

Provider Name _____

Provider NPI # _____

Did you have at least 50% of your encounters in a practice location that has a certified EHR system? Y N

Practice location of certified EHR system _____

_____ (address)

Meaningful Use Measures:

Meaningful Use Reporting Period (enter either the 90-day reporting period or the 365-day reporting period).

From _____ To _____

Number of unique patients that have their data in the EHR system _____

Total number of unique patients _____

You may send in the report from your EHR system that shows all of the below measures. Just write "see attached" and then complete the signature and information at the bottom of the form. You do not need to copy the information from your EHR system report into the Core, Menu and CQMs below UNLESS there are exclusions that you meet that are allowed from updated CMS rules that have not yet been updated into your system.

Core Objectives

Enter the data for each of the core objectives during the specified reporting period (all must be met or have a valid exclusion).

1. Use a computerized physician 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.

❖ Number of patients in the denominator who have at least one medication order entered during CPOE.

_____ (Numerator)

❖ Number of unique patients with at least one medication in their medication list during the EHR reporting period

_____ (Denominator) OR

❖ Number of medication orders created by the EP during the EHR reporting period using CPOE _____ (Numerator)

❖ Number of medication orders created by the EP during the EHR reporting period _____ (Denominator)

Exclusion: Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

Did you meet this exclusion? Y N

2. Implement drug-drug and drug-allergy interaction checks.

Have you implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period? Y N

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

❖ 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. _____ (Numerator)

❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

4. Generate and transmit permissible prescriptions electronically (e-prescribing).

❖ Number of prescriptions in the denominator generated and transmitted electronically. _____ (Numerator)

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

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

Did you meet this exclusion? Y N

Exclusion #2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EPs practice location at the start of the EHR reporting period. Did you meet this exclusion? Y N

5. Maintain an active medication list.

❖ 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. _____ (Numerator)

❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

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6. Maintain an active medication allergy list.

- ❖ Number of 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 the medication list. _____ (Numerator)
- ❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

7. Record demographics (e.g. preferred language, gender, race, ethnicity and date of birth).

- ❖ 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) recorded as structured data. _____ (Numerator)
- ❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

8. Record and chart changes in vital signs (e.g. height, weight, blood pressure, body mass index and growth charts). Blood pressure must be recorded for patients age 3 and over. Height/Weight is for all ages.

- ❖ Number of patients in the denominator who were seen by the EP during the EHR reporting period and have blood pressure (for patients age 3 and over only) and height/weight (for all ages) recorded as structured data. _____ (Numerator)
- ❖ Number of patients age 3 and over seen by the EP during the EHR reporting period. _____ (Denominator)

Exclusion #1: Based on all patient records. An EP who does not see patients age 3 and over would be excluded from recording blood pressure. Did you meet this exclusion? Y N

Exclusion #2: Based on all patient records. An EP who believes all three vital signs of height, weight and blood pressure have no relevance to scope of practice would be excluded from this requirements. Did you meet this exclusion? Y N

Exclusion #3: Based on all patient records. An EP who believes that height and weight are relevant to their scope of practice, but blood pressure is not. Did you meet this exclusion? Y N

Exclusion #4: Based on all patient records. An EP who believes that blood pressure is relevant to their scope of practice, but height/weight is not. Did you meet this exclusion? Y N

9. Record smoking status for patients 13 years old and older.

- ❖ Number of patients in the denominator with smoking status recorded as structured data. _____ (Numerator)
- ❖ Number of patients age 13 years or older seen by the EP during the EHR reporting period. _____ (Denominator)

Exclusion: Based on all patient records. An EP who did not see patients 13 years or older would be excluded from this requirement. Did you meet this exclusion? Y N

10. Report ambulatory CQM. This measure is no longer required.

11. Implement one clinical decision support rule.

- ❖ 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? Y N

12. Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.

- ❖ Number of patients in the denominator that were provided timely (within 4 business days after the information is available to the EP) online access to their health information, subject to the EP's discretion to withhold certain information. _____ (Numerator)
- ❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

13. Provide clinical summaries for patients for each office visit.

- ❖ Number of office visits in the denominator for which a clinical summary is provided within three business days. _____ (Numerator)
- ❖ Number of office visits for the EP during the EHR reporting period. _____ (Denominator)

Exclusion: Based on all patient records. Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Does this exclusion apply to you? Y N

14. Electronic exchange of key clinical information. This measure is no longer required.

15. Protect electronic health information.

- ❖ Have you conducted or reviewed a security risk analysis under the HIPAA Security Rule and implemented security updates as necessary as well as correcting identified security deficiencies as part of your risk management process? Y N

Menu Objectives

Check the box in front of each objective that has been met and enter the data for each of the objectives that were met during this reporting period (5 must be met). Leave the question unanswered if the objective was not met. At least one must be a public health measure. (#1 or #2). Meeting exclusion criteria will no longer count as reporting an objective (except for public health measures).

1. Submit electronic data to immunization registries to public health agencies according to applicable law and practice
 Performed at least one test of certified

Have you met this measure? Y N

Exclusion #1: An EP who administers no immunizations during the EHR reporting period. Does this exclusion apply to you? Y N

Exclusion #2: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Does this exclusion apply to you? Y N

2. Submit electronic syndromic surveillance data to public health agencies according to 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).

Have you met this measure? Y N

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. Does this exclusion apply to you? Y N

Exclusion #2: If there is no syndromic surveillance registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Does this exclusion apply to you? Y N

3. Implement drug formulary checks. This functionality has been enabled and has access to at least one internal or external drug formulary for the entire EHR reporting period.

Have you met this measure? Y N

Exclusion#1: Any EP who writes fewer than 100 prescriptions during the EHR reporting period. Does this exclusion apply to you? Y N

4. Incorporate clinical lab test results into certified EHR technology as structured data.

❖ Number of patients in the denominator whose lab test results are either in a positive/negative or numerical format and incorporated into the certified EHR as structured data. _____ (Numerator)

❖ Number of patients who had clinical lab tests ordered by the EP. _____ (Denominator)

Exclusion: An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period. Does this exclusion apply to you? Y N

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

Can you generate at least one report listing patients with a specific condition? Y N

6. Patient is transitioned to another setting of care or provider of care. Summary of care record for each transition of care or referral is provided.

❖ Number of transitions of care and referrals in the denominator where a summary of care record was provided. _____ (Numerator)

❖ Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. _____ (Denominator)

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

❖ Number of patients in the denominator who were provided with an appropriate reminder. _____ (Numerator)

❖ Number of unique patients age 5 and younger or age 65 and older. _____ (Denomination)

Exclusion: An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology. Does this exclusion apply to you? Y N

8. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP. This measure is no longer required.

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

❖ Number of patients in the denominator who were provided patient-specific education resources.
 _____ (Numerator)

❖ Number of patients seen by the EP during the EHR reporting period. _____ (Denominator)

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

❖ Number of transitions of care in the denominator where medication reconciliation was performed.
 _____ (Numerator)

❖ Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition. _____ (Denominator)

Exclusion: An EP who was not the recipient of any transitions of care during the EHR reporting period. Does this exclusion apply to you? Y N

Clinical Quality Measures (CQMS)						
	9 CQMs must be completed. Selected CQMs must cover at least 3 of the Domains. Place an X beside the 9 selected CQMs and attach the system generated EHR report showing the selected CQMs or complete this form.					
NQF#	MEASURE	DOMAIN	NUMERATOR	DENOMINATOR	EXCLUSION	
<input type="checkbox"/> 2	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	_____	_____	_____	
<input type="checkbox"/> 4	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: A. Percentage of patients who initiated treatment within 14 days of the diagnosis. B. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Clinical Process/Effectiveness	_____	_____	_____	
<input type="checkbox"/> 18	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Clinical Process/ Effectiveness	_____	_____	_____	
<input type="checkbox"/> 22	Use of High-Risk Medications in the Elderly: A. Percentage of patients who were ordered at least one high-risk medication. B. Percentage of patients who were ordered at least two different high risk medications.	Patient Safety	_____	_____	_____	
<input type="checkbox"/> 24	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: A. Percentage of patients with height, weight and body mass index (BMI) percentile documentation. B. Percentage of patients with counseling for nutrition. C. Percentage of patients with counseling for physical activity.	Population/Public Health	_____	_____	_____	

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<input type="checkbox"/>	28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health			
<input type="checkbox"/>	31	Breast Cancer Screening	Clinical Process/ Effectiveness			
<input type="checkbox"/>	32	Cervical Cancer Screening	Clinical Process/ Effectiveness			
<input type="checkbox"/>	33	Chlamydia Screening for Women	Population/Public Health			
<input type="checkbox"/>	34	Colorectal Cancer Screening	Clinical Process/ Effectiveness			
<input type="checkbox"/>	36	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness			
<input type="checkbox"/>	38	Childhood Immunization Status	Population/Public Health			
<input type="checkbox"/>	41	Preventive Care and Screening: Influenza Immunization	Population/Public Health			
<input type="checkbox"/>	43	Pneumonia Vaccination Status for Older Adults	Clinical Process/ Effectiveness			
<input type="checkbox"/>	52	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources			
<input type="checkbox"/>	55	Diabetes: Eye Exam	Clinical Process/ Effectiveness			
<input type="checkbox"/>	56	Diabetes: Foot Exam	Clinical Process/ Effectiveness			
<input type="checkbox"/>	59	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness			
<input type="checkbox"/>	60	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/ Effectiveness			
<input type="checkbox"/>	62	Diabetes: Urine Protein Screening	Clinical Process/ Effectiveness			
<input type="checkbox"/>	64	Diabetes: Low Density LDL Management	Clinical Process/ Effectiveness			

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<input type="checkbox"/>	68	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Anti-thrombotic	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	69	Appropriate Treatment for Children with Upper Respiratory Infection (URL)	Efficient Use of Healthcare Resources	_____	_____	_____
<input type="checkbox"/>	70	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	75	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	81	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	83	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	86	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	88	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	89	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	101	Falls: Screening for Future Fall Risk	Patient Safety	_____	_____	_____
<input type="checkbox"/>	104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	105	Anti-depressant Medication Management: A. Percentage of patient who remained on an antidepressant medication for at least 84 days. B. Percentage of patients who remained on an antidepressant medication for at least 180 days.	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: A. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. B. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two additional follow-up visits with a practitioner within 270 days after the initiation phase ended.	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	384	Oncology: Medical and Radiation – Pain Intensity Quantified	Patient and Family Engagement	_____	_____	_____
<input type="checkbox"/>	385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/ Effectiveness	_____	_____	_____

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	NQF#	MEASURE	DOMAIN	NUMERATOR	DENOMINATOR	EXCLUSION
<input type="checkbox"/>	389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources	_____	_____	_____
<input type="checkbox"/>	403	HIV/AIDS: Medical Visit	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	407(?) TBD	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	_____	_____	_____
<input type="checkbox"/>	419	Documentation of Current Medications in the Medical Record	Patient Safety	_____	_____	_____
<input type="checkbox"/>	421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	_____	_____	_____
<input type="checkbox"/>	564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	_____	_____	_____
<input type="checkbox"/>	565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	608	Pregnant women that had HBsAg testing	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	710	Depression Remission at Twelve Months	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	712	Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Children who have dental decay or cavities	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety	_____	_____	_____
<input type="checkbox"/>	1401	Maternal depression screening	Population/Public Health	_____	_____	_____
<input type="checkbox"/>	TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Dementia: Cognitive Assessment	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Hypertension: Improvement in blood pressure	Clinical Process/ Effectiveness	_____	_____	_____
<input type="checkbox"/>	TBD	Closing the referral loop: receipt of specialist report	Care Coordination	_____	_____	_____
<input type="checkbox"/>	TBD	Functional status assessment for knee replacement	Patient and Family Engagement	_____	_____	_____
<input type="checkbox"/>	TBD	Functional status assessment for hip replacement	Patient and Family Engagement	_____	_____	_____

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	NQF#	MEASURE	DOMAIN	NUMERATOR	DENOMINATOR	EXCLUSION
<input type="checkbox"/>	TBD	Functional status assessment for complex chronic conditions	Patient and Family Engagement	_____	_____	_____
<input type="checkbox"/>	TBD	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety	_____	_____	_____
<input type="checkbox"/>	TBD	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Document	Population/Public Health	_____	_____	_____

I attest that the foregoing information is true, accurate and complete. I understand 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.

Printed Name of Provider _____

Provider NPI # _____

Signature of Provider _____ Date _____