

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)

Number of unique patients that have their data in the EHR system \_\_\_\_\_  
 Total number of unique patients \_\_\_\_\_

**Meaningful Use Measures:**

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

From \_\_\_\_\_ To \_\_\_\_\_

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)

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

- ❖ Number of patients in the denominator who were provided an electronic copy of their health information within three business days. \_\_\_\_\_ (Numerator)

- ❖ Number of patients of the EP who requested a copy of their health information. \_\_\_\_\_ (Denominator)

**Exclusion:** Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period. Does this exclusion apply to you? Y N

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).

1. Submit electronic data to immunization registries to public health agencies.

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. 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.

❖ Number of patients in the denominator who were provided electronic access to their health information within four business days. \_\_\_\_\_ (Numerator)

❖ Number of patients who were seen by the EP during the EHR reporting period. \_\_\_\_\_ (Denominator)

**Exclusion:** Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period. Does this exclusion apply to you?  Y  N

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)

Enter the numerator and denominator for each Clinical Quality Measure (CQM) that your EHR system is able to perform. The three core CQMs must be completed. If the denominator to any of the three core CQMs is zero, then substitute one of the three alternate core for each of the three core CQMs that has a zero denominator.

### Core CQMs:

Patients age 18 years or older with BMI documented at an encounter within the past six months and who have a documented follow up plan if BMI falls outside parameters. (NQF #0421)

- ❖ 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.

a) Population 1 (age 18-64)                      b) Population 2 (age 65 and older)  
Numerator \_\_\_\_\_ Numerator \_\_\_\_\_  
Denominator \_\_\_\_\_ Denominator \_\_\_\_\_  
Exclusion \_\_\_\_\_ Exclusion \_\_\_\_\_

Patients age 18 years or older who have a diagnosis of hypertension seen in at least two office visits, with blood pressure recorded. (NQF #0013)

- ❖ 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)  
\_\_\_\_\_ (Denominator)

Patients age 18 years or older who were seen at least twice and asked at least once about tobacco use in 24 months and who received cessation intervention if they are users. (NQF #0028)

- a) Percentage of patients age 18 years or older who have been seen for at least 2 office visits and were queried about tobacco use one or more times within the past 24 months. \_\_\_\_\_ (Numerator) \_\_\_\_\_ (Denominator)
- b) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention. \_\_\_\_\_ (Numerator)  
\_\_\_\_\_ (Denominator)

### Alternate CQMs

Two year old children who received DTaP, polio, MMR, flu, hepatitis B, chicken pox, PCV, hepatitis A and rotavirus vaccines by their second birthday. (NQF #0038)

- ❖ 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)      \_\_\_\_\_ (Denominator 1)      \_\_\_\_\_ (Numerator 2)      \_\_\_\_\_ (Denominator 2)  
\_\_\_\_\_ (Numerator 3)      \_\_\_\_\_ (Denominator 3)      \_\_\_\_\_ (Numerator 4)      \_\_\_\_\_ (Denominator 4)  
\_\_\_\_\_ (Numerator 5)      \_\_\_\_\_ (Denominator 5)      \_\_\_\_\_ (Numerator 6)      \_\_\_\_\_ (Denominator 6)  
\_\_\_\_\_ (Numerator 7)      \_\_\_\_\_ (Denominator 7)      \_\_\_\_\_ (Numerator 8)      \_\_\_\_\_ (Denominator 8)  
\_\_\_\_\_ (Numerator 9)      \_\_\_\_\_ (Denominator 9)      \_\_\_\_\_ (Numerator 10)      \_\_\_\_\_ (Denominator 10)  
\_\_\_\_\_ (Numerator 11)      \_\_\_\_\_ (Denominator 11)      \_\_\_\_\_ (Numerator 12)      \_\_\_\_\_ (Denominator 12)

Patients more than 50 years old who received a flu vaccine (September to February). (NQF #0041)

- ❖ Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February). \_\_\_\_\_ (Numerator) \_\_\_\_\_ (Denominator) \_\_\_\_\_ (Exclusion)

Patients from 2-17 years old who visited a primary care provider (PCP) or OB-GYN physician, had evidence of BMI percentile documentation and received counseling for nutrition and physical activity. (NQF #0024)

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

Population 1: \_\_\_\_\_ (Numerator)      \_\_\_\_\_ (Denominator)  
Population 2: \_\_\_\_\_ (Numerator)      \_\_\_\_\_ (Denominator)  
Population 3: \_\_\_\_\_ (Numerator)      \_\_\_\_\_ (Denominator)

