



Medicare & Medicaid EHR Incentive Programs



Stage 1 of Meaningful Use
for Eligible Professionals
May 30, 2013
National Provider Call

Medicare Learning Network

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EHR Incentive Programs National Provider Call Series

Mark your calendars for these upcoming calls:

- ❑ Medicare and Medicaid Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals:
 - ❑ June 27 2:30-3:45 — EHR Incentive Programs and Certified EHR Technology
 - ❑ July 23 1:30-3 —Clinical Quality Measures
 - ❑ July 24 1:30-3 —Stage 2 of Meaningful Use

- ❑ Medicare Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals
 - ❑ August 13 1:30-3 —Hardship Exceptions
 - ❑ August 15 1:30-3 —Payment Adjustments



Eligibility & Overview

Who is Eligible to Participate?

- ❑ Eligibility was defined in statute
- ❑ Hospital-based EPs are NOT eligible for incentives
 - ❑ DEFINITION: 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
 - ❑ Incentives are based on the individual, not the practice

Medicare-only Eligible Professionals

Medicaid-only Eligible Professionals

**Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor**

**Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
or Surgery**

**Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
when working at an FQHC
or RHC that is so led by a
PA**

**Could be eligible for
both Medicare &
Medicaid incentives**

EP Eligibility: Medicaid Basics

- Must be one of 5 types of EPs
- Must either:
 - Have $\geq 30\%$ *Medicaid* patient volume ($\geq 20\%$ for pediatricians only); or
 - Practice predominantly in an FQHC or RHC with $\geq 30\%$ *needy individual* patient volume
- Licensed, credentialed
- No OIG exclusions, living
- Must not be hospital-based

EP Eligibility: Medicare Basics

- ❑ Must be a physician (defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor)
- ❑ Must have Part B Medicare allowed charges
- ❑ Must not be hospital-based
- ❑ Must be enrolled in PECOS, living

How Much Are the Incentives?

Medicare Incentive Payments

- ❑ Incentive amounts based on Fee-for-Service allowable charges
- ❑ Maximum incentives are \$44,000 over 5 years
- ❑ Incentives decrease if starting after 2012
- ❑ Must begin by 2014 to receive incentive payments. Last payment year is 2016.
- ❑ Extra bonus amount available for practicing predominantly in a Health Professional Shortage Area
- ❑ Only 1 incentive payment per year

How Much Are the Incentives?

Medicaid Incentive Payments

- ❑ Maximum incentives are \$63,750 over 6 years
- ❑ Incentives are same regardless of start year
- ❑ The first year payment is \$21,250
- ❑ Must begin by 2016 to receive incentive payments
- ❑ No extra bonus for health professional shortage areas
- ❑ Incentives available through 2021
- ❑ Only 1 incentive payment per year

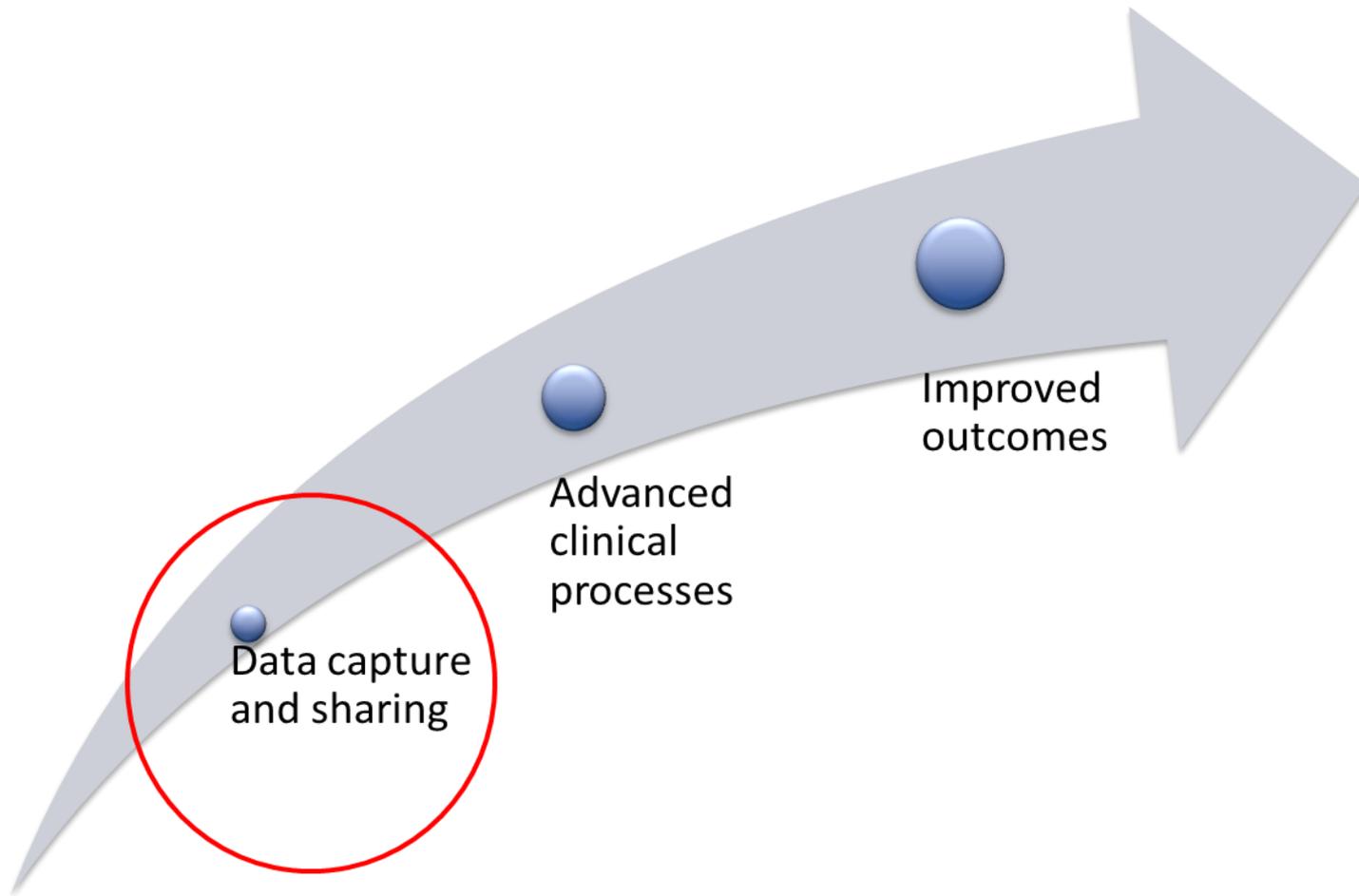
What are the Requirements? Adopt/Implement/Upgrade

- ❑ **Adopted** - Acquired access to certified EHR technology in a legally and/or financially committed manner
- ❑ **Implemented** - Began using certified EHR technology
- ❑ **Upgraded** - Demonstrated having upgraded access to EHR technology newly certified in a legally and/or financially committed manner



Meaningful Use

A Conceptual Approach to Meaningful Use



What are the Requirements of Stage 1 Meaningful Use?

- ❑ Basic Overview of Stage 1 Meaningful Use:
 - ❑ Reporting period is 90 days for first year and 1 year subsequently
 - ❑ Reporting through attestation
 - ❑ Objectives and Clinical Quality Measures
 - ❑ Reporting may be yes/no or numerator/denominator attestation
 - ❑ To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

What are the Requirements of Stage 1 Meaningful Use?

- ❑ Stage 1 Objectives and Measures Reporting
- ❑ Eligible Professionals must complete:
 - ❑ 15 core objectives
 - ❑ 5 objectives out of 10 from menu set
 - ❑ 6 total Clinical Quality Measures
(3 core or alternate core, and 3 out of 38 from menu set)

What are the Requirements of Stage 1 Meaningful Use?



Eligible Professional
Meaningful Use Table of Contents
Core and Menu Set Objectives

Eligible Professional Core Objectives	
(1) Use 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.	AVAILABLE
(2) Implement drug-drug and drug-allergy interaction checks.	AVAILABLE
(3) Maintain an up-to-date problem list of current and active diagnoses.	AVAILABLE
(4) Generate and transmit permissible prescriptions electronically (eRx).	AVAILABLE
(5) Maintain active medication list.	AVAILABLE
(6) Maintain active medication allergy list.	AVAILABLE
(7) Record all of the following demographics: (A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth.	AVAILABLE
(8) Record and chart changes in the following vital signs: (A) Height. (B) Weight. (C) Blood pressure. (D) Calculate and display body mass index (BMI). (E) Plot and display growth charts for children 2–20 years, including BMI.	AVAILABLE
(9) Record smoking status for patients 13 years old or older.	AVAILABLE
(10) Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States.	AVAILABLE
(11) Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	AVAILABLE
(12) Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request.	AVAILABLE
(13) Provide clinical summaries for patients for each office visit.	AVAILABLE

You can find detailed information on all the meaningful use objectives and measures in our Meaningful Use Specification Sheets.

To find the specification sheets:

- ❑ Visit our website www.cms.gov/EHRIncentivePrograms
- ❑ Click on the 'Meaningful Use' tab
- ❑ Scroll to the bottom
- ❑ Select "Eligible Professional"

Applicability of Meaningful Use Objectives and Measures

- ❑ Some MU objectives are not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures
- ❑ In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure
 - ❑ E.g. : Dentists who do not perform immunizations; Chiropractors do not e-prescribe

Meaningful Use for EPs Working in Multiple Settings

An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:

- ❑ Have to have 50% of their total patient encounters at locations where certified EHR technology is available
- ❑ Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

Meaningful Use: Clinical Quality Measures

Eligible Professionals seeking to demonstrate Meaningful Use are required to report CQMs to CMS or the States using certified EHR technology by:

- ❑ In 2011 – submitting aggregate CQM numerator, denominator, and exclusion data by attestation.
- ❑ In 2012 and 2013 – submitting aggregate CQM numerator, denominator, and exclusion data by attestation OR participating in electronic reporting pilots:
 - ❑ Eligible Professionals – through the EHR reporting options in PQRS

Reminder: Notable Differences Between Medicare and Medicaid Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1 st participation year
Maximum incentive is \$44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU with CMS approval
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016; Last year to register is 2016
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals



Registration Overview

Register-Attest-Get Paid! – Medicaid

For states with launched programs:

- ❑ Go to the CMS EHR Incentive Program website
 - ❑ Click on the *Registration* tab
 - ❑ Complete your registration
- ❑ Go to your state's website and complete the eligibility verification
- ❑ States will pay no later than 5 months after you register; most sooner



Login Instructions

Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).

- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.

- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).

- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(*) Red asterisk indicates a required field.

*User ID:

*Password:

- View our [checklist of required materials](#) here.

Log In

Cancel

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Use the NPPES/NPI web user account user name and password.



Home

Registration

Attestation

Status

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any topic to continue.

Registration

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Status

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program



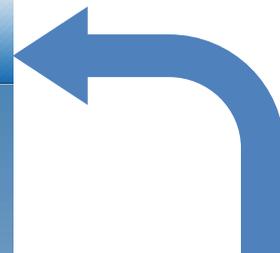
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Tabs will guide users through each phase.



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Registration

Attestation

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Registration

Registration Instructions

Welcome to the Registration Page.

Depending on the current status of your registration, please select one of the following actions:

- Register** Register for the EHR Incentive Programs
Continue an incomplete registration
- Modify** Modify Existing Registration
Switch incentive programs (Medicare/Medicaid)
Switch Medicaid state
- Cancel** Discontinue participation in the Medicare & Medicaid EHR Incentive Programs
- Reactivate** Reactivate a previously canceled registration
- Resubmit** Resubmit a registration that was previously deemed ineligible

Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	000000000000	Medicare	Active	<input type="button" value="Register"/>

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Progress: 1 of 1

Completed

EHR Incentive Program

Incentive Program Questionnaire

(* Red asterisk indicates a required field.)

Note: Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the [Medicare and Medicaid EHR Incentive programs](#).

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

1) Their Medicaid State has not officially launched their EHR incentive program.

2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing Incentive payments.

* Please select your Incentive Program

Medicare Medicaid

* Please select your Eligible Professional Type:

Doctor of Medicine or Osteopathy

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on [certified EHR technology](#) for this program.

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

* Do you have a certified EHR? [What is an EHR Certification Number?](#)

Yes No

EHR Certification Number (Optional):

Please select the **Previous** button to go back a page. Please note that any changes that you have made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.

Previous

Save & Continue



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You do not need a certified EHR to complete the registration process.



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Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment.
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records.

Your Name

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 000000000000

Registration Tracking Information

Registration ID: 1000041161

Name: Jane Doe, MD

Submitted Date: 12/15/2011

Reason(s) for Submission:

You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Please select the **Print Receipt** button to print this page.

[Print Receipt](#)



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Success



Received your registration from NLR. Continue with state registration.

Search Criteria

Registration ID: 1700901825

NPI: 1366472326

Tax ID/SSN: 386006309

Login Information

User ID: abbeyj1245

Profile: Domain Administrator

NLR INFORMATION

1

Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.

Personal Info

First Name : Ellun Last Name : Johnsun
 Middle Initial : Suffix :
 Provider Type : Physician
 Provider Specialty : NEUROPSYCHIATRY

Identifiers

The Tax Identification Number (TIN) captured below will receive the EHR incentive payment.

Payee NPI : 1366472326
 Payee SSN/Tax ID : 386006309

Address

Address : 4165 E Lippincott Blvd
 City : Burton
 State : MI Zip : 48519
 Phone : (810) 744-1888 Ext :
 E-mail : Tust@test.com

Exclusion Code	Exclusion Desc	Exclusion Date

ELIGIBILITY

2

ATTESTATION

3

Success



Received your NLR. Continue registration.

NLR INFORMATION

ELIGIBILITY

Pay

1

2

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2009

End Date: 12/30/2009

Eligible Patient Volume

Are you a pediatrician Yes No

Are you a physician assistant (PA) Yes No

Did you render care in a hospital Yes No

Do you want use organization encounters Yes No

Did you render care in FQHC/RHC Yes No

Do you want to include MCO panel Yes No

FQHC/RHC

Total Encounters: ?

Total unduplicated Encounters: ?

Medicaid Encounters: ?

Medicaid Unduplicated Encounters: ?

MIChild Encounters: ?

Charity Care Encounters: ?

Sliding Fee Scale Encounters: ?

MCO

Total Panel: ?

ATTESTATION

3

Success



Received your registration from NLR. Continue with state registration.

Search Criteria

Registration ID: 1700901825

NPI: 1366472326

Tax ID/SSN: 386006309

Login Information

User ID: abbeyj1245

Profile: Domain Administrator

NLR INFORMATION

ELIGIBILITY

ATTESTATION

1

2

3

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the HITECH incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I hereby agree to keep such records as are necessary to demonstrate that I met all HITECH requirements and to furnish those records to the Medicaid State Agency, Dept. of Health and Humans Services, or contractor acting on their behalf No HITECH

I accept the terms and conditions

[Register](#)





Attestation Overview



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Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- View** Review the Medicare attestation summary of measures after submission
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe	XXX-XX-6224 (SSN)	0000000000				<input type="button" value="Attest"/>



Welcome Your Name

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Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) 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

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button to save your entry and proceed. Select the **Return to Attestation Progress** button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.

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Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX



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Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) 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:

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button to save your entry and proceed. Select the **Return to Attestation Progress** button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.

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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



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Meaningful Use Menu Measures

Instructions

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

Objective	Measure	Select
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"/>
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"/>

Your Name

Tax Identifier: XXX-XX-3568 (SSN)
 NPI: 0000000000
 Program Year: XXXX

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

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

Measure: Generate at least one report listing patients of the EP with a specific condition.

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

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

Complete the following information:

***Have you generated at least one report listing your patients with a specific condition?**

- Yes
- No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Clinical Quality Measures

eReporting

Are you planning to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012?

Yes No

If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results. The reporting period for CQMs submitted electronically will be the **entire 2012 Calendar Year**. Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures.

If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically. To note, you will be paid based on your attestation and not be placed in a pending pilot status.

Please reference the [Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX



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Clinical Quality Measures

Questionnaire: (1 of 3)

(* 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:

*Denominator: *Numerator:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX



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Clinical Quality Measures

Questionnaire: (2 of 3)

(*) 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

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

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

Complete the following information:

*Denominator: *Numerator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

*Denominator: *Numerator:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button to save your entry and proceed. Select the **Return to Attestation Progress** button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.

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Your Name
Tax Identifier: XXX-XX-3568 (SSN)
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Clinical Quality Measures

Questionnaire: (3 of 3)

(* 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

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:

Population Criteria 1

*Denominator: *Numerator: *Exclusion:

Population Criteria 2

*Denominator: *Numerator: *Exclusion:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button to save your entry and proceed. Select the **Return to Attestation Progress** button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.

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Additional Clinical Quality Measures

Questionnaire

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

Deselect All

Measure #	Title	Description	Selection
NQF 0059	Title: Diabetes: Hemoglobin A1c Poor Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064	Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	<input type="checkbox"/>
NQF 0061	Title: Diabetes: Blood Pressure Management	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081	Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070	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.	<input type="checkbox"/>
NQF 0043	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF	Title: Breast Cancer Screening	Description: Percentage of women ages 40-60	<input type="checkbox"/>

Submission Receipt

Your Name

Tax Identifier: XXX-XX-6224 (

NPI: 0000000000

Program Year: 2012

Rejected Attestation

The EP did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.
- One or more of the meaningful use menu measures did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **Review Results** button below to view all measures. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000041378

Name: John Doe, MD



Welcome Your Name

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- Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Objective	Measure	Entered	Select
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 = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
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.	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	Numerator = 100 Denominator = 102	<input type="button" value="Edit"/>



Resources

Helpful Resources

- ❑ CMS EHR Incentive Programs website www.cms.gov/EHRIncentivePrograms
 - ❑ Introduction to EHR Incentive Programs
 - ❑ Frequently Asked Questions (FAQs)
 - ❑ Stage 1 Final Rule
 - ❑ Meaningful Use Attestation Calculator
 - ❑ Registration & Attestation User Guides
 - ❑ Listserv
- ❑ HHS Office of the National Coordinator for Health IT -certified EHR technology list <http://healthit.hhs.gov/CHPL>

Troubleshooting

EHR Information Center Help Desk

(888) 734-6433 / TTY: (888) 734-6563

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones

(except on Federal holidays)

NPPES Help Desk

Visit; <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

(800) 465-3203 - TTY (800) 692-2326

PECOS Help Desk

Visit; <https://pecos.cms.hhs.gov/>

(866)484-8049 / TTY (866)523-4759

Identification & Authentication System (I&A) Help Desk, PECOS External User Services (EUS)

Help Desk Phone: 1-866-484-8049 – TTY 1-866-523-4759

E-mail: EUSsupport@cgi.com

User Guides and Other Resources

User Guides and Resources for EPs

- ❑ Registration User Guides:
 - ❑ [Medicare and Medicaid](#)
- ❑ Meaningful Use:
 - ❑ [Stage 1 Specification Sheets](#)
- ❑ Attestation:
 - ❑ [Webinar](#)
 - ❑ [Attestation Calculator](#)
 - ❑ [Stage 1 Worksheet](#)
 - ❑ [User Guide](#)
- ❑ Find more
 - ❑ [Educational Resources](#)



Questions & Answers

Evaluate Your Experience with Today's National Provider Call

- ❑ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ❑ To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- ❑ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- ❑ We appreciate your feedback!



Thank You

- ❑ For more information about the MLN, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- ❑ For more information about the National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>

