMU14	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information.		<b>EDIT</b>
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.		<b>EDIT</b>

**Return to Main**

### Core Measure 1 (Measure Code EPCMU01)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the next page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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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 :**  **\* Denominator :**

Previous
Reset
Save & Continue

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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

After you enter information for a measure and click **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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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	<input type="button" value="EDIT"/>
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="EDIT"/>

### Core Measure 2 (Measure Code EPCMU02)

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	9999999999	<b>Payee TIN</b>	9999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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

### Core Measure 3 (Measure Code EPCMU03)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator. 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 :  \* Denominator :

### Core Measure 4 (Measure Code EPCMU04)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the next page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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.

**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** = 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 :**

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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.

**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** = 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 :**

### Core Measure 5 (Measure Code EPCMU05)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator. 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core Measure 5**

[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 active medication list.

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

Complete the following information:

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

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

\* Numerator :  \* Denominator :

### Core Measure 6 (Measure Code EPCMU06)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator. 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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##### Core Measure 6

[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 active medication allergy list.  
Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.  
Complete the following information:

**Numerator** = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.  
**Denominator** = Number of unique patients seen by the EP during the EHR reporting period.

\* Numerator : 185 \* Denominator : 220

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

### Core Measure 7 (Measure Code EPCMU07)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator. 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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Core Measure 7

[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 all of the following demographics:

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

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

**Numerator** = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.  
**Denominator** = Number of unique patients seen by the EP during the EHR reporting period.

Numerator :  \* Denominator :

Previous
Reset
Save & Continue

### Core Measure 8 (Measure Code EPCMU08)

Enter information in all required fields.

If either of the exclusions applies to you, refer to the screen on the next page.

If the exclusions do not apply to you, answer the Patient Records question, select **No** to the exclusions, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

Name	Dr. Medicaid Provider	Applicant NPI	999999999
Personal TIN/SSN	999999999	Payee TIN	999999999
Payment Year	1	Program Year	2012

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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 vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structure 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:** An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

**EXCLUSION2- Based on ALL patient records:** An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

If the exclusions do not apply please complete the following information:

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

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

\* Numerator :  \* Denominator :

Previous
Reset
Save & Continue

If either of the exclusions apply to you, answer the Patient Records question, select **Yes** to the exclusion(s), and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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### Attestation Meaningful Use Measures

#### Core Measure 8

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

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

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

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structure 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:** An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**EXCLUSION2- Based on ALL patient records:** An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

If the exclusions do not apply please complete the following information:

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

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

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

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

### Core Measure 9 (Measure Code EPCMU09)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the next page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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**Attestation Meaningful Use Measures**

**Core Measure 9**

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

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

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

**EXCLUSION- Based on ALL patient records:** An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of patients in the denominator with smoking status recorded as structured data.  
**Denominator** = Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

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

Previous
Reset
Save & Continue

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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**Attestation Meaningful Use Measures**

**Core Measure 9**

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

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

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

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

**EXCLUSION- Based on ALL patient records:** An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of patients in the denominator with smoking status recorded as structured data.  
**Denominator** = Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

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

Previous
Reset
Save & Continue

### Core Measure 10 (Measure Code EPCMU10)

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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**Attestation Meaningful Use Measures**

**Core Measure 10**

[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: Report ambulatory clinical quality measures.  
Measure: Successfully report ambulatory clinical quality measures as required.

\*I will submit Clinical Quality Measures.  
 Yes  No

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

**Core Measure 11 (Measure Code EPCMU11)**

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core Measure 11**

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

Measure: Implement one clinical decision support rule.

Complete the following information:

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

Yes
  No

### Core Measure 12 (Measure Code EPCMU12)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core 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.**

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.  
**Denominator** = Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

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

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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**Attestation Meaningful Use Measures**

**Core 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.**

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

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

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

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

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

Previous
Reset
Save & Continue

### Core Measure 13 (Measure Code EPCMU13)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core Measure 13**

*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 clinical summaries for patients for each office visit.  
 Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of office visits in the denominator for which a clinical summary is provided within three business days.  
**Denominator** = Number of office visits for the EP during the EHR reporting period.

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

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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Attestation Meaningful Use Measures

Core Measure 13

[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 clinical summaries for patients for each office visit.  
 Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

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

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

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

\*Does this exclusion apply to you?  
 Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of office visits in the denominator for which a clinical summary is provided within three business days.  
**Denominator** = Number of office visits for the EP during the EHR reporting period.

\* Numerator :  \* Denominator :

Previous
Reset
Save & Continue

### Core Measure 14 (Measure Code EPCMU14)

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core Measure 14**

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

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

Complete the following information:

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

Yes
  No

### Core Measure 15 (Measure Code EPCMU15)

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Core Measure 15**

[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 through the implementation of appropriate technical capabilities.

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

Complete the following information:

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

Yes
  No

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

**Name** Dr. Medicaid Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

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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	<a href="#">EDIT</a>
EPCMU02	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<a href="#">EDIT</a>
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	<a href="#">EDIT</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.	Numerator=95 Denominator=200	<a href="#">EDIT</a>
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	<a href="#">EDIT</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	<a href="#">EDIT</a>
EPCMU07	Record all of the following demographics: <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Gender</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator=51 Denominator=89	<a href="#">EDIT</a>
EPCMU08	Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>• Blood pressure</li> <li>• Calculate and display body mass index (BMI)</li> <li>• Plot and display growth charts for children 2-20 years, including BMI.</li> </ul>	More than 50% of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structure data.	Numerator=89 Denominator=130	<a href="#">EDIT</a>
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	<a href="#">EDIT</a>
EPCMU10	Report ambulatory clinical quality measures.	Successfully report ambulatory clinical quality measures as required.	Yes	<a href="#">EDIT</a>
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	<a href="#">EDIT</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	<a href="#">EDIT</a>
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=49 Denominator=87	<a href="#">EDIT</a>
EPCMU14	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information.	Yes	<a href="#">EDIT</a>
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	<a href="#">EDIT</a>

[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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Core Measures	15/15	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Menu Measures		<input type="button" value="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	<input type="button" value="Begin"/>
Alternate Core Clinical Quality Measures	<input type="button" value="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	<input type="button" value="Begin"/>
--------------------------------------	--------------------------------------

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

## 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.

---

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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**MEANINGFUL USE MENU SET MEASURES**

As part of the meaningful use attestation process, Eligible Professionals are required to complete a minimum of **five out of ten 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. The EP must be able to meet at least one public health measure. If an EP can attest to 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 Menu Measures can be completed in any order by selecting the 'Begin' button.
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. Measure results do not round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **only** displayed in whole numbers.
5. Measures that require a result of greater than a given percentage (%) must be more than that percentage (%) to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass but a result of exactly 80.0% would not pass.
6. After completing a minimum of five measures, you will receive a green checkmark indicating the section is complete.
7. The green checkmark does not mean you passed or failed the minimum of five measures.
8. Evaluation of MU measures is made after the application is electronically signed.
9. To return to the Attestation Meaningful Use Measures selection screen, select the 'Return to Main' button at the bottom of the page.
10. For Menu Set Measures nine & ten (Public Health Measures), not all of the information entered into these measures will be displayed on the MU Menu Measures Worksheet Screen. Also for these two measures, when you select them, they will be at the top of the list, but when you are completing and reviewing all the measures completed, they move to the bottom of the list.

**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.

**Name** Dr. Medicaid Provider **Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
**Payment Year** 1 **Program Year** 2012

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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.

**Name** Dr. Medical Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

**Payment Year** 1      **Program Year** 2012

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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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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).		<input type="button" value="EDIT"/>

The 10 available Meaningful Use Menu Measures are described in this user guide. Only those that you selected will apply to you.

### Menu Measure 1 (Measure Code EPMMU01)

Enter information in all required fields.

If the exclusion applies to you, see the screen on the following page.

If the exclusion does not apply to you, select **No** to the exclusion and answer the question. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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

If the exclusion applies to you, select **Yes** to the exclusion.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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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

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

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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	<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="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).		<input type="button" value="EDIT"/>

### Menu Measure 2 (Measure Code EPMMU02)

Enter information in all required fields.

If the exclusion applies to you, see the screen on the following page.

If the exclusion does not apply to you, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 :  \* Denominator :

If the exclusion applies to you, select **Yes** to the exclusion and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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 :  \* Denominator :

### Menu Measure 3 (Measure Code EPMMU03)

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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

### Menu Measure 4 (Measure Code EPMMU04)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medical Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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**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 :  \* Denominator :

Previous
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Save & Continue

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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 :  \* Denominator :

Previous
Reset
Save & Continue

### Menu Measure 5 (Measure Code EPMMU05)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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**Attestation Meaningful Use Measures**

**Menu Measure 5**

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.  
**Denominator** = Number of unique patients seen by the EP during the EHR reporting period.

\*

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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### Attestation Meaningful Use Measures

#### Menu Measure 5

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

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

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

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

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

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

### Menu Measure 6 (Measure Code EPMMU06)

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator. The numerator and denominator 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**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 :  \* Denominator :

### Menu Measure 7 (Measure Code EPMMU07)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion, and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Menu Measure 7**

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator** = Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

\* Numerator : 54      \* Denominator : 100

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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**Attestation Meaningful Use Measures**

**Menu Measure 7**

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

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

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator** = Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

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Reset
Save & Continue

### Menu Measure 8 (Measure Code EPMMU08)

Enter information in all required fields.

If the exclusion applies to you, refer to the screen on the following page.

If the exclusion does not apply to you, answer the Patient Records question, select **No** to the exclusion and enter a numerator and denominator. The denominator entered must be greater than or equal to the numerator. The numerator and denominator entries must be positive whole numbers. In the example below, the exclusion does not apply.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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**Menu Measure 8**

[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:** 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.

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of transitions of care and referrals in the denominator where a summary of care record was provided.  
**Denominator** = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

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

If the exclusion applies to you, answer the Patient Records question, select **Yes** to the exclusion, and do not 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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**Attestation Meaningful Use Measures**

**Menu Measure 8**

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:** 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.

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

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

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

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

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

Yes  No

**If the exclusion does not apply please complete the following information:**

**Numerator** = Number of transitions of care and referrals in the denominator where a summary of care record was provided.  
**Denominator** = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

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

**Menu Measure 9 (Measure Code EPMMU09)**

Enter information in all required fields.

If Exclusion 1 and/or Exclusion 2 apply to you, refer to the second screen for this Menu Measure.

If Exclusion 1 and 2 do not apply to you, select **No** to the exclusions and answer the EHR technology question. If you answered yes to the EHR Technology question, complete the Additional Information section of the screen. In the example below, the exclusion does not apply.

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

**Name** Dr. Medicaid Provider **Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
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**Attestation Meaningful Use Measures**

**Menu Measure 9**

**i** 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.

<b>Name</b> Dr. Medicaid Provider	<b>Applicant NPI</b> 999999999
<b>Personal TIN/SSN</b> 999999999	<b>Payee TIN</b> 999999999
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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

**Menu Measure 10 (Measure Code EPMMU10)**

Enter information in all required fields.

If Exclusion 1 and/or Exclusion 2 apply to you, refer to the second screen for this Menu Measure.

If Exclusion 1 and 2 do not apply to you, select **No** to the exclusions and answer the EHR technology question. If you answered yes to the EHR Technology question, complete the Additional Information section of the screen. In the example below, the exclusion does not apply.

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

Name Dr. Medicaid Provider Applicant NPI 9999999999  
Personal TIN/SSN 999999999 Payee TIN 999999999  
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Attestation Meaningful Use Measures

Menu Measure 10

**i** 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 and actual submission in accordance with applicable law and practice.

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

**EXCLUSION 1 - Based on ALL patient records:** If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

**EXCLUSION 2 - Based on ALL patient records:** If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

Note: It is advised that you upload an electronic copy of the letter that was received from the public health agency stating why they are not capable of data submission. 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 complete the following information:

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

Yes  No

**Additional Information:**

\* Enter the name of the syndromic surveillance agency: Syndromic Surveillance

**If you performed at least one test of EHR submission of electronic data to public health agencies:**

Was the test successful?

Yes  
 No

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

Date (MM/DD/YY) 02/19/12

Time (HH:MM AM/PM) 12:30 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	9999999999	<b>Payee TIN</b>	9999999999
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**Attestation Meaningful Use Measures**

**Menu Measure 10**

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 and actual submission in accordance with applicable law and practice.

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

**EXCLUSION 1 - Based on ALL patient records:** If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

**EXCLUSION 2 - Based on ALL patient records:** If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

**Note: It is advised that you upload an electronic copy of the letter that was received from the public health agency stating why they are not capable of data submission. 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 complete the following information:

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

Yes  No

---

**Additional Information:**

\* Enter the name of the syndromic surveillance agency:

**If you performed at least one test of EHR submission of electronic data to public health agencies:**

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

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.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
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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	<input type="button" value="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	<input type="button" value="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	<input type="button" value="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	<input type="button" value="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	<input type="button" value="EDIT"/>

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Core Measures	15/15	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Menu Measures	5/5	<input type="button" value="EDIT"/> <input type="button" value="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.

<b>Core Clinical Quality Measures</b>	<input type="button" value="Begin"/>
<b>Alternate Core Clinical Quality Measures</b>	<input type="button" value="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.

<b>Additional Clinical Quality Measures</b>	<input type="button" value="Begin"/>
---	--------------------------------------

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

## 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.

---

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

**MEANINGFUL USE CORE CLINICAL QUALITY MEASURES**

As part of the Meaningful Use attestation, Eligible Professionals (EPs) are required to complete a minimum of six **Clinical Quality Measures** (three Core or Alternate Core Clinical Quality measures and three Additional Clinical Quality Measures). You may complete as many Clinical Quality Measures as you want, but are only required to complete six. The following screens will allow you to attest to the Core Clinical Quality Measures. The Alternate Core and Additional Clinical Quality Measures can be accessed from the Main Meaningful Use Measures screen.

The data for these measures must be obtained directly from the certified EHR system. If a Clinical Quality Measure does not apply to the EP, the EP 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 up to three Alternate Core Measures (potentially reporting on all six Core/Alternate Core Measures). If you submit zero denominators for all of the Core and Alternate Core Measures, you still need to complete three of the Additional Clinical Quality Measures. For the Core Clinical Quality Measures, we expect the EP to report on measures which do not have a denominator of zero.

**HELPFUL HINTS**

1. The Clinical Quality Measures can be completed in any order by selecting the 'Begin' button.
2. For Clinical Quality Measures with multiple numerators and denominators, all fields must be completed for the Clinical Quality Measure to be validated. A provider may enter a zero if it is applicable to the measure.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required number of Core Clinical Quality Measures, a green checkmark is displayed indicating the section is complete.
5. More information about the Clinical Quality Measures is available at: [https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP\\_MeasureSpecifications.zip](https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP_MeasureSpecifications.zip). Please review this page, and accept the terms. You will then be able to access all of the Clinical Quality Measures.
6. Exclusions related to the Clinical Quality Measures must be whole numbers. If you do not have an exclusion, enter a zero. All fields need to be completed in order to continue to the next measure.

**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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**Attestation Meaningful Use Measures**

**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.		<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="EDIT"/>

### Core Clinical Quality Measure NQF 0013

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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 :  \* Denominator :

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Core Clinical Quality Measure Worklist 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 on the **Edit** button for the next measure.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**Attestation Meaningful Use Measures**

**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	<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="EDIT"/>

### Core Clinical Quality Measure NQF 0028-PQRI 114

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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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 :  \* Denominator :

**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.

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

Previous
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Save & Continue

### Core Clinical Quality Measure NQF 0421-PQRI 128

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 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 :  \* Denominator :  \* Exclusion :

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

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.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2012

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**Attestation Meaningful Use Measures**

**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	<input type="button" value="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	<input type="button" value="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	<input type="button" value="EDIT"/>

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Core Measures	15/15	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Menu Measures	5/5	<input type="button" value="EDIT"/> <input type="button" value="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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Alternate Core Clinical Quality Measures		<input type="button" value="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	<input type="button" value="Begin"/>
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**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

## 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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**Name** Dr. Medicaid  
Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

MEANINGFUL USE ALTERNATE CORE CLINICAL QUALITY MEASURES

As part of the Meaningful Use attestation, Eligible Professionals (EPs) are required to complete six **Clinical Quality Measures** (three Core or Alternate Core measures and three Additional). The EP must report results for up to three 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. If a Clinical Quality Measure does not apply to the EP, the EP would not have any eligible patients or actions for the Alternate Measure denominator. The following screen will allow you to attest to the Alternate Core Clinical Quality Measures.

HELPFUL HINTS

1. The Clinical Quality Measures can be completed in any order by selecting the 'Begin' button.
2. For Clinical Quality Measures with multiple numerators and denominators, all fields must be completed for the Clinical Quality Measure to be validated. A provider may enter a zero if it is applicable to the measure.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required number of Core Clinical Quality Measures, a green checkmark is displayed indicating the section is complete.
5. More information about the Clinical Quality Measures is available at: [https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP\\_MeasureSpecifications.zip](https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP_MeasureSpecifications.zip). Please review this page, and accept the terms. You will then be able to access all of the Clinical Quality Measures.
6. Exclusions related to the Clinical Quality Measures must be whole numbers. If you do not have an exclusion, enter a zero. All fields need to be completed in order to continue to the next measure.

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.

**Name** Dr. Medical Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

**Payment Year** 1      **Program Year** 2012

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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"/>

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
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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.		<span style="border: 2px solid orange; border-radius: 50%; padding: 2px;">EDIT</span>
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).		<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
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.		<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>

Return to Selection List

### Alternate Core Clinical Quality Measure NQF 0024

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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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:

<b>Population Criteria 1:</b>	* Numerator 1 : <input type="text" value="50"/>	* Denominator : <input type="text" value="100"/>	
	* Numerator 2 : <input type="text" value="74"/>	* Denominator : <input type="text" value="100"/>	
	* Numerator 3 : <input type="text" value="24"/>	* Denominator : <input type="text" value="100"/>	

<b>Population Criteria 2:</b>	* Numerator 1 : <input type="text" value="45"/>	* Denominator : <input type="text" value="100"/>	
	* Numerator 2 : <input type="text" value="125"/>	* Denominator : <input type="text" value="200"/>	
	* Numerator 3 : <input type="text" value="156"/>	* Denominator : <input type="text" value="200"/>	

<b>Population Criteria 3:</b>	* Numerator 1 : <input type="text" value="178"/>	* Denominator : <input type="text" value="200"/>	
	* Numerator 2 : <input type="text" value="167"/>	* Denominator : <input type="text" value="200"/>	
	* Numerator 3 : <input type="text" value="87"/>	* Denominator : <input type="text" value="100"/>	

Previous
Reset
Save & Continue

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Alternate Core Clinical Quality Measure Worklist 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 on the **Edit** button for the next measure.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2012

**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.	<b>Population Criteria 1</b> Numerator 1 = 50 Denominator = 100 Numerator 2 = 74 Denominator = 100 Numerator 3 = 24 Denominator = 100 <b>Population Criteria 2</b> Numerator 1 = 45 Denominator = 100 Numerator 2 = 125 Denominator = 200 Numerator 3 = 156 Denominator = 200 <b>Population Criteria 3</b> Numerator 1 = 178 Denominator = 200 Numerator 2 = 167 Denominator = 200 Numerator 3 = 87 Denominator = 100	<input type="button" value="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).		<input type="button" value="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.		<input type="button" value="EDIT"/>

### Alternate Core Clinical Quality Measure NQF 0041-PQRI 110

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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

### Alternate Core Clinical Quality Measure NQF 0038

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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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 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 : <input type="text" value="25"/> * Denominator : <input type="text" value="100"/>	* Numerator 7 : <input type="text" value="85"/> * Denominator : <input type="text" value="100"/>
* Numerator 2 : <input type="text" value="35"/> * Denominator : <input type="text" value="100"/>	* Numerator 8 : <input type="text" value="95"/> * Denominator : <input type="text" value="100"/>
* Numerator 3 : <input type="text" value="45"/> * Denominator : <input type="text" value="100"/>	* Numerator 9 : <input type="text" value="90"/> * Denominator : <input type="text" value="100"/>
* Numerator 4 : <input type="text" value="55"/> * Denominator : <input type="text" value="100"/>	* Numerator 10 : <input type="text" value="80"/> * Denominator : <input type="text" value="100"/>
* Numerator 5 : <input type="text" value="65"/> * Denominator : <input type="text" value="100"/>	* Numerator 11 : <input type="text" value="70"/> * Denominator : <input type="text" value="100"/>
* Numerator 6 : <input type="text" value="75"/> * Denominator : <input type="text" value="100"/>	* Numerator 12 : <input type="text" value="60"/> * Denominator : <input type="text" value="100"/>

Previous
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Save & Continue

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.

**Name** Dr. Medicaid Provider      **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999      **Payee TIN** 999999999

**Payment Year** 1      **Program Year** 2012

**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.	<b>Population Criteria 1</b> Numerator 1 = 50 Denominator = 100 <b>Population Criteria 2</b> Numerator 2 = 74 Denominator = 100 Numerator 3 = 24 Denominator = 100 <b>Population Criteria 3</b> Numerator 1 = 45 Denominator = 100 Numerator 2 = 125 Denominator = 200 Numerator 3 = 156 Denominator = 200 Numerator 1 = 178 Denominator = 200 Numerator 2 = 167 Denominator = 200 Numerator 3 = 87 Denominator = 100	<input type="button" value="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	<input type="button" value="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	<input type="button" value="EDIT"/>

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

**Name** Dr. Medicaid Provider **Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
**Payment Year** 1 **Program Year** 2012

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- Submit

**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
- 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

### 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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Core Measures	15/15	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Menu Measures	5/5	<input type="button" value="EDIT"/> <input type="button" value="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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
✓	Alternate Core Clinical Quality Measures	3/3	<input type="button" value="EDIT"/> <input type="button" value="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.

<b>Additional Clinical Quality Measures</b>	<input type="button" value="Begin"/>
---	--------------------------------------

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

## 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.

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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

MEANINGFUL USE ADDITIONAL CLINICAL QUALITY MEASURES

As part of the Meaningful Use attestation, Eligible Professionals (EPs) are required to complete six **Clinical Quality Measures** (three Core or Alternate Core measures and three Additional). The EP must report results for up to three Alternate Core Measures if the EP reports a zero for the Core Measure denominator. The EP must report a minimum of three Additional Clinical Quality Measures.

The data for these measures must be obtained directly from the certified EHR system. If a Clinical Quality Measure does not apply to the EP, the EP would not have any eligible patients or actions for the Additional Measure denominator. The EP should select the measures that best apply to the EP's scope of practice. The following screens will allow you to attest to the Additional Clinical Quality Measures.

HELPFUL HINTS

1. The Clinical Quality Measures can be completed in any order by selecting the 'Begin' button.
2. For Clinical Quality Measures with multiple numerators and denominators, all fields must be completed for the Clinical Quality Measure to be validated. A provider may enter a zero if it is applicable to the measure.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the required number of Core Clinical Quality Measures, a green checkmark is displayed indicating the section is complete.
5. More information about the Clinical Quality Measures is available at: [https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP\\_MeasureSpecifications.zip](https://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP_MeasureSpecifications.zip). Please review this page, and accept the terms. You will then be able to access all of the Clinical Quality Measures.
6. Exclusions related to the Clinical Quality Measures must be whole numbers. If you do not have an exclusion, enter a zero. All fields need to be completed in order to continue to the next measure.

**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.

The 38 available Additional Core Clinical Quality Measures are described in this user guide. Only those that you selected will apply to you.

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)

**Name** Dr. Medicaid Provider **Applicant NPI** 9999999999  
**Personal TIN/SSN** 999999999 **Payee TIN** 999999999  
**Payment Year** 1 **Program Year** 2012

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

**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 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"/>

Return to Main
Reset
Save & Continue

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

Get Started
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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%.		<b>EDIT</b>
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.		<b>EDIT</b>
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.		<b>EDIT</b>

**Return to Selection List**

### Additional Clinical Quality Measure NQF 0059-PQRI 1

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 :  \* Denominator :  \* Exclusion :

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Core 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

Get Started
R&A/Contact Info 
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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%.	Numerator = 38 Denominator = 76 Exclusion = 2	<input type="button" value="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.		<input type="button" value="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.		<input type="button" value="EDIT"/>

### Additional Clinical Quality Measure NQF 0064-PQRI 2

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

Get Started
R&A/Contact Info 
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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 0064-PQRI 2**

**Title:** Diabetes: Low Density Lipoprotein (LDL) Management and Control.

**Description:** Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C less than 100mg/dl.

Complete the following information. All data entered must be a positive whole number:

\* Numerator 1 :  \* Denominator :  \* Exclusion :

\* Numerator 2 :  \* Denominator :

Previous
Reset
Save & Continue

**Additional Clinical Quality Measure NQF 0061-PQRI 3**

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Additional Clinical Quality Measure**

**i** 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 0061-PQRI 3**

**Title:** Diabetes: Blood Pressure Management.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 39      \* Denominator : 78      \* Exclusion : 7

### Additional Clinical Quality Measure NQF 0081-PQRI 5

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 0081-PQRI 5**

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

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0070-PQRI 7

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 0070-PQRI 7**

**Title:** Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD patients with prior Myocardial Infarction (MI).

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0043-PQRI 111

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**Attestation Meaningful Use Measures**

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**(\*) 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 :  \* Denominator :

### Additional Clinical Quality Measure NQF 0031-PQRI 112

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0031-PQRI 112**

**Title:** Breast Cancer Screening.  
**Description:** Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

### Additional Clinical Quality Measure NQF 0034-PQRI 113

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**(\*) Red asterisk indicates a required field.**

**NQF 0034-PQRI 113**

**Title:** Colorectal Cancer Screening.  
**Description:** Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0067-PQRI 6

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0067-PQRI 6**

**Title:** Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD.  
**Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0083-PQRI 8

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0083-PQRI 8**

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

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 12
\* Denominator : 24
\* Exclusion : 2

### Additional Clinical Quality Measure NQF 0105

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0105**

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

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

Complete the following information. All data entered must be a positive whole number:

* Numerator 1 : 23	* Denominator : 50
* Numerator 2 : 27	* Denominator : 50

### Additional Clinical Quality Measure NQF 0086-PQRI 12

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0086-PQRI 12**

**Title:** Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation.  
**Description:** Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0088-PQRI 18

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0088-PQRI 18**

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

**Description:** Percentage of patients aged 18 years and older with 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.

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0089-PQRI 19

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0089-PQRI 19**

**Title:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.

**Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus at least once within 12 months.

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 14
\* Denominator : 120
\* Exclusion : 1

### Additional Clinical Quality Measure NQF 0047-PQRI 53

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0047-PQRI 53**

**Title:** Asthma Pharmacologic Therapy.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 65
\* Denominator : 200
\* Exclusion : 5

### Additional Clinical Quality Measure NQF 0002-PQRI 66

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0002-PQRI 66**

**Title:** Appropriate Testing for Children with Pharyngitis.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

### Additional Clinical Quality Measure NQF 0387-PQRI 71

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0387-PQRI 71**

**Title:** Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0385-PQRI 72

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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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<b>Payment Year</b>	1	<b>Program Year</b>	2012

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

**NQF 0385-PQRI 72**

**Title:** Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0389-PQRI 102

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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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<b>Payment Year</b>	1	<b>Program Year</b>	2012

**Attestation Meaningful Use Measures**

**Additional Clinical Quality Measure**

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

**NQF 0389-PQRI 102**

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

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0027-PQRI 115

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0027-PQRI 115**

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

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator 1 :  \* Denominator :

\* Numerator 2 :  \* Denominator :

Previous
Reset
Save & Continue

**Additional Clinical Quality Measure NQF 0055-PQRI 117**

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0055-PQRI 117**

**Title:** Diabetes: Eye Exam.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 50      \* Denominator : 78      \* Exclusion : 3

### Additional Clinical Quality Measure NQF 0062-PQRI 119

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0062-PQRI 119**

**Title:** Diabetes: Urine Screening.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 46      \* Denominator : 78      \* Exclusion : 5

### Additional Clinical Quality Measure NQF 0056-PQRI 163

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0056-PQRI 163**

**Title:** Diabetes: Foot Exam.

**Description:** 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).

Complete the following information. All data entered must be a positive whole number:

**Numerator :** 

**\* Denominator :** 

**\* Exclusion :**

### Additional Clinical Quality Measure NQF 0074-PQRI 197

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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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**Additional Clinical Quality Measure**

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

**NQF 0074-PQRI 197**

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

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0084-PQRI 200

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

**NQF 0084-PQRI 200**

**Title:** Heart Failure(HF): Warfarin Therapy patients with Atrial Fibrillation.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0073-PQRI 201

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0073-PQRI 201**

**Title:** Ischemic Vascular Disease (IVD): Blood Pressure Management.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

### Additional Clinical Quality Measure NQF 0068-PQRI 204

Enter information in all required fields.

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 the panel to the starting point.

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

**NQF 0068-PQRI 204**

**Title:** Ischemic Vascular Disease (IVD): Use of aspirin or another antithrombotic.

**Description:** 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.

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0004

Enter information in all required fields.

The numerator and denominator entries must be positive whole numbers.

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<b>Name</b>	Dr. Medicaid Provider		<b>Applicant NPI</b>	999999999
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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:

<b>Population Criteria 1:</b>	* Numerator 1 :	24	* Denominator :	65
	* Numerator 2 :	23	* Denominator :	65
<b>Population Criteria 2:</b>	* Numerator 1 :	29	* Denominator :	38
	* Numerator 2 :	25	* Denominator :	38
<b>Population Criteria 3:</b>	* Numerator 1 :	40	* Denominator :	47
	* Numerator 2 :	20	* Denominator :	47

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Reset
Save & Continue

### Additional Clinical Quality Measure NQF 0001-PQRI 64

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0001-PQRI 64**

**Title:** Asthma Assessment.

**Description:** 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.

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

### Additional Clinical Quality Measure NQF 0012

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**Attestation Meaningful Use Measures**

**Additional Clinical Quality Measure**

**i** 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 0012**

**Title:** Prenatal Care: Screening for Human Immunodeficiency Virus (HIV).

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0014

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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**Attestation Meaningful Use Measures**

**Additional Clinical Quality Measure**

**i** 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 0014**

**Title:** Prenatal Care: Anti-D Immune Globulin.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0018

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0018**

**Title:** Controlling High Blood Pressure.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0032

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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<b>Payment Year</b>	1	<b>Program Year</b>	2012

**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 0032**

**Title:** Cervical Cancer Screening.

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

Complete the following information. All data entered must be a positive whole number:

\* Numerator :  \* Denominator :

### Additional Clinical Quality Measure NQF 0033

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0033**

**Title:** Chlamydia Screening for women.

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

Complete the following information. All data entered must be a positive whole number:

<b>Population Criteria 1:</b>	* Numerator : 75	* Denominator : 100	* Exclusion : 10
<b>Population Criteria 2:</b>	* Numerator : 48	* Denominator : 76	* Exclusion : 12
<b>Population Criteria 3:</b>	* Numerator : 76	* Denominator : 120	* Exclusion : 15

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### Additional Clinical Quality Measure NQF 0036

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0036**

**Title:** Use of Appropriate Medications for Asthma.

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

Complete the following information. All data entered must be a positive whole number:

<b>Population Criteria 1:</b>	<b>* Numerator :</b> 50	<b>* Denominator :</b> 60	<b>* Exclusion :</b> 5
<b>Population Criteria 2:</b>	<b>* Numerator :</b> 40	<b>* Denominator :</b> 50	<b>* Exclusion :</b> 4
<b>Population Criteria 3:</b>	<b>* Numerator :</b> 55	<b>* Denominator :</b> 65	<b>* Exclusion :</b> 10

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### Additional Clinical Quality Measure NQF 0052

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0052**

**Title:** Low Back Pain: Use of Imaging Studies.

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

Complete the following information. All data entered must be a positive whole number:

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

### Additional Clinical Quality Measure NQF 0075

Enter information in all required fields.

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 the panel to the starting point.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0075**

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

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

Complete the following information. All data entered must be a positive whole number:

* Numerator 1 : 25	* Denominator : 50
* Numerator 2 : 20	* Denominator : 50

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### Additional Clinical Quality Measure NQF 0575

Enter information in all required fields.

The numerator, denominator, and exclusion entries must be positive whole numbers.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
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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 0575**

**Title:** Diabetes: Hemoglobin A1c (less than 8.0%).

**Description:** The percentage of patients 18-75 years with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%.

Complete the following information. All data entered must be a positive whole number:

\* Numerator : 50    \* Denominator : 67    \* Exclusion : 3

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	<input type="button" value="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	<input type="button" value="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	<input type="button" value="EDIT"/>

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.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999  
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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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Core Measures	15/15	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Menu Measures	5/5	<input type="button" value="EDIT"/> <input type="button" value="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	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
<input checked="" type="checkbox"/>	Alternate Core Clinical Quality Measures	3/3	<input type="button" value="EDIT"/> <input type="button" value="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	<input type="button" value="EDIT"/> <input type="button" value="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 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 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 6 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.	Numerator = 95 Denominator = 200 Percentage = 47%	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"> <li>• Preferred language</li> <li>• Gender</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	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 vital signs: <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>• Blood pressure</li> <li>• Calculate and display body mass index (BMI)</li> <li>• Plot and display growth charts for children 2-20 years, including BMI.</li> </ul>	More than 50% of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structure 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
EPCMU10	Report ambulatory clinical quality measures.	Successfully report ambulatory clinical quality measures as required.	Yes	N/A
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

This is screen 3 of 6 of the Meaningful Use Measures Summary.

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 = 49 Denominator = 87 Percentage = 56%	Patient Records = Only EHR
EPCMU14	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information.	Yes	N/A
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

Meaningful Use Menu Measure Review

Measure Number	Objective	Measure	Entered	Additional Information
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.	Numerator = 40 Denominator = 63 Percentage = 63%	N/A
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.	Excluded	Patient Records = All
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.	Numerator = 14 Denominator = 100 Percentage = 14%	Patient Records = Only EHR

This is screen 4 of 6 of the Meaningful Use Measures Summary.

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.	Numerator = 54 Denominator = 100 Percentage = 54%	Patient Records = Only EHR
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).	Yes	See below for additional information

**Additional Information**

**EPMMU10**  
**Syndromic Surveillance Agency :** Syndromic Surveillance  
**Test Successful :** Yes  
**Test Date & Time :** 02/19/12 12:30 PM  
**Follow Up Submission :** Yes

**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

This is screen 5 of 6 of the Meaningful Use Measures Summary.

<p>NQF 0421-PQRI 128</p>	<p>Adult Weight Screening and Follow-up.</p>	<p>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.</p>	<p><b>Population Criteria 1</b>                  Numerator = 35                  Denominator = 80                  Exclusion = 10</p> <p><b>Population Criteria 2</b>                  Numerator = 20                  Denominator = 0                  Exclusion = 5</p>
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**Meaningful Use Alternate Clinical Quality Measure Review**

Measure Number	Title	Description	Entered
<p>NQF 0024</p>	<p>Weight Assessment and Counseling for Children and Adolescents.</p>	<p>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.</p>	<p><b>Population Criteria 1</b>                  Numerator = 50                  Denominator = 100                  Numerator = 74                  Denominator = 100                  Numerator = 24                  Denominator = 100</p> <p><b>Population Criteria 2</b>                  Numerator = 45                  Denominator = 100                  Numerator = 125                  Denominator = 200                  Numerator = 156                  Denominator = 200</p> <p><b>Population Criteria 3</b>                  Numerator = 178                  Denominator = 200                  Numerator = 167                  Denominator = 200                  Numerator = 87                  Denominator = 100</p>
<p>NQF 0041-PQRI 110</p>	<p>Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old.</p>	<p>Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).</p>	<p>Numerator = 86                  Denominator = 100                  Exclusion = 24</p>

This is screen 6 of 6 of the Meaningful Use Measures Summary.

<p>NQF 0038</p>	<p>Childhood Immunization Status.</p>	<p>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.</p>	<p>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</p>
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Meaningful Use Additional Clinical Quality Measure Review

Measure Number	Title	Description	Entered
<p>NQF 0059-PQRI 1</p>	<p>Diabetes: Hemoglobin A1c Poor Control.</p>	<p>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c greater than 9.0%.</p>	<p>Numerator = 38 Denominator = 76 Exclusion = 2</p>
<p>NQF 0064-PQRI 2</p>	<p>Diabetes: Low Density Lipoprotein (LDL) Management and Control.</p>	<p>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C less than 100mg/dl.</p>	<p>Numerator1 = 39 Denominator = 76 Exclusion = 0  Numerator2 = 32 Denominator = 60</p>
<p>NQF 0061-PQRI 3</p>	<p>Diabetes: Blood Pressure Management.</p>	<p>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mmHg.</p>	<p>Numerator = 39 Denominator = 78 Exclusion = 7</p>

Previous Save & Continue

### Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are receiving this payment as the payee indicated or you are assigning this 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 the **Payment Address** from the list below to be used for your Incentive Payment.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Attestation Phase (Part 3 of 3)**

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

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

(\*) Red asterisk indicates a required field.

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

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

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact State Medicaid Program.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input checked="" type="radio"/>	0011244140003	Hector C Pagan	265 3rd St Beaver, PA 15009-2350	--Service Location Address: 265 3rd St Beaver, PA 15009-2350

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

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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 section allows you to review all information you entered into your application. If you find errors you can click the associated tab and proceed to correct the information. Once you have corrected the information you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review.

Please review all information carefully before proceeding to the Submit section. After you have submitted your application you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information.

When you have reviewed all information click the **Submit** tab to proceed.

This is screen 1 of 3 of the Review tab display.

<b>Name</b>	Dr. Medicaid Provider		
<b>Applicant NPI</b>	999999999		
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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

**Status**

**Incomplete**

**R&A Verification**

<b>Name</b>	Dr. Medicaid Provider		
<b>Applicant NPI</b>	999999999		
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payee NPI</b>	999999999		
<b>Business Address</b>	123 First Street Anytown, PA 12345-1234		
<b>Business Phone</b>	999-999-9999		
<b>Incentive Program</b>	MEDICAID	<b>State</b>	PA
<b>Eligible Professional Type</b>	Physician		
<b>R&amp;A Registration ID</b>	999999999		
<b>R&amp;A Registration Email</b>	Providermail@provider.com		
<b>CMS EHR Certification Number</b>	999999999999999		
<b>Is this information accurate?</b>	Yes		

This is screen 2 of 3 of the Review tab display.

Contact Information	
<b>Contact Name</b>	john doe
<b>Contact Phone</b>	999 - 999 - 9999 Ext
<b>Contact Email Address</b>	Johnd@email.com

Eligibility Questions (Part 1 of 3)	
Are you a Hospital based eligible professional?	<b>No</b>
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.	<b>Yes</b>

Eligibility Questions (Part 2 of 3)	
What type of provider are you?	<b>Physician</b>
Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?	<b>No</b>
Are you currently in compliance with all parts of the HIPAA regulations?	<b>Yes</b>
Are you licensed in all states in which you practice?	<b>Yes</b>

Eligibility Questions (Part 3 of 3)	
CMS EHR Certification ID:	<b>Q0000000I0CQMAQ</b>

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)?	<b>No</b>
Please indicate if you are submitting volumes for:	<b>Individual Practitioner</b>

Patient Volume 90 Day Period (Part 2 of 3)	
<b>Start Date:</b>	Sep 01, 2011
<b>End Date:</b>	Nov 29, 2011

This is screen 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	<b>Medicaid Only In State:</b> <b>Total Medicaid:</b> <b>Denominator:</b>	0 0 0	N/A

Sum Medicaid Only In State Encounter Volume <i>(Numerator)</i>	Sum Medicaid Encounter Volume <i>(Numerator)</i>	Total Encounter <i>(Denominator)</i>	Total %
0	0	0	

Attestation Phase (Part 1 of 3)

**EHR System Adoption Phase:**    Meaningful Use

Attestation EHR Reporting Period (Part 1 of 3)

**Start Date:**    Jan 01, 2012  
**End Date:**    Mar 30, 2012

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:  
[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. **Yes**

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
9999999999999999	Doctor Office	1234 First Street Anytown, PA 12345-1234	--Service Location Address: 2525 9th Ave

[Top](#) Continue

## Step 7 – Submit Your Application

The final submission of your application involves the following steps:

**Review and Check Errors** - The system will check your application for errors. If errors are present you will have the opportunity to go back to the tab 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 payment amount.

**File Upload** – You will have the opportunity to upload PDF files with documentation supporting your application. This optional information could include additional information on patient volumes, locations, or your certified EHR system.

**Preparer Information** - Providers attesting to the EHR Incentive program have two options for completing the electronic signature portion of the application. The provider can perform the submission process, or the provider can designate a preparer to complete the application. If a preparer is completing the application they will navigate through screens to collect the additional required information from the preparer. The provider associated with this application is still responsible for the accuracy of the information provided and attested to.

The initial **Submit** screen contains information about this section.

Click **Begin** to continue to the submission process.

<b>Name</b>	RI Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	77777777	<b>Payee TIN</b>	88888888

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

You will now be submitting your EHR Incentive Program application. To ensure that your application is accurate and submitted successfully, please do the following:

- Ensure that all information is accurate and complete. You will be able to submit the application with errors; this may, however, impact determination of your approval.
- The person who submits the application and any supporting documentation will have responsibility for and must have legal authority to provide this information.

Please Note: You will be required to provide your electronic signature on the Application Submission Sign Electronically page within the MAPIR application. This signature indicates the EP's confirmation that the information is correct and the EP is responsible for all information and overpayments.

Begin

This screen lists the current status of your application and any error messages identified by the system. You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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**Status**

*Incomplete*

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.

**As a Hospital Based physician you are not eligible to participate**

[Review](#)

[Save & Continue](#)

To upload files click **Browse** to navigate to the file you wish to upload.

*Note: Only files that are in portable data format (PDF) and a maximum of 2 megabytes (MB) in size are acceptable documentation to upload.*

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	9999999999	<b>Payee TIN</b>	9999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

---

**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.

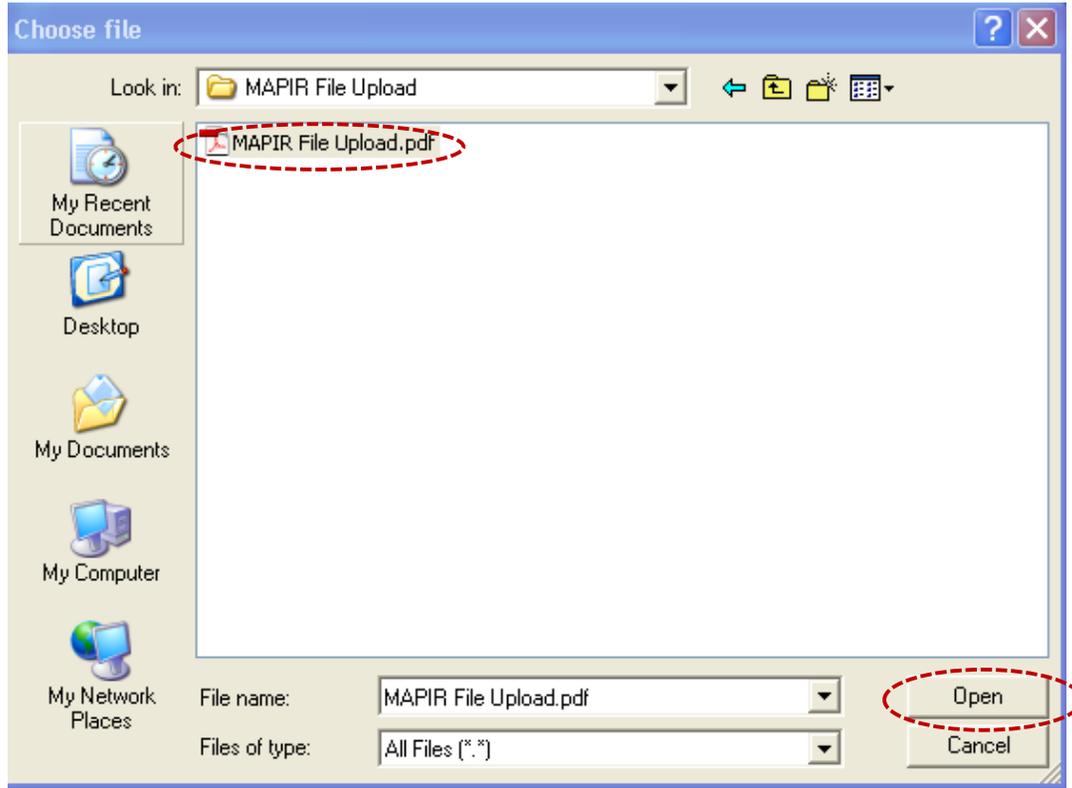
All files must be in **PDF** format, and must be no larger than **2 MB** in size.

File Location:

---

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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**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** format, and must be no larger than **2 MB** in size.

File Location:

---

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 a necessary.

All of the files you uploaded will be listed in the **Uploaded Files** section of the screen.

To view the uploaded file click **View** in the Available Actions column.

To delete an uploaded file click **Delete** in the Available Actions column.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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**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** format, and must be no larger than **2 MB** in size.

File Location:  Browse...

Upload File

**Uploaded Files**

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	82844	11/30/2011	<div style="display: flex; justify-content: flex-end; gap: 5px;"> <span style="background-color: #ccc; padding: 2px 5px; border: 1px solid #ccc;">View</span> <span style="background-color: #ccc; padding: 2px 5px; border: 1px solid #ccc; border-radius: 50%;"><b>Delete</b></span> </div>

• File has been successfully uploaded.

Previous
Reset
**Save & Continue**

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	9999999999	<b>Payee TIN</b>	9999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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

This screen depicts **Provider** selection.

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

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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. Click **Reset** to restore this panel to the starting point or last saved data.

---

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payee TIN** 999999999

**Payment Year** 1

**Program Year** 2011

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

---

**Application Submission (Part 2 of 2)**

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.** By signing this attestation, the signatory hereby certifies that the foregoing information is true, accurate, and complete. The signatory understands that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws. The signatory further understands and agrees that the State may ask for additional information necessary which, in the State's estimation, may be necessary to determine or validate EHR Program eligibility and payment amounts.

(\*) Red asterisk indicates a required field.

**Electronic Signature of Provider Receiving Incentive Payment:**

\* **Provider Initials**: LGK \* **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.

Previous Reset **Sign Electronically**

This screen 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.

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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

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 review your selection, or click **Previous** to return. Click **Reset** to restore this panel to the starting point or last saved data.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**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.**  
 State specific text to support the attestation

(\*) Red asterisk indicates a required field.

**Electronic Signature of Preparer:**

\* **Preparer Name**       \* **Preparer Relationship:**  ?

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

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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2012

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### Application Submission (Part 2 of 2)

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.

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.

**Note:** Mandatory requirements must be met to qualify for an incentive payment.

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.

### Attestation Meaningful Use Measures

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.

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.

[Meaningful Use Measures](#)

This is a sample State Specific Text.

[Previous](#)
[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, 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.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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 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
<b>TOTAL</b>	\$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**.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[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
<b>CY 2011</b>	\$14,167					
<b>CY 2012</b>	\$5,667	\$14,167				
<b>CY 2013</b>	\$5,667	\$5,667	\$14,167			
<b>CY 2014</b>	\$5,667	\$5,667	\$5,667	\$14,167		
<b>CY 2015</b>	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167	
<b>CY 2016</b>	\$5,665	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167
<b>CY 2017</b>		\$5,665	\$5,667	\$5,667	\$5,667	\$5,667
<b>CY 2018</b>			\$5,665	\$5,667	\$5,667	\$5,667
<b>CY 2019</b>				\$5,665	\$5,667	\$5,667
<b>CY 2020</b>					\$5,665	\$5,667
<b>CY 2021</b>						\$5,665
<b>TOTAL</b>	\$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**.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[Current Status](#) [Review Application](#)



Your application has been successfully submitted and will be processed within 15-20 business days.

You will receive an email message when processing has been completed.

When your application has been successfully submitted, you will see the application status of Submitted. You can click the Review Application tab to review your application; however, you will not be able to make changes

Click **Exit** to exit MAPIR.

---

**Name** Dr. Medicaid Provider

**Personal TIN/SSN** 999999999  
**Payment Year** 1

**Applicant NPI** 999999999

**Payee TIN** 999999999  
**Program Year** 2011

Current Status

Review Application

**Name:** Dr. Medicaid Provider

**Applicant NPI:** 999999999

**Status:** Submitted

Select **Review Application** to view the information that was entered on the application that was submitted.

Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!

In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:

- NLR & Contact Information** – Verify data from your CMS registration file
- Eligibility** – Verify demographics and provider information
- Patient Volume** – Verify your patient volume and practice category
- AIU Attestation** – Attest that you have adopted, implemented, or upgraded to a certified EHR system
- Review** – Verify all information prior to submission
- Submit** your EHR Incentive registration

Navigation Keys:

- Save and Continue** - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time
- Previous** - Allows you to move to the previous screen
- Reset** - Allow you to reset the values within the screen you are currently on
- Print** - You can print as part of the review of saved data (multiple tabs) and the check errors review

This screen shows that your MAPIR session has ended. You should now close your browser window.

MAPIR

Exit MAPIR

**Your session has ended. To complete the log out process, you must close your browser.** ←



The screen below shows an application in a status of Completed.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[Current Status](#) | [Review Application](#) | [Submission Outcome](#)

<p><b>Name:</b> Dr. Medicaid Provider</p> <p><b>Applicant NPI:</b> 999999999</p> <p><b>Status:</b> <span style="border: 2px solid black; padding: 2px;"><b>Completed</b></span></p>	<p>Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!</p> <p>In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:</p> <ul style="list-style-type: none"> <li>• <b>NLR &amp; Contact Information</b> – Verify data from your CMS registration file</li> <li>• <b>Eligibility</b> – Verify demographics and provider information</li> <li>• <b>Patient Volume</b> – Verify your patient volume and practice category</li> <li>• <b>AIU Attestation</b> – Attest that you have adopted, implemented, or upgraded to a certified EHR system</li> <li>• <b>Review</b> – Verify all information prior to submission</li> <li>• <b>Submit</b> your EHR Incentive registration</li> </ul> <p><u>Navigation Keys:</u></p> <ul style="list-style-type: none"> <li>• <b>Save and Continue</b> - At the bottom of each screen, it is important that you utilize the Save &amp; Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time</li> <li>• <b>Previous</b> - Allows you to move to the previous screen</li> <li>• <b>Reset</b> - Allow you to reset the values within the screen you are currently on</li> <li>• <b>Print</b> - You can print as part of the review of saved data (multiple tabs) and the check errors review</li> </ul>
---	---

You can click the **Submission Outcome** tab to view the results of submitting your application.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

[Current Status](#) | [Review Application](#) | [Submission Outcome](#)

The MAPIR "Review" panel displays the information that you have entered to date for your application. Select "Print" to generate a printer friendly version of this information.

---

**Status**

**Completed**

---

**Payment Amount**

**You have been approved to receive a payment in the amount of \$21,250.00**

---

**Provider Information**

<b>Name</b>	Dr. Medicaid Provider
<b>Applicant NPI</b>	999999999

The following table lists some of the statuses your application may go through.

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Appeal Initiated	An appeal has been lodged with the proper state authority by the provider.
Appeal Approved	The appeal has been approved.
Appeal Denied	The appeal has been denied.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.
Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.
Expired	An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed and it is only viewable to the provider.

## Additional User Information

This section contains an explanation of informational messages, system error messages, and validation messages you may receive.

**Start Over and Delete All Progress** - If you would like to start your application over from the beginning you can click the Get Started tab. Click the [here](#) link on the screen to start over from the beginning. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

---

**Name** Dr. Medicaid Provider

**Applicant NPI** 999999999

**Personal TIN/SSN** 999999999

**Payment Year** 1

**Payee TIN** 999999999

**Program Year** 2011

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

---

**Name:** Dr. Medicaid Provider

**Applicant NPI:** 999999999

**Status:** Incomplete

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

Welcome to the State of Rhode Island Medical Assistance Provider Incentive Repository (MAPIR) System!

In order to become eligible for the EHR Incentive Program, you will need to complete the following six steps:

- **NLR & Contact Information** – Verify data from your CMS registration file
- **Eligibility** – Verify demographics and provider information
- **Patient Volume** – Verify your patient volume and practice category
- **AIU Attestation** – Attest that you have adopted, implemented, or upgraded to a certified EHR system
- **Review** – Verify all information prior to submission
- **Submit** your EHR Incentive registration

Navigation Keys:

- **Save and Continue** - At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time
- **Previous** - Allows you to move to the previous screen
- **Reset** - Allow you to reset the values within the screen you are currently on
- **Print** - You can print as part of the review of saved data (multiple tabs) and the check errors review

This screen will confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

---

**Start Over and Delete All Progress**

To submit your request to delete all information saved to date, select **Confirm**. Select **Cancel** to return to the previous screen.

---



**Important:** By electing to start over, you are opting to **permanently** erase all data previously saved for your application.

---

If you clicked **Confirm** you will receive the following confirmation message. Click **OK** to continue.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

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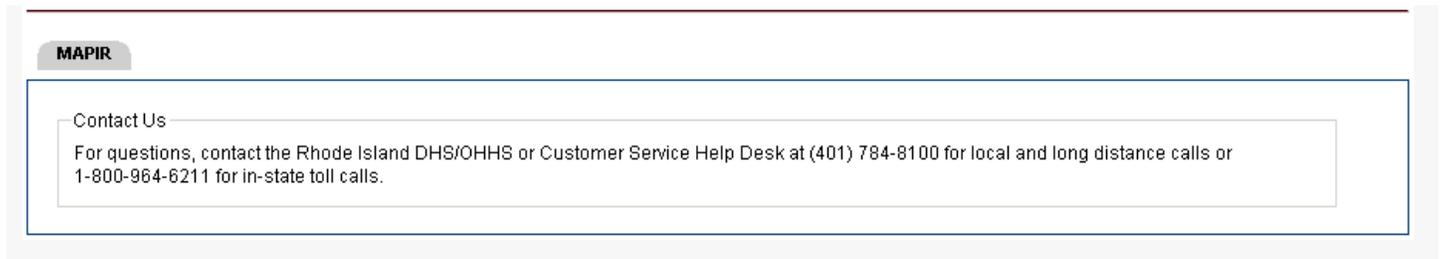
**Start Over and Delete All Progress**

---

**Your application has been reset and all saved data has been eliminated.**  
 Please select "OK" to start from the beginning. You will be redirected to the Get Started tab.

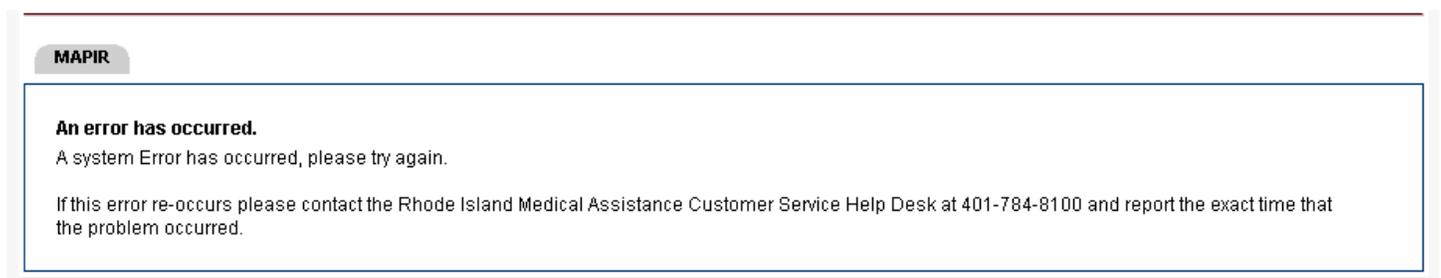
---

**Contact Us** – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following State of Rhode Island Medicaid program contact information.



The screenshot shows a web interface with a header bar containing the text "MAPIR". Below the header is a large rectangular box with a thin border. Inside this box, the text "Contact Us" is displayed at the top left. Below it, a smaller, light-colored box contains the following text: "For questions, contact the Rhode Island DHS/OHHS or Customer Service Help Desk at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls."

**MAPIR Error Message** – This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.



The screenshot shows a web interface with a header bar containing the text "MAPIR". Below the header is a large rectangular box with a thin border. Inside this box, the text "An error has occurred." is displayed at the top left. Below it, the text "A system Error has occurred, please try again." is shown. At the bottom of the box, the text "If this error re-occurs please contact the Rhode Island Medical Assistance Customer Service Help Desk at 401-784-8100 and report the exact time that the problem occurred." is displayed.

**Validation Messages** –The following is an example of the validation message – **You have entered an invalid CMS Certification ID.** Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

**Eligibility Questions (Part 3 of 3)**

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.

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

(No dashes or spaces should be entered.)

---

**• You have entered an invalid CMS EHR Certification ID.** ←

**Validation Messages Table**

<b>Validation Messages</b>
Please enter all required information.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
As a Hospital based physician, you are not eligible to participate.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must be licensed in the state(s) in which you practice.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must select a Payment Address in order to proceed.
You must enter the email address a second time.
You must be in compliance with HIPAA regulations.
All amounts must be between 0 and 999,999,999,999,999.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application
The amounts entered are invalid.

## Hover Bubble Definitions

<THE FOLLOWING IS A LIST THE HOVER BUBBLES IN MAPIR. THIS LIST SHOULD BE REPLACED BY STATES WITH AN UPDATED LIST THAT INCLUDE THAT STATE'S CUSTOMIZED HOVER BUBBLES.>

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Eligibility Questions (Part 1 of 3)	Are you a Hospital based physician?	Yes/No	A Hospital based Eligible Professional (EP) such as a pathologist, anesthesiologist, or emergency physician, who furnishes 90 percent or more of his or her covered professional services in a hospital setting (Inpatient - Place of Service 21 or Emergency Room - Place of Service 23).
Eligibility Questions (Part 1 of 3)	I confirm 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 <state>. (This is a disposition question that can be set to Pend, Deny or No Action)	Yes/No	An Eligible Professional may only receive payment from either Medicare or Medicaid in a payment year, but not both. The state will validate Medicaid selection with CMS prior to payment issuance.
Eligibility Questions (Part 2 of 3)	What type of Provider are you? (Select One)	Radio Button	Eligibility for the Medicaid EHR Incentive Program is based on your provider type and specialty on file with the State's MMIS.
Eligibility Questions (Part 2 of 3)	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition.
Eligibility Questions (Part 2 of 3)	Are you currently in compliance with all parts HIPAA regulations?	Yes/No	All providers must be in compliance with the current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at <a href="http://www.hhs.gov">http://www.hhs.gov</a>
Eligibility Questions (Part 2 of 3)	Are you licensed in all states in which you practice?	Yes/No	Eligible Professionals must meet the state law licensure requirements of the state that is issuing the EHR incentive payment.
Patient Volume Practice Type (Part 1 of 3)	Do you practice predominantly at an FQHC/RHC (over 50% of your patient encounters occur over a 6 month period in an FQHC/RHC)?	Yes/No	Practices predominantly means an Eligible Professional for whom the clinical location(s) for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a federally qualified health center or rural health clinic.
Patient Volume Practice Type (Part 1 of 3)	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner	Radio Button	Individual Practitioners count his or her own Medicaid and non-Medicaid patient encounters only.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patient Volume Practice Type (Part 1 of 3)	Please indicate if you are submitting volumes for: (Select one) --- Group/Clinic	Radio Button	Group/Clinic selection requires all Eligible Professionals to use the entire group practice or clinic's Medicaid and non-Medicaid patient encounters.
Patient Volume Practice Type (Part 1 of 3)	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner's Panel	Radio Button	A Practitioner's Panel is calculated on and consists of Medicaid enrollees assigned to the Eligible Professional through a Medicaid panel plus any unduplicated Medicaid encounters.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Medicaid Patient Volume ( <i>Must Select at Least One</i> )	Check Box	Medicaid patient volume consists of encounters for individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period selected.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Utilizing Certified EHR Technology? ( <i>Must Select at Least One</i> )	Yes/No	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at <a href="http://healthit.hhs.gov/chpl">http://healthit.hhs.gov/chpl</a>
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Enterable	Configurable by State
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Location Name	Enterable	Enter the legal entity name for the location being added
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Address Line 1	Enterable	Enter the location's street address. Example: 55 Main Street This cannot be a Post Office Box number.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Medicaid & CHIP Encounter Volume ( <i>Numerator</i> )	Enterable	The number of encounters provided to individuals enrolled in CHIP (Title XXI) and Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period for each location listed.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Other Needy Individual Encounter Volume ( <i>Numerator</i> )	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Total Needy Encounter Volume ( <i>Total Numerator</i> )	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Total Encounter Volume ( <i>Denominator</i> )	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patient Volume - Individual (Part 3 of 3)	Medicaid Patient Volume ( <i>Must Select at Least One</i> )	Checkbox	Medicaid patient volume consists of encounters for individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period selected.
Patient Volume - Individual (Part 3 of 3)	Utilizing Certified EHR Technology? ( <i>Must Select at Least One</i> )	Yes/No	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at <a href="http://healthit.hhs.gov/chpl">http://healthit.hhs.gov/chpl</a>
Patient Volume - Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume - Individual (Part 3 of 3)	Provider ID	Enterable	Configurable by State
Patient Volume - Individual (Part 3 of 3)	Location Name	Enterable	Enter the legal entity name for the location being added.
Patient Volume - Individual (Part 3 of 3)	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street. This cannot be a Post Office Box number.
Patient Volume - Individual (Part 3 of 3)	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by State

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patient Volume - Individual (Part 3 of 3)	Medicaid Only Encounter Volumes ( <i>In State Numerator</i> )	Enterable	Encounters for individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period. In-State= the State to which you are applying for an incentive payment.
Patient Volume - Individual (Part 3 of 3)	Medicaid Encounter Volumes ( <i>Total Numerator</i> )	Enterable	Total Numerator includes services to all in-state & out-of-state individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period selected.
Patient Volume - Individual (Part 3 of 3)	Total Encounter Volume ( <i>Denominator</i> )	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volume ( <i>Must Select at Least One</i> )	Checkbox	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Utilizing Certified EHR Technology? ( <i>Must Select at Least One</i> )	Yes/No	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at <a href="http://healthit.hhs.gov/chpl">http://healthit.hhs.gov/chpl</a>
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patent Volume - Individual Practitioner's Panel (Part 3 of 3)	Total Medicaid Patients on the Individual Practitioners Panel ( <i>Numerator</i> )	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patent Volume - Individual Practitioner Panel (Part 3 of 3)	Unduplicated Medicaid Only Encounter Volume ( <i>Numerator</i> )	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Patent Volume - Individual Practitioner Panel (Part 3 of 3)	Total Patient Panel Encounters ( <i>Denominator</i> )	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Patent Volume - Individual Practitioner Panel (Part 3 of 3)	Total Unduplicated Encounter Volume ( <i>Denominator</i> )	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the State Medicaid Health Information Technology Program Office (SMHPO) for assistance.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Utilizing Certified EHR Technology? ( <i>Must Select at Least One</i> )	Yes/No	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at <a href="http://healthit.hhs.gov/chpl">http://healthit.hhs.gov/chpl</a>
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Medicaid & CHIP Encounter Volume ( <i>Numerator</i> )	Enterable	Encounters provided to individuals enrolled in CHIP (Title XXI) and Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period selected.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Other Needy Individual Encounter Volume ( <i>Numerator</i> )	Enterable	Enter the number of encounters provided over the continuous 90-day period selected for each location where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay, or furnished as uncompensated care.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Total Needy Encounter Volume ( <i>Numerator</i> )	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Total Encounter Volume ( <i>Denominator</i> )	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Patient Volume - Group (Part 3 of 3)	Utilizing Certified EHR Technology? <i>(Must Select at Least One)</i>	Yes/No	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at <a href="http://healthit.hhs.gov/chpl">http://healthit.hhs.gov/chpl</a>
Patient Volume - Group (Part 3 of 3)	Provider ID	Display Field	Configurable by State
Patient Volume - Group (Part 3 of 3)	Medicaid Only Encounter Volumes <i>(In State Numerator)</i>	Enterable	Encounters for individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period. In-State= the State to which you are applying for an incentive payment.
Patient Volume - Group (Part 3 of 3)	Medicaid Encounter Volumes <i>(Total Numerator)</i>	Enterable	Total Numerator includes services to all in-state & out-of-state individuals enrolled in Medicaid (Title XIX) including Medicaid Managed Care that paid for part or all of the service, part or all of the premiums, copayments, and/or cost-sharing for the continuous 90-day period selected.
Patient Volume - Group (Part 3 of 3)	Total Encounter Volume <i>(Denominator)</i>	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Professional must have purchased a certified EHR technology. Accepted documentation includes executed vendor contracts and receipts indicating a certified EHR product(s) that correlate with the CMS certification number.
Attestation Phase (Part 1 of 3)	Implementation:	Radio Button	Eligible Professional must have installed and be using certified EHR technology in their clinical practice. In addition to the accepted documentation for adoption, proof could also include staff training contracts/logs, data sharing agreements, and user license agreements.
Attestation Phase (Part 1 of 3)	Upgrade:	Radio Button	Eligible Professional must have expanded the functionality of their certified EHR with enhancements to facilitate meaningful use. Accepted documentation includes executed contracts and receipts indicating the upgrade.
Attestation Phase (Part 1 of 3)	Meaningful Use:	Radio Button	EPs will have the option to attest to 90 days from the current calendar year or a full year of Meaningful Use. The reporting period for the full year attestation will be the entire calendar year

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
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 assigning this payment voluntarily and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.	Yes/No	EPs may reassign their incentive payment to an entity with which they have a valid contractual arrangement; this includes the ability to bill for the EP's services or a standard employment contract. The EP will select one TIN to receive any applicable Medicaid EHR incentive payment through the R&A.
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Professional.
FQHC/RHC Group (Part 3 of 3)	FQHC/RHC Group Practice Provider ID	Enterable	Configurable by State
Attestation Phase (Part 3 of 3)	Additional Information	Display	Configurable by State
Patient Volume – FQHC/RHC Group (Part 3 of 3)	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume – Group (Part 3 of 3)	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
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.	Enterable	This is the NPI number of the group practices used to report patient volume.
Patient Volume – Group (Part 3 of 3)	Medicaid Only Encounter Volumes (In State Numerator)	Enterable	
Attestation Phase (Part 3 of 3)	Provider ID	Display	Configurable by State
MAPIR Dashboard	Status	Display	Status of the incentive application.
MAPIR Dashboard	Payment Year	Display	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program.
MAPIR Dashboard	Program Year	Display	The 4 digit year within which a provider attests to data for eligibility for a payment. For an EP this is the Calendar year (January thru December). For an EH it is the Federal Fiscal Year (October thru September). Valid Program Years are 2011-2021.
MAPIR Dashboard	Payment Amount	Display	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.

Screen/Panel Name	Item Name/Verbiage	Response	Mouse Over/Hover Bubble Verbiage
Attestation Phase (Part 1 of 3)	Meaningful Use – 90 Days	Radio Button	You may apply using the Meaningful Use 90 day if you have been utilizing EHR technology for a continuous 90 day period within the current Federal Fiscal year, and if you have not attested to 90 days of Meaningful Use in a previous program year.
Attestation Phase (Part 1 of 3)	Meaningful Use – Full Year	Radio Button	You must apply using the Meaningful Use Full Year if you have attested to 90 days of Meaningful Use in the previous program year, and you must be utilizing EHR technology for the entire current Federal Fiscal year.
Attestation Phase (Part 1 of 3)	Meaningful Use – Full Year	Radio Button	For EPs demonstrating they are meaningful EHR users for the first time after receiving a payment for A, I or U, you will utilize a continuous 90-day period within the calendar year for MU attestation.
Attestation Meaningful Use Measures	Meaningful Use – Full Year	Radio Button	For EPs demonstrating they are meaningful EHR users after attesting to 90 days MU for the previous payment, the EHR reporting period is the full calendar year.
EP MU General Requirements	Encounter Volumes	Enterable	Numerator – Enter only patient encounters where a medical treatment is provided and/or evaluation and management services are provided in location(s) with federally certified EHRs.
EP MU General Requirements	Encounter Volumes	Enterable	Denominator – Enter all patient encounters where a medical treatment is provided and/ or evaluation and management services are provided in location(s) with or without federally certified EHRs.
EP MU General Requirements	Unique Patients	Enterable	Numerator – Enter the number of unique patients during the reporting period seen by an EP that have their data in a certified EHR. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
EP MU General Requirements	Unique Patients	Enterable	Denominator – Enter all unique patients seen by an EP during the reporting period. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.

## Acronyms and Terms

CHIP – Children’s Health Insurance Program

CHPL – ONC Certified Healthcare IT Product List

CMS – Center for Medicare and Medicaid Services

EH – Eligible Hospital

EHR –Electronic Health Record

EP – Eligible Professional

FQHC/RHC – Federally Qualified Health Center/Rural Health Clinic

MAPIR – Medical Assistance Provider Incentive Repository

NPI – National Provider Identifier

ONC – Office of the National Coordinator for Health Information Technology

R&A – CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System

TIN – Taxpayer Identification Number