



Nevada EHR Incentive Payment System (NEIPS)



DHHS
DHCFP

Eligible Hospitals
Meaningful Use

May, 2013



Welcome!

- Welcome to the Eligible Provider training for the Nevada EHR Incentive Payment System.
- This is the Meaningful Use Eligible Hospital training.
- Length and duration: 137 slides; approximately 45 minutes.
- This training will present examples of the Meaningful Use Core, Menu, and Clinical Quality Measures attestation by providing two attestations each, per measure type, with narration. Then, each and every Core, Menu, and Clinical Quality Measure will be shown, without narration, at the end of the deck.



Eligible Hospitals

- Eligible Hospitals
 - Acute Care, Critical Access, Cancer Hospitals
 - Children's Hospitals
- Dually-Eligible
- Medicaid-Only



Eligible Hospitals – Overview

- Enrollment for All Eligible Hospitals
 - Step 1 – Provider Registration, Payment Assignment, Exclusions
 - Step 2 – Medicaid Patient Volume Determination, Out-of-State Encounters
 - Step 3 – Identify Certified EHR Technology
 - Step 4 – Verify Incentive Payment Amount
 - Complete Enrollment Processes





Eligible Hospitals – Enrollment Step 3

- Eligible Hospitals – Dually-Eligible
 - Meaningful Use Attestation at CMS
 - No Meaningful Use Attestation with NEIPS
 - Step 3 – Identify Certified EHR Technology
- Eligible Hospitals – Medicaid-Only
 - No Meaningful Use Attestation at CMS
 - Meaningful Use Attestation with NEIPS
 - Step 3 – Identify Certified EHR Technology
 - Step 3 – Meaningful Use
 - EHR General Information Attestation
 - Core Measures Attestation
 - Menu Measures Attestation
 - Clinical Quality Measures (CQMs) Attestation



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Rest In Peace Hospital (NPI-1000000039)

Notifications

Welcome to the Nevada Incentive Payments Program for Electronic Records.
As a Nevada Incentive Payments Program for Electronic Records participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AIU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program.
To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

Instructions

Select any section or tab to continue.

Enrollment

Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Medicaid EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment



Home

Documents

Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.

Appeals

Click the Appeals tab above to perform the following actions:

- Initiate a new appeal
- View the status of an existing appeal

Status

Click the Status tab above to review the following:

- Enrollment Status
- Payment Status

Manage Account

Click the Manage Account tab above to perform the following actions:

- Update enrollment email address and phone number/extension.
- View instructions for updating national or state Medicaid EHR Incentive Payment Program registration information.
- View instructions for resetting account password.

Contact Us

Click the Contact Us link above to perform the following actions:

- Contact a Business Services specialist securely through the portal.
- View respond to any correspondence received from our Business Services Team.

dhcfp.nv.gov/EHRIncentives.htm



Enrollment Home

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Rest In Peace

Enrollment

Enrollment
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View Status

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Confirm Enrollment Action

The 2012 EHR Incentive Program year has expired.

Your enrollment for this year is not yet paid. However, you still have time to complete your 2012 program year attestation.

Please choose one of the following two options:

☒ Stay on Current Program Year - I want to finish my 2012 program year attestation.

☐ Advance to Next Program Year - I want to expire my attestation for 2012 program year and start my enrollment for new 2013 program year.

Note: If you choose to remain in the 2012 program year, you will still have the opportunity to roll over to 2013 each time you log in before your attestation is complete. So if you are unsure how to proceed, choose the first option to stay on current program year. If you have any question or concerns, please contact us at 888-639-3452.

Confirm

Status	Action
Not started	Enroll
Paid	View Status



Enrollment Home

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Rest In Peace

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Confirm Enrollment Action

The 2012 EHR Incentive Program year has expired.

Your enrollment for this year is not yet paid. However, you still have time to complete your 2012 program year attestation.

Please choose one of the following two options:

☐ Stay on Current Program Year - I want to finish my 2012 program year attestation.

☒ Advance to Next Program Year - I want to expire my attestation for 2012 program year and start my enrollment for new 2013 program year.

☒ I understand that, by skipping the previous program year 2012 I will no longer have the ability to attest and/or receive payment for that year. I will instead exercise my right to skip the program year 2012 and begin attestation for the new program year 2013.

Note: If you choose to remain in the 2012 program year, you will still have the opportunity to roll over to 2013 each time you log in before your attestation is complete. So if you are unsure how to proceed, choose the first option to stay on current program year. If you have any question or concerns, please contact us at 888-639-3452.

Confirm

Status	Action
Not started	Enroll
Not paid	View Status



Enrollment Home

Rest In Peace Hospital (NPI-1000000039)

Enrollment Home

Enrollment Instructions

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

- Enroll** • Enroll for the EHR Incentive program
- Modify** • Modify or continue an existing enrollment
- View Status** • Display enrollment status


Enrollment Selection

Identify the desired enrollment and select the action you would like to perform for each Hospital. Eligible Hospital's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2013	2	Not Started	<input type="button" value="Enroll"/>
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2012	2	Expired	<input type="button" value="View Status"/>
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2011	1	Paid	<input type="button" value="View Status"/>



Enrollment Step 1

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Rest In Peace Hospital (NPI-1000000039)

Current Enrollment Status

Hospital: Rest In Peace Hospital(CCN 360065)	Program Year: 2013	Payment Year: 2
Step 1 - Registration Verification Status: Not Completed ⓘ	Step 3 - Meaningful Use Status: Not Completed ⓘ	
Step 2 - Volume Determination Status: Not Completed ⓘ	Step 4 - Payment Determination Status: Not Completed ⓘ	


Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Legal Business Name:	Rest In Peace Hospital
Hospital Type:	Acute Care Hospitals
CCN:	360065
Business Address:	272 Benedict Ave Las Vegas, NV 89120-2374
Phone #:	419-668-8101 Ext:
Tax ID:	*****0039
NPI:	1000000039
CMS Registration ID:	*****4777
Dually-eligible Hospital:	Yes



Enrollment Step 1

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name:

*Payee Medicaid

ID:

Payee Address:

Select Medicaid ID

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Nevada Provider ID

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Rest In Peace Hospital (NPI-1000000039)

Nevada Provider ID

Please select the Provider ID that is to receive your Nevada Medicaid EHR Incentive payment.

Select	Provider ID	Provider Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	2781502	Rest In Peace Hospital	Billing	1000000039	272 BENEDICT AVE Las Vegas, NV 89120	

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



Enrollment Step 1

National Provider Information

Legal Business Name: Rest In Peace Hospital
Hospital Type: Acute Care Hospitals
CCN: 360065
Business Address: 272 Benedict Ave
Las Vegas, NV 89120-2374
Phone #: 419-668-8101 Ext:
Tax ID: *****0039
NPI: 1000000039
CMS Registration ID: *****4777
Dually-eligible Hospital: Yes

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name: Rest In Peace Hospital

***Payee Medicaid ID:** 2781502

Select Medicaid ID

Payee Address: 272 BENEDICT AVE
Las Vegas, NV 89120

Exclusions

Federal Exclusions Exist: No
State Exclusions Exist: No

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Enrollment Step 2

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Rest In Peace Hospital (NPI-1000000039)

Current Enrollment Status

Hospital: Rest In Peace Hospital(CCN 360065)	Program Year: 2013	Payment Year: 2
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Not Completed ⓧ	
Step 2 - Volume Determination Status: Not Completed ⓧ	Step 4 - Payment Determination Status: Not Completed ⓧ	

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Acute Care, Critical Access, and Cancer Hospitals are required to provide the Medicaid Patient Volume information in the fields below. As an Eligible Hospital you must meet 10% Medicaid Patient Volume.


Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.


☐ Previous Federal Fiscal Year ☒ Previous 12-months

*Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

 Incentive Payment Program for Electronic Records



Enrollment Step 2

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

☐ Yes ☒ No

Select States/Territories

Selected States/Territories:

Patient Volume Attestation:

The following are considered Medicaid Encounters:

- Services rendered to an individual per inpatient discharges where Medicaid paid for all or part of the service.
- Services rendered to an individual per inpatient discharges where Medicaid paid all or part of their premiums, co-payments and/or cost-sharing.
- Services rendered to an individual per inpatient discharge on any one day to an individual enrolled in a Medicaid Program.
- Services rendered to an individual in an emergency department on any one day where Medicaid either paid for all or part of the service.
- Services rendered to an individual in an emergency department on any one day where Medicaid either paid for all or part of their premiums, co-payments and/or cost-sharing.
- Services rendered to an individual in an emergency department on any one day to an individual enrolled in a Medicaid Program.

*Medicaid Patient Encounters: 10000

*Total Patient Encounters: 30000

Medicaid Patient Volumes: 33%

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Enrollment Step 2

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Kandyland Childrens Hospital (NPI-1000000024)

Current Enrollment Status
Hospital: Kandyland Childrens Hospital(CCN 363306)Program Year: 2013Payment Year: 2
Step 1 - Registration Verification Status: Completed ✓Step 3 - Meaningful Use Status: Not Completed ⓧ
Step 2 - Volume Determination Status: Not Completed ⓧStep 4 - Payment Determination Status: Not Completed ⓧ

Step 2 - Medicaid Patient Volume Determination
Children's hospitals do not have patient volume requirements for the Medicaid EHR Incentive Payment Program participation. Children's hospitals are defined as hospitals that predominantly treat individuals under 21 years of age.

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Enrollment Step 3

Rest In Peace Hospital (NPI-1000000039)

Current Enrollment Status

Hospital: Rest In Peace Hospital(CCN 360065)

Program Year: 2013

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Not Completed** ⓧ

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⓧ

Step 3 - Identify Certified EHR Technology

(*) Red asterisk indicates a required field

EHR Certification Number

The Certified HIT Product List(CHPL)provides the listing of complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT(ONC). Enter the EHR system identification information about the EHR system in the fields below. If you are attesting to a different EHR solution from your previous payment year you must also upload supporting documentation prior to continuing the enrollment process.

*CMS EHR Certification ID:

Complete the following information:

*Are you using the same EHR solution as attested in your previous payment year?

☒ Yes ☐ No

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Upload EHR Documents

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Enrollment Step 4

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Rest In Peace Hospital (NPI-1000000039)

Current Enrollment Status

Hospital: Rest In Peace Hospital(CCN 360065)	Program Year: 2013	Payment Year: 2
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⓧ	

Step 4 - Verify Incentive Payment Amount

Verify the following Eligible Hospital EHR incentive payment information as determined during the first payment year and attest to all the questions in the Payment Schedule Questionnaire below.

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

- *Has the Hospital expanded capacity (increased number of beds) since the last reporting year?
☒ Yes ☐ No
- *Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?
☐ Yes ☒ No
- *Has the Hospital been in operation for less than 4 years?
☐ Yes ☒ No
- *Has the Hospital amended or corrected data in the cost report for the initial year of participation?
☐ Yes ☒ No



Enrollment Step 4

Payment Schedule

Payment Year	Payment Percentage	Payment Amount	Program Year	Date Paid
1	50%	\$ 529,154.52	2011	01/26/2012
2	40%	\$ 423,323.61	2013	
3	10%	\$ 105,830.90		

Overall EHR Amount

2009 Discharges: 4,606
2008 Discharges: 4,697
2007 Discharges: 4,099
2006 Discharges: 3,827
Average Annual Growth Rate: 6.59%
Overall EHR Amount: \$6,885,550.00



Enrollment Step 4

Medicaid Share

Medicaid Inpatient-bed-days:	923
Medicaid Managed Care Inpatient-bed-days:	1,551
Total Inpatient-bed-days:	16,556
Total Charges Excluding Charity Care:	\$191,242,649.00
Total Charges:	\$196,707,983.00
Medicaid Share:	15.37%

Aggregate EHR Amount

Aggregate EHR Amount: \$1,058,309.03

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Enrollment Summary

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Rest In Peace Hospital (NPI-1000000039)

Enrollment Summary

Program Year: 2013 Payment Year: 2

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

Step 1 - Provider Registration Verification

National Provider Information

Legal Business Name: Rest In Peace Hospital
Hospital Type: Acute Care Hospitals
CCN: 360065
Business Address: 272 Benedict Ave
Las Vegas, NV 89120-2374
Phone #: 419-668-8101 Ext:
Tax ID: *****0039
NPI: 1000000039
CMS Confirmation #: *****4777
Dual Eligible Hospital: Yes

Payment Assignment

Medicaid ID: 2781502
Payee Name: Rest In Peace Hospital
Payee Address: 272 BENEDICT AVE
Las Vegas, NV 89120



Enrollment Summary

Step 2 - Medicaid Patient Volume Determination

Medicaid Patient Volume Reporting Period:

Reporting Period: 06/01/2012 - 08/31/2012

Out-Of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Patient Encounters: 10,000

Total Patient Encounters: 30,000

Medicaid Patient Volumes: 33%



Enrollment Summary

Step 3 - Meaningful Use

Dually-eligible Hospitals (EHs) are only required to attest to the certified EHR system. The Certified HIT Product List (CHPL) provides the listing of complete EHRs and EHR Modules that have been tested and certified by the Office of the National Coordinator for Health IT (ONC).

EHR Certification Number : 30000005GOAOEAC

Are you using the same EHR solution as attested in your previous payment year?

☒ Yes ☐ No

Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the View Measure Icon to view all measure attestation details.

Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least 5 out of 10 Meaningful Use Menu Measures with at least 1 selected from the Public Health Menu Set. Review and verify each Meaningful Use Menu Measure result below. Click the View Measure Icon to view all measure attestation details.

Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.



Enrollment Summary

Step 4 - EHR Payment Determination

Overall EHR Amount: \$ 6,885,550.00

X Medicaid Share: 15.37%

Aggregate EHR Amount: \$1,058,309.03

Year	Yearly Payment Percentage	Payment Amount	Status
1	50%	\$ 529,154.52	Paid
2	40%	\$ 423,323.61	
3	10%	\$ 105,830.90	

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

Has the Hospital expanded capacity (increased number of beds) since the last reporting year?

☒ Yes ☐ No

Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?

☐ Yes ☒ No

Has the Hospital been in operation for less than 4 years?

☐ Yes ☒ No

Has the Hospital amended or corrected data in the cost report for the initial year of participation?

☐ Yes ☒ No

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Legal Notice

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Rest In Peace Hospital (NPI-1000000039)

Current Enrollment Status

Hospital: Rest In Peace Hospital(CCN 360065)

Program Year: 2013

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Completed** ✓

Legal Notice

General Notice

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

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid 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. I certify that I have not requested or received additional Medicaid Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my system and all records that are necessary to demonstrate that I met the Medicaid Incentive Program requirements, including Federal requirements found at 42 CFR Part 495, for no less than 7 years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff as requested by the Medicaid State Agency, or other agents working on its behalf.

No Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations. I hereby certify that I am an active Nevada Medicaid provider in good standing with an active Nevada Medicaid Provider agreement.



Legal Notice

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, upon conviction, be subject to fine and imprisonment under applicable Federal and State laws.

ROUTINE USE(S): Information from this Nevada Medicaid Incentive Program enrollment form and subsequently submitted information and documents may be given

- to the Internal Revenue Service;
- private collection agencies;
- and consumer reporting agencies in connection with recoupment of any overpayment made; and
- Congressional Offices in response to inquiries made at the request of the person to whom a record pertains.
- Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Nevada Medicaid Incentive Program.

DISCLOSURES:

Note: Completion of this form does not guarantee payment.

Failure to provide information will result in delay in payment or may result in denial of the Nevada Medicaid Incentive Program payment. Failure to furnish information will prevent Nevada Medicaid Incentive Program payments from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of Nevada Medicaid Incentive Program payments indicate that by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Medicaid State Agency within 60 days of its discovery.

- You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.
- I hereby certify that I have the legal authority to sign this Legal Notice.

With the exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent Medicaid EHR incentive payments from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.



Legal Notice

It is mandatory to state if you believe you have been overpaid under the Medicaid EHR Incentive Program.

I acknowledge that I am aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

I agree that the Medicaid State Agency can - through offsets, recoupments, adjustments, or other collection methods apply Medicaid Incentive Payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Medicaid State Agency and any of its subsidiaries or agencies under the Nevada Department of Health and Human Services, Nevada county local governments, U S Department of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Medicaid State Agency in its collection efforts, including executing any documents to effect or implement such offsets, recoupments, adjustments, or other collection methods.

***Electronic Signature - Full Name of Authorizing Official**

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Agree & Continue

Disagree



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Submit Enrollment

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Rest In Peace Hospital (NPI-1000000039)

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

Legal Business Name: Rest In Peace Hospital

Hospital Type: Acute Care Hospitals

CCN: 360065

Business Address: 272 Benedict Ave

Las Vegas, NV 89120-2374

Tax ID: *****0039(EIN)

NPI: 1000000039

Dually-eligible Hospital: Yes

Program Year: 2013

Payment Year: 2



CMS Certification ID: 30000005GOAOEAC

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Enrollment Confirmation

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Rest In Peace Hospital (NPI-1000000039)

Congratulations - Your Hospital has successfully completed enrollment for the payment year!

Enrollment Confirmation

The Eligible Hospital (EH) demonstrates Meaningful Use of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume (PV) met enrollment minimum standards.
- The certified EHR Solution met MU minimum standards.

Note: Please print this page for your records. You will also receive an email notification of your enrollment confirmation.



Enrollment Confirmation

Enrollment Tracking Information

Enrollment Confirmation ID: NV-2013-1000000039

Submission Date: 05/08/2013

Legal Business Name: Rest In Peace Hospital

Hospital Type: Acute Care Hospitals

CCN: 360065

Business Address: 272 Benedict Ave
Las Vegas, NV 89120-2374

Tax ID: *****0039 (EIN)

NPI: 1000000039

Dually-eligible Hospital: Yes

Program Year: 2013

Payment Year: 2

CMS Certification ID: 30000005GOAOEAC

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Rest In Peace Hospital (NPI-1000000039)

Enrollment Home

Enrollment Instructions

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

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Enrollment Selection

Identify the desired enrollment and select the action you would like to perform for each Hospital. Eligible Hospital's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2013	2	Payment Pending	View Status
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2012	2	Expired	View Status
*****0039	Rest In Peace Hospital	360065	1000000039	*****4777	2011	1	Paid	View Status



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Enrollmer

Enrollmer
Depending
Enroll
Modify
View Stat

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Identify th
Adopt, Imp
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Tax ID
*****0024 K H
*****0024 K H

Confirm Enrollment Action

The 2012 EHR Incentive Program year has expired.

Your enrollment for this year is not yet paid. However, you still have time to complete your 2012 program year attestation.

Please choose one of the following two options:

☐ Stay on Current Program Year - I want to finish my 2012 program year attestation.

☒ Advance to Next Program Year - I want to expire my attestation for 2012 program year and start my enrollment for new 2013 program year.

☒ I understand that, by skipping the previous program year 2012 I will no longer have the ability to attest and/or receive payment for that year. I will instead exercise my right to skip the program year 2012 and begin attestation for the new program year 2013.

Note: If you choose to remain in the 2012 program year, you will still have the opportunity to roll over to 2013 each time you log in before your attestation is complete. So if you are unsure how to proceed, choose the first option to stay on current program year. If you have any question or concerns, please contact us at 888-639-3452.

Confirm

Status	Action
lot started	Enroll
aid	View Status



Enrollment Step 3

Home	Enrollment	Documents	Appeals	Status	Manage Account	Contact Us
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Kandyland Childrens Hospital (NPI-1000000024)

Current Enrollment Status

Hospital: Kandyland Childrens Hospital(CCN 363306)

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Program Year: 2013

Step 3 - Meaningful Use Status: Not Completed ☹

Payment Year: 2

Step 4 - Payment Determination Status: Not Completed ☹

Step 3 - Identify Certified EHR Technology

(*) Red asterisk indicates a required field

EHR Certification Number

The Certified HIT Product List(CHPL)provides the listing of complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT(ONC). Enter the EHR system identification information about the EHR system in the fields below. If you are attesting to a different EHR solution from your previous payment year you must also upload supporting documentation prior to continuing the enrollment process.

*CMS EHR Certification ID: 30000001SWQYEAS

Complete the following information:


*Are you using the same EHR solution as attested in your previous payment year?

☒ Yes ☐ No



Previous

Upload EHR Documents

Save & Continue



Summary of Meaningful Use Measures

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Incentive Payment Program for Electronic Records

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DHHS Division of Health Care Financing & Policy

Logout

HomeEnrollmentDocumentsAppealsStatusManage AccountContact Us

Kandyland Childrens Hospital (NPI-1000000024)

Current Enrollment Status

Hospital: Kandyland Childrens Hospital(CCN 363306)	Program Year: 2013	Payment Year: 2
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⓧ	

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to additional EHR Meaningful Use information in addition to Meaningful Use Core, Menu and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

 EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Start MU Info Attestation



Summary of Meaningful Use Measures

Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Start Core Attestation

Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation

Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify CQM Attestation** buttons to start or modify your Meaningful Use Clinical Quality Measures questionnaire or the Edit icon to update a specific Meaningful Use Clinical Quality Measure.

Start Clinical Quality Attestation

Previous

Save & Continue



General Information Attestation

Kandyland Childrens Hospital (NPI-1000000024)

EHR Meaningful Use General Information Attestation

Eligible Hospitals are required to attest to Emergency Department Admissions Method and the applicable Meaningful Use EHR Reporting Period. The Eligible Hospital must follow the methodology for unique patient counts. A Unique patient is defined as:

Unique Patient: If a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Emergency Department (ED) Admissions Method

An Eligible Hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominator of certain Meaningful Use Core and Menu Measures. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use. Select the methods that will be used for ALL Meaningful Use Core and Menu Measures:

Observation Service Method:

- The patient is admitted to the inpatient setting (POS 21) through the ED. In this situation, the orders in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use.
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator.



General Information Attestation

All ED Visits Method: An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions.

Complete the following information:

*Choose your ED Admissions Method:

☐ Observation Service Method ☒ All ED Visits Method

EHR Meaningful Use Reporting Period

Click the calendar icons to select your EHR Reporting Period Start and End Dates. Meaningful Use year 1 requires at least a 90-day reporting period within the Federal Fiscal Year. Further reporting years require the entire Federal Fiscal Year as the reporting period.

Meaningful Use Stage: 1

* EHR Reporting Period Start Date: 

* EHR Reporting Period End Date: 



General Information Attestation

Percentage of Patient Records Maintained in EHR Solution

An Eligible Hospital must attest to the percentage of patient records maintained in the EHR Solution. Complete the following information:

Numerator: Number of patients in the denominator that have a patient record in the EHR Solution.

Denominator: Number of unique patients seen by the Eligible Hospital during the EHR reporting period.

* **Numerator:**

* **Denominator:**

Actual:



Select the **MU Summary** button to return without saving or **Save & Return** button to save and return.

MU Summary

Save & Return



Summary of Meaningful Use Measures

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Logout

HomeEnrollmentDocumentsAppealsStatusManage AccountContact Us

Kandyland Childrens Hospital (NPI-1000000024)

Current Enrollment Status

Hospital: Kandyland Childrens Hospital(CCN 363306)	Program Year: 2013	Payment Year: 2
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Completed ✓	
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⊘	

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to additional EHR Meaningful Use information in addition to Meaningful Use Core, Menu and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ EHR Meaningful Use Information


Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation


+ Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Start Core Attestation



Core Measures

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Logout

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Kandyland Childrens Hospital (NPI-1000000024)

Meaningful Use Core Measures



Eligible Hospitals must report on all Meaningful Use Core Measures. Enter positive whole numbers for the denominator and numerator (if applicable) for all Core Measures. The numerator must not exceed the denominator where applicable. Eligible Hospitals can be excluded from meeting some of the Core Measures if they meet the requirements of the applicable exclusion and answer, "Yes" to the exclusion question.

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU SummarySave & Continue



Core Measures

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DHHS Division of Health Care Financing & Policy

Logout

HomeEnrollmentDocumentsAppealsStatusManage AccountContact Us

Kandyland Childrens Hospital (NPI-1000000024)

Core Measures Questionnaire (1 of 12) - MUCH001a

(*) 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.



Core Measures

Measure

Base Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.

OR

Alternate Measure: More than 30% of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.



Core Measures

Attestation

***Patient Records:** 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:

Select if you are using the Base Meaningful Use measure or Alternate Meaningful Use measure.

*** Measure Selected**

Complete the following information:

Numerator: **Base Measure:** Number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

OR

Alternate Measure: The number of medication orders in the denominator recorded using CPOE.

Denominator: **Base Measure:** Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

OR

Alternate Measure: Number of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*** Numerator:**

*** Denominator:**

Actual:



Core Measures

Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous

MU Summary

Save & Return

Save & Continue

dhcfp.nv.gov/EHRIncentives.htm



NEVADA
Incentive Payment Program for Electronic Records



Core Measures – Failed

Attestation

***Patient Records:** 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:

Select if you are using the Base Meaningful Use measure or Alternate Meaningful Use measure.

*** Measure Selected**

Complete the following information:

Numerator: **Base Measure:** Number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

OR

Alternate Measure: The number of medication orders in the denominator recorded using CPOE.

Denominator: **Base Measure:** Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

OR

Alternate Measure: Number of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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



Core Measures – Exclusion Applies

Core Measures Questionnaire (8 of 12) - MUCH008

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☒ Yes ☐ No



Core Measures – Exclusion Does Not Apply

Core Measures Questionnaire (8 of 12) - MUCH008

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Summary of Meaningful Use Measures

Step 3 - Summary of Meaningful Use Measures

Eligible Hospitals are required to attest to additional EHR Meaningful Use information in addition to Meaningful Use Core, Menu and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract. Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation

+ Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

+ Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation






Core Measures Expanded

Meaningful Use Core Measures Summary





Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

Objective	Measure	Entered	Result	Action
	Base Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.			
MUCH001a , 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.	OR Alternate Measure: More than 30% of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	25.00%	Failed	
MUCH002 , Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Passed	
MUCH003 , Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	83.33%	Passed	








Core Measures Expanded

MUCH004. Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	81.30%	Passed	
MUCH005. Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	80.65%	Passed	
MUCH006. Record all of the following demographics: Preferred language, gender, race, ethnicity, date of birth and preliminary cause of death in the event of mortality in the Hospital.	More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	51.28%	Passed	
<p>MUCH007a, Instructions: EHS or CAHs must attest to either the Base Objective & Measure OR the Alternate Objective & Measure.</p>				
<p>Base Objective: Record and chart changes in vital signs for all patients age 2 and over - height, weight, blood pressure. Calculate and display growth charts for children 2-20 years, including BMI.</p>				
<p>Base Measure: More than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have height, weight, and blood pressure recorded as structured data.</p>				
<p>OR</p>				
<p>Alternate Objective: Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 & over); calculate and display BMI; and growth charts for patients 0 - 20 years, including BMI.</p>				
<p>Alternate Measure: More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.</p>				
		50.03%	Passed	



Core Measures Expanded

MUCH008 , Record smoking status for patients 13 years old or older.	More than 50 % of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	50.25%	Passed	
MUCH010 , Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	Passed	
MUCH011 , Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request.	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.	55.00%	Passed	
MUCH012 , Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	96.15%	Passed	
MUCH014 , 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	Passed	

Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Start Menu Attestation



Menu Measures

Menu Measures Selection

Instructions:

Eligible Hospitals must report on a total of five Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the Eligible Hospital be able to successfully meet only one of these public health menu measures, the Eligible Hospital must select and report on that measure to the State. Having met one public health menu measure, the Eligible Hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the Eligible Hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an Eligible Hospital meets the criteria for, and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. The State encourages Eligible Hospitals to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.



Menu Measures

Public Health Menu Measures

At least one Meaningful Use Menu Measure must be submitted from the public health list even if an Exclusion is applied:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission, except where prohibited.	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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission, except where prohibited.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH 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, except where prohibited.	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 eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>



Menu Measures

Additional Menu Measures

Additional menu measure objectives must be submitted 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):

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH 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"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) 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 checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input type="checkbox"/>



Menu Measures

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 admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that 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="checkbox"/>



Menu Measures

Menu Measures Questionnaire (1 of 5) - MUMC001a

(*) Red asterisk indicates a required field.

Objective

Capability to submit electronic data to immunization registries or immunization information systems and actual submission, except where prohibited.

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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations OR if there is no immunization registry that has the capacity to receive the information electronically during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☒ No



Menu Measures

Complete the following information:

***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 registers to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?**

☒ Yes ☐ No


Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

Select the immunization registry for which at least one test was performed.

*** Immunization Registry:**

***Was the test successful?**

☒ Yes ☐ No

***Date of the test:** 

***Was a follow-up submission performed?**

☒ Yes ☐ No



Menu Measures

Menu Measures Questionnaire (8 of 10) - MUMC008

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.

Attestation

Complete the following information:

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

Denominator: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Summary of Meaningful Use Measures

+ EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation

+ Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

+ Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Modify Menu Attestation

+ Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify CQM Attestation** buttons to start or modify your Meaningful Use Clinical Quality Measures questionnaire or the Edit icon to update a specific Meaningful Use Clinical Quality Measure.

Start Clinical Quality Attestation






Menu Measures

Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Modify Menu Attestation








Public Health Menu Measures

Objective	Measure	Entered	Result	Action
MUMC001a , Capability to submit electronic data to immunization registries or immunization information systems and actual submission, except where prohibited.	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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Yes	Passed	
MUMC002a , Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission, except where prohibited.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	Passed	
MUMC003a , Capability to submit electronic syndromic surveillance data to public health agencies and actual submission, except where prohibited.	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 eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	Passed	





Menu Measures

Additional Menu Measures

Objective	Measure	Entered	Result	Action
MUMC004 , Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Passed	
MUMC005 , Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	52.38%	Passed	
MUMC006 , Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) 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.	41.67%	Passed	
MUMC007 , Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	Passed	
MUMC008 , 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 admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	83.33%	Passed	
MUMC009 , The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	95.24%	Passed	
MUMC010 , The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that 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.	55.00%	Passed	



Clinical Quality Measures (CQMs)

**NEVADA**
Incentive Payment Program for Electronic Records

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DHHS Division of Health Care Financing & Policy

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Kandyland Childrens Hospital (NPI-1000000024)

Meaningful Use Clinical Quality Measures (CQMs)

Eligible Hospitals must report calculated Clinical Quality Measures (CQMs) directly from their EHR technology as a requirement of the EHR Incentive Program. Eligible Hospitals must report on all Clinical Quality Measures. Enter positive whole numbers for the denominator, numerator and exclusions (if applicable) for all of the Clinical Quality Measures. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology. To begin your CQM attestation click the Save & Continue button below.

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU SummarySave & Continue



Clinical Quality Measures (CQMs)

Clinical Quality Measures Questionnaire (1 of 19) - NQF 0495 - ED-1.1

(*) Red asterisk indicates a required field.

Title

NQF 0495, Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description

Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Attestation

ED-1.1: All ED patients admitted to the facility from the ED.

Complete the following information:

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

Denominator: All ED patients admitted to the facility from the ED. A positive whole number.

Exclusions: Observation & Mental Health Patients. A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



Clinical Quality Measures (CQMs)

Clinical Quality Measures Questionnaire (8 of 19) - NQF 0436 - Stroke-3

(*) Red asterisk indicates a required field.

Title

NQF 0436, Stroke-3 Title: Ischemic Stroke - Anticoagulation for A-fib/flutter.

Description

Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



Summary of Meaningful Use Measures

+ EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation

+ Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

+ Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least five out of ten Meaningful Use Menu Measures with at least one selected from the Public Health Menu set. Review and verify each Meaningful Use Menu Measure result below. Click the **Start/Modify Menu Attestation** buttons to start or modify your Meaningful Use Menu Measures questionnaire or the Edit icon to update a specific Meaningful Use Menu Measure.

Modify Menu Attestation

+ Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify CQM Attestation** buttons to start or modify your Meaningful Use Clinical Quality Measures questionnaire or the Edit icon to update a specific Meaningful Use Clinical Quality Measure.

Modify Clinical Quality Attestation







Clinical Quality Measures (CQMs)

Meaningful Use Clinical Quality Measures Summary









Eligible Hospitals are required to attest to all Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify CQM Attestation** buttons to start or modify your Meaningful Use Clinical Quality Measures questionnaire or the Edit icon to update a specific Meaningful Use Clinical Quality Measure.

Modify Clinical Quality Attestation

Title	Description	Entered	Result	Action
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.1: All ED patients admitted to the facility from the ED.	Numerator: 60 Denominator: 240 Exclusions: 0	Completed	
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.2: Observation ED patient stratification.	Numerator: 60 Denominator: 210	Completed	
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.3: Dx stratification ED patients.	Numerator: 60 Denominator: 300	Completed	
NQF 0497 , Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status. ED-2.1: All ED patients admitted to inpatient status.	Numerator: 60 Denominator: 225 Exclusions: 1	Completed	










Clinical Quality Measures (CQMs)

NQF 0497 , Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.	Numerator: 60 Denominator: 235	Completed 
NQF 0497 , Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.	ED-2.2: Observation ED patient stratification. Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.	Numerator: 60 Denominator: 420	Completed 
NQF 0435 , Stroke-2 Title: Ischemic Stroke - Discharge on anti-thrombotics.	ED-2.3: Dx stratification ED patients. Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Numerator: 33 Denominator: 44 Exclusions: 1	Completed 
NQF 0436 , Stroke-3 Title: Ischemic Stroke - Anticoagulation for A-fib/flutter.	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	Numerator: 22 Denominator: 25 Exclusions: 2	Completed 
NQF 0437 , Stroke-4 Title: Ischemic Stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset.	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	Numerator: 19 Denominator: 19 Exclusions: 0	Completed 
NQF 0438 , Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2.	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.	Numerator: 98 Denominator: 111 Exclusions: 0	Completed 
NQF 0439 , Stroke-6 Title: Ischemic stroke - Discharge on statins.	Ischemic stroke patients with LDL \geq 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Numerator: 200 Denominator: 350 Exclusions: 10	Completed 
NQF 0440 , Stroke-8 Title: Ischemic or hemorrhagic stroke - Stroke Education.	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	Numerator: 45 Denominator: 55 Exclusions: 10	Completed 



Clinical Quality Measures (CQMs)

NQF 0441 , Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment.	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Numerator: 91 Denominator: 100 Exclusions: 0	Completed 
NQF 0371 , VTE-1 Title: VTE prophylaxis within 24 hours of arrival.	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	Numerator: 1100 Denominator: 1340 Exclusions: 10	Completed 
NQF 0372 , VTE-2 Title: Intensive Care Unit VTE prophylaxis.	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer.)	Numerator: 111 Denominator: 115 Exclusions: 1	Completed 
NQF 0373 , VTE-3 Title: Anticoagulation overlap therapy.	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) = 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.	Numerator: 111 Denominator: 116 Exclusions: 2	Completed 
NQF 0374 , VTE-4 Title: Platelet monitoring on unfractionated heparin.	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	Numerator: 17 Denominator: 19 Exclusions: 2	Completed 
NQF 0375 , VTE-5 Title: VTE discharge instructions.	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	Numerator: 1100 Denominator: 1200 Exclusions: 0	Completed 
NQF 0376 , VTE-6 Title: Incidence of potentially preventable VTE.	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.	Numerator: 19 Denominator: 29 Exclusions: 1	Completed 



Meaningful Use Failure

Kandyland Child

Current Enrollment

Hospital: Kandyland Childrens Hospital

Step 1 - Register

Step 2 - Volume

Step 3 - Summary

Confirm Meaningful Use Failure

Provider Name: Kandyland Childrens Hospital

Failed Measures: MUCH001a

You have failed one or more of your Meaningful Use measures. You can update your Meaningful Use attestation by clicking the Update button OR confirm the failure(s) by clicking the Confirm button. You can click the + button to view your attested measures on the Summary of Meaningful Use Measures page. Click the Edit Measure button to update.

If you confirm the failure(s) you will be deemed not eligible for the EHR incentive program for this payment year.

Update

Confirm

Payment Year: 2012

Deleted ✓

Status: Not Completed

Review and verify the attested EHR Meaningful Use information below.

Modify MU Info Attestation

Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation





Meaningful Use Measure Updated

Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the **Start/Modify Core Attestation** button to start or modify your Meaningful Use Core Measures questionnaire or the Edit icon to update a specific Meaningful Use Core Measure.

Modify Core Attestation

Objective	Measure	Entered	Result	Action
	Base Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.			
MUCH001a , 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.	OR Alternate Measure: More than 30% of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	33.33%	Passed	
MUCH002 , Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Passed	



Enrollment Step 4

Kandyland Childrens Hospital (NPI-1000000024)

Current Enrollment Status

Hospital: Kandyland Childrens Hospital(CCN 363306)

Program Year: 2013

Payment Year: 2

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Meaningful Use Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⓧ

Step 4 - Verify Incentive Payment Amount

Verify the following Eligible Hospital EHR incentive payment information as determined during the first payment year and attest to all the questions in the Payment Schedule Questionnaire below.

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

*Has the Hospital expanded capacity (increased number of beds) since the last reporting year?

☒ Yes ☐ No

*Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?

☐ Yes ☒ No

*Has the Hospital been in operation for less than 4 years?

☐ Yes ☒ No

*Has the Hospital amended or corrected data in the cost report for the initial year of participation?

☐ Yes ☒ No



Enrollment Step 4

Payment Schedule

Payment Year	Payment Percentage	Payment Amount	Program Year	Date Paid
1	50%	\$ 2,736,682.18	2011	07/15/2011
2	40%	\$ 2,189,345.74	2013	
3	10%	\$ 547,336.43		

Overall EHR Amount

2010 Discharges: 6,638
2009 Discharges: 6,016
2008 Discharges: 6,007
2007 Discharges: 6,133
Average Annual Growth Rate: 2.81%
Overall EHR Amount: \$7,839,250.00



Enrollment Step 4

Medicaid Share

Medicaid Inpatient-bed-days:	7,573
Medicaid Managed Care Inpatient-bed-days:	12,456
Total Inpatient-bed-days:	28,912
Total Charges Excluding Charity Care:	\$278,034,567.00
Total Charges:	\$280,213,601.00
Medicaid Share:	69.82%

Aggregate EHR Amount

Aggregate EHR Amount: \$5,473,364.34

Previous

Save & Continue



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Enrollment Summary

Kandyland Childrens Hospital (NPI-1000000024)

Enrollment Summary

Program Year: 2013

Payment Year: 2

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

Step 1 - Provider Registration Verification

National Provider Information

Legal Business Name: Kandyland Childrens Hospital
Hospital Type: Childrens Hospitals
CCN: 363306
Business Address: One Children's Plaza
Dayton, MN 45404-1815
Phone #: (937) 641-3000 Ext: 3465
Tax ID: *****0024
NPI: 1000000024
CMS Confirmation #: *****2616
Dual Eligible Hospital: No

Payment Assignment

Payee ID:: 0465509
Payee Name: Kandyland Childrens Hospital Kandyland Childrens Hospital
Payee Address: 1 CHILDRENS PLZ
St. Paul, MN 55012



NEVADA
Incentive Payment Program for Electronic Records



Enrollment Summary

Step 2 - Medicaid Patient Volume Determination

Medicaid Patient Volume Reporting Period:

Reporting Period: -

Out-Of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Patient Encounters:

Total Patient Encounters:

Medicaid Patient Volumes: %



Enrollment Summary

Step 3 - Meaningful Use

Eligible Hospitals (EHs) are required to attest to additional EHR Meaningful Use information in addition to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract.

EHR Certification Number : 30000001SWQYEAS

Are you using the same EHR solution as attested in your previous payment year?

☒ Yes ☐ No

+ EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.

+ Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the View Measure Icon to view all measure attestation details.

+ Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least 5 out of 10 Meaningful Use Menu Measures with at least 1 selected from the Public Health Menu Set. Review and verify each Meaningful Use Menu Measure result below. Click the View Measure Icon to view all measure attestation details.

+ Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all 15 Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.



Enrollment Summary

Step 4 - EHR Payment Determination

Overall EHR Amount: \$ 7,839,250.00

X Medicaid Share: 69.82%

Aggregate EHR Amount: \$5,473,364.34

Year	Yearly Payment Percentage	Payment Amount	Status
1	50%	\$ 2,736,682.18	Paid
2	40%	\$ 2,189,345.74	
3	10%	\$ 547,336.43	

Payment Schedule Questionnaire

The Eligible Hospital must attest to the following payment schedule questions. Complete the following information:

Has the Hospital expanded capacity (increased number of beds) since the last reporting year?

☒ Yes ☐ No

Has the Hospital reduced capacity (decreased number of beds) since the last reporting year?

☐ Yes ☒ No

Has the Hospital been in operation for less than 4 years?

☐ Yes ☒ No

Has the Hospital amended or corrected data in the cost report for the initial year of participation?

☐ Yes ☒ No

Previous

Upload Document

Continue



EHR Meaningful Use Information Expanded

Step 3 - Meaningful Use

Eligible Hospitals (EHs) are required to attest to additional EHR Meaningful Use information in addition to Meaningful Use Core, Menu, and Clinical Quality Measures. All attestation topics must be complete prior to continuing with enrollment. To view each Meaningful Use measure click the + button to expand or the - button to contract.

EHR Certification Number : 30000001SWQYEAS

Are you using the same EHR solution as attested in your previous payment year?

☒ Yes ☐ No

EHR Meaningful Use Information

Review and verify the attested EHR Meaningful Use information below.






ED Admissions Method:	All ED Visits Method
Meaningful Use Stage:	1
EHR Reporting Period Start Date:	01/01/2013
EHR Reporting Period End Date:	03/31/2013
Numerator - Patients in EHR:	10000
Denominator - Total Patients:	11000
% of Patients in EHR:	90.91%



Core Measures Expanded

Meaningful Use Core Measures Summary

Eligible Hospitals are required to attest to all Meaningful Use Core Measures. Review and verify each Meaningful Use Core Measure result below. Click the View Measure Icon to view all measure attestation details.

Objective	Measure	Entered	Result	Action
	Base Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.			
MUCH001a , 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.	OR Alternate Measure: More than 30% of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	33.33%	Passed	
MUCH002 , Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Passed	
MUCH003 , Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	83.33%	Passed	
MUCH004 , Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	81.30%	Passed	
MUCH005 , Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	80.65%	Passed	






Menu Measures Expanded

Meaningful Use Menu Measures Summary

Eligible Hospitals are required to attest to at least 5 out of 10 Meaningful Use Menu Measures with at least 1 selected from the Public Health Menu Set. Review and verify each Meaningful Use Menu Measure result below. Click the View Measure Icon to view all measure attestation details.

Public Health Menu Measures






Objective	Measure	Entered	Result	Action
MUMC001a , Capability to submit electronic data to immunization registries or immunization information systems and actual submission, except where prohibited.	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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Yes	Passed	
MUMC002a , Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission, except where prohibited.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	Passed	
MUMC003a , Capability to submit electronic syndromic surveillance data to public health agencies and actual submission, except where prohibited.	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 eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	Passed	



Clinical Quality Measures (CQMs) Expanded

Meaningful Use Clinical Quality Measures Summary

Eligible Hospitals are required to attest to all 15 Meaningful Use Clinical Quality Measures. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

Title	Description	Entered	Result	Action
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.1: All ED patients admitted to the facility from the ED.	Numerator: 60 Denominator: 240 Exclusions: 0	Completed	
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.2: Observation ED patient stratification.	Numerator: 60 Denominator: 210	Completed	
NQF 0495 , Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. ED-1.3: Dx stratification ED patients.	Numerator: 60 Denominator: 300	Completed	
NQF 0497 , Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status. ED-2.1: All ED patients admitted to inpatient status.	Numerator: 60 Denominator: 225 Exclusions: 1	Completed	
NQF 0497 , Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status. ED-2.2: Observation ED patient stratification.	Numerator: 60 Denominator: 235	Completed	



Attestation Statements

Kandyland Childrens Hospital (NPI-1000000024)

Attestation Statements

Review each attestation statement below and select the Agree button to attest & continue the enrollment submission process. If you Disagree, the enrollment submission process will stop and you will be navigated to the Home Page.

- The information submitted for clinical Quality Measures (CQMs) was generated as output from an identified EHR technology.
- The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the Eligible Hospital (EH).
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the Eligible Hospitals (EH).
- The information submitted includes information on all patients to whom the measures apply.
- For Clinical Quality Measures (CQMs): If zero was reported in the denominator of a measure, then an Eligible Hospital (EH) did not care for any patients in the denominator or population during the EHR reporting period.

Previous

Agree & Continue

Disagree



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Final Enrollment Steps

- Legal Notice
- Submit Enrollment
- Enrollment Confirmation
- Enrollment Home



Enrollment Home

Kandyland Childrens Hospital (NPI-1000000024)

Enrollment Home

Enrollment Instructions

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

- Enroll** • Enroll for the Minnesota EHR Incentive program
- Modify** • Modify or continue an existing enrollment
- View Status** • Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform for each Hospital. Eligible Hospital's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0024	Kandyland Childrens Hospital	363306	1000000024	*****2616	2013	2	Payment Pending	View Status
*****0024	Kandyland Childrens Hospital	363306	1000000024	*****2616	2012	2	Expired	View Status
*****0024	Kandyland Childrens Hospital	363306	1000000024	*****2616	2011	1	Paid	View Status



Eligible Hospitals

- You have completed Meaningful Use training for Eligible Hospitals!
- The following slides contain screenshots of all of the Meaningful Use Core, Menu, and Clinical Quality Measures, without narration. The slides will advance automatically, but you may also tab through more quickly.
- Thank you for your participation in this training!



Core Measure – MUCH001a

Core Measures Questionnaire (1 of 12) - MUCH001a

(*) 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

Base Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.

OR

Alternate Measure: More than 30% of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Attestation

***Patient Records:** 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.



Core Measure – MUCH001a

Complete the following information:

Select if you are using the Base Meaningful Use measure or Alternate Meaningful Use measure.

* **Measure Selected**

Base Measure

Complete the following information:

Numerator: **Base Measure:** Number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

OR

Alternate Measure: The number of medication orders in the denominator recorded using CPOE.

Denominator: **Base Measure:** Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

OR

Alternate Measure: Number of medication orders created by the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* **Numerator:**

1000

* **Denominator:**

3000

Actual:

33.33%



Core Measure – MUCH002

Core Measures Questionnaire (2 of 12) - MUCH002

(*) Red asterisk indicates a required field.

Objective

Implement drug-drug and drug-allergy interaction checks.

Measure

The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Attestation

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 – MUCH003

Core Measures Questionnaire (3 of 12) - MUCH003

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Attestation

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 admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:



Core Measure – MUCH004

Core Measures Questionnaire (4 of 12) - MUCH004

(*) Red asterisk indicates a required field.

Objective

Maintain active medication list.

Measure

More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Attestation

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:



Core Measure – MUCH005

Core Measures Questionnaire (5 of 12) - MUCH005

(*) Red asterisk indicates a required field.

Objective

Maintain active medication allergy list.

Measure

More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Attestation

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure – MUCH006

Core Measures Questionnaire (6 of 12) - MUCH006

(*) Red asterisk indicates a required field.

Objective

Record all of the following demographics: Preferred language, gender, race, ethnicity, date of birth and preliminary cause of death in the event of mortality in the Hospital.

Measure

More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Attestation

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure – MUCH007a

Core Measures Questionnaire (7 of 12) - MUCH007a

(*) Red asterisk indicates a required field.

Objective

Instructions: EHs or CAHs must attest to either the Base Objective & Measure OR the Alternate Objective & Measure.

Base Objective: Record and chart changes in vital signs for all patients age 2 and over - height, weight, blood pressure. Calculate and display growth charts for children 2-20 years, including BMI.

OR

Alternate Objective: Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 & over); calculate and display BMI; and growth charts for patients 0 - 20 years, including BMI.

Measure

Base Measure: More than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have height, weight, and blood pressure recorded as structured data.

OR

Alternate Measure: More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.



Core Measure – MUCH007a

Attestation

***Patient Records:** 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:

Select if you are using the Base Meaningful Use measure or Alternate Meaningful Use measure.

*** Measure Selected**

Base Measure

Complete the following information:

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

OR

Alternate Measure: Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.

Denominator: **Base Measure:** Number of unique patients age 2 or over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

OR

Alternate Measure: Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*** Numerator:**

1000

*** Denominator:**

1999

Actual:

50.03%



Core Measure – MUCH008

Core Measures Questionnaire (8 of 12) - MUCH008

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure – MUCH010

Core Measures Questionnaire (9 of 12) - MUCH010

(*) Red asterisk indicates a required field.

Objective

Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.

Measure

Implement one clinical decision support rule.

Attestation

Complete the following information:

***Did you implement one clinical decision support rule?**

☒ Yes ☐ No

Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Name and describe one CDS rule implemented:**

(500 Character Max Limit)

CDS Rule # 1 implemented to maintain patient statistics.



Core Measure – MUCH011

Core Measures Questionnaire (10 of 12) - MUCH011

(*) 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, discharge summary, procedures), upon request.

Measure

More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that 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 eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

- ☐ Yes ☒ No

***Patient Records:** 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.



Core Measure – MUCH011

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 eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure – MUCH012

Core Measures Questionnaire (11 of 12) - MUCH012

(*) Red asterisk indicates a required field.

Objective

Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure

More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☒ No



Core Measure – MUCH012

***Patient Records:** 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:

Numerator: The number of patients in the denominator who are provided an electronic copy of discharge instructions.

Denominator: Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure – MUCH014

Core Measures Questionnaire (12 of 12) - MUCH014

(*) 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.

Attestation

Complete the following information:

***Did you 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 ☐ No



Menu Measure – MUMC001a

Menu Measures Questionnaire (1 of 5) - MUMC001a

(*) Red asterisk indicates a required field.

Objective

Capability to submit electronic data to immunization registries or immunization information systems and actual submission, except where prohibited.

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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations OR if there is no immunization registry that has the capacity to receive the information electronically during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No



Menu Measure – MUMC001a

Complete the following information:

***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 registers to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?**

☒ Yes ☐ No


Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

Select the immunization registry for which at least one test was performed.

*** Immunization Registry:**

***Was the test successful?**

☒ Yes ☐ No

***Date of the test:** 

***Was a follow-up submission performed?**

☒ Yes ☐ No



Menu Measure – MUMC002a

Menu Measures Questionnaire (2 of 5) - MUMC002a

(*) Red asterisk indicates a required field.

Objective

Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission, except where prohibited.

Measure

Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No



Menu Measure – MUMC002a

Complete the following information:

***Did you perform at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission of the test was successful (unless none of the public health agencies to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically)?**

☒ Yes ☐ No


Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

Select the public health agency for which at least one test was performed.

*** Public Health Agency:**

***Was the test successful?**

☒ Yes ☐ No

***Date of the test:** 

***Was a follow-up submission performed?**

☒ Yes ☐ No



Menu Measure – MUMC003a

Menu Measures Questionnaire (3 of 10) - MUMC003a

(*) Red asterisk indicates a required field.

Objective

Capability to submit electronic syndromic surveillance data to public health agencies and actual submission, except where prohibited.

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 eligible hospital or CAH submits such information have the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No



Menu Measure – MUMC003a

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 was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically?)**

☒ Yes ☐ No

Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

Select the public health agency for which at least one test was performed.

*** Syndromic Surveillance Agency:**

***Name the Syndromic Surveillance Agency:** (500 Character Max Limit)

Department of Health Syndromic Surveillance Agency.

***Was the test successful?**

☒ Yes ☐ No

***Date of the test:**

***Was a follow-up submission performed?**

☒ Yes ☐ No



Menu Measure – MUMC004

Menu Measures Questionnaire (4 of 10) - MUMC004

(*) Red asterisk indicates a required field.

Objective

Implemented drug-formulary checks.

Measure

The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

Attestation

***Patient Records:** 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:

***Did you enable 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



Menu Measure – MUMC005

Menu Measures Questionnaire (5 of 10) - MUMC005

(*) Red asterisk indicates a required field.

Objective

Record advance directives for patients 65 years old or older.

Measure

More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

Attestation

Exclusion - Based on ALL patient records: An eligible hospital or CAH that admitted no patients age 65 or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☒ No



Menu Measure – MUMC005

***Patient Records:** 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:

Numerator: Number of patients in the denominator with an indication of an advanced directive entered using structured data.

Denominator: Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

*** Numerator:**

*** Denominator:**

Actual:



Menu Measure – MUMC006

Menu Measures Questionnaire (6 of 10) - MUMC006

(*) Red asterisk indicates a required field.

Objective

Incorporate clinical lab-test results into EHR as structured data.

Measure

More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) 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.

Attestation

***Patient Records:** 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.



Menu Measure – MUMC006

Complete the following information:

Numerator: Number of lab 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 authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) whose results are expressed in a positive or negative affirmation or as a number.

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

Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

Select the clinical lab-test results entry method into the certified EHR technology for patients admitted during the EHR reporting period.

* **Lab-test Result Entry Method:**



Menu Measure – MUMC007

Menu Measures Questionnaire (7 of 10) - MUMC007

(*) Red asterisk indicates a required field.

Objective

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

Measure

Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

Attestation

***Patient Records:** 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:

***Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?**

- ☒ **Yes** ☐ **No**

Complete the following information. Response to the following question does not prevent an eligible hospital or CAH from achieving Meaningful Use.

***List one (or more) of the specific conditions for which reports were created.** (500 Character Max Limit)

Reports were created for patients who were diagnosed with cancer, diabetes, heart disease, or disorders of the brain.



Menu Measure – MUMC008

Menu Measures Questionnaire (8 of 10) - MUMC008

(*) 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 admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.

Attestation

Complete the following information:

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

Denominator: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: * Denominator: Actual:



Menu Measure – MUMC009

Menu Measures Questionnaire (9 of 10) - MUMC009

(*) Red asterisk indicates a required field.

Objective

The eligible hospital or CAH 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 eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Attestation

***Patient Records:** 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:

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 eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

* Numerator:

* Denominator:

Actual:



Menu Measure – MUMC010

Menu Measures Questionnaire (10 of 10) - MUMC010

(*) Red asterisk indicates a required field.

Objective

The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure

The eligible hospital or CAH that 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.

Attestation

***Patient Records:** 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:

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 eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

*** Numerator:**

1100

*** Denominator:**

2000

Actual:

55.00%



CQM – NQF 0495 – ED-1.1

Clinical Quality Measures Questionnaire (1 of 19) - NQF 0495 - ED-1.1

(*) Red asterisk indicates a required field.

Title

NQF 0495, Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description

Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Attestation

ED-1.1: All ED patients admitted to the facility from the ED.

Complete the following information:

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

Denominator: All ED patients admitted to the facility from the ED. A positive whole number.

Exclusions: Observation & Mental Health Patients. A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0495 – ED-1.2

Clinical Quality Measures Questionnaire (2 of 19) - NQF 0495 - ED-1.2

(*) Red asterisk indicates a required field.

Title

NQF 0495, Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description

Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Attestation

ED-1.2: Observation ED patient stratification.

Complete the following information:

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

Denominator: ED Observation patients admitted to the facility from the ED. A positive whole number.

* Numerator:

* Denominator:



CQM – NQF 0495 – ED-1.3

Clinical Quality Measures Questionnaire (3 of 19) - NQF 0495 - ED-1.3

(*) Red asterisk indicates a required field.

Title

NQF 0495, Emergency Department (ED)-1: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description

Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Attestation

ED-1.3: Dx stratification ED patients.

Complete the following information:

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

Denominator: ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

* Numerator:

* Denominator:



CQM – NQF 0497 – ED-2.1

Clinical Quality Measures Questionnaire (4 of 19) - NQF 0497 - ED-2.1

(*) Red asterisk indicates a required field.

Title

NQF 0497, Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.

Description

Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

Attestation

ED-2.1: All ED patients admitted to inpatient status.

Complete the following information:

Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

Denominator: All ED patients admitted to the facility from the ED. A positive whole number.

Exclusions: Observation & Mental Health Patients. A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0497 – ED-2.2

Clinical Quality Measures Questionnaire (5 of 19) - NQF 0497 - ED-2.2

(*) Red asterisk indicates a required field.

Title

NQF 0497, Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.

Description

Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

Attestation

ED-2.2: Observation ED patient stratification.

Complete the following information:

Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

Denominator: ED Observation patients admitted to the facility from the ED. A positive whole number.

* Numerator:

* Denominator:



CQM – NQF 0497 – ED-2.3

Clinical Quality Measures Questionnaire (6 of 19) - NQF 0497 - ED-2.3

(*) Red asterisk indicates a required field.

Title

NQF 0497, Emergency Department (ED)-2: Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.

Description

Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

Attestation

ED-2.3: Dx stratification ED patients.

Complete the following information:

Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status.

Denominator: ED patients with a Principal Dx of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number.

* Numerator:

* Denominator:



CQM – NQF 0435 – Stroke-2

Clinical Quality Measures Questionnaire (7 of 19) - NQF 0435 - Stroke-2

(*) Red asterisk indicates a required field.

Title

NQF 0435, Stroke-2 Title: Ischemic Stroke - Discharge on anti-thrombotics.

Description

Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0436 – Stroke-3

Clinical Quality Measures Questionnaire (8 of 19) - NQF 0436 - Stroke-3

(*) Red asterisk indicates a required field.

Title

NQF 0436, Stroke-3 Title: Ischemic Stroke - Anticoagulation for A-fib/flutter.

Description

Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0437 – Stroke-4

Clinical Quality Measures Questionnaire (9 of 19) - NQF 0437 - Stroke-4

(*) Red asterisk indicates a required field.

Title

NQF 0437, Stroke-4 Title: Ischemic Stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset.

Description

Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0438 – Stroke-5

Clinical Quality Measures Questionnaire (10 of 19) - NQF 0438 - Stroke-5

(*) Red asterisk indicates a required field.

Title

NQF 0438, Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2.

Description

Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0439 – Stroke-6

Clinical Quality Measures Questionnaire (11 of 19) - NQF 0439 - Stroke-6

(*) Red asterisk indicates a required field.

Title

NQF 0439, Stroke-6 Title: Ischemic stroke - Discharge on statins.

Description

Ischemic stroke patients with LDL \geq 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0440 – Stroke-8

Clinical Quality Measures Questionnaire (12 of 19) - NQF 0440 - Stroke-8

(*) Red asterisk indicates a required field.

Title

NQF 0440, Stroke-8 Title: Ischemic or hemorrhagic stroke - Stroke Education.

Description

Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0441 – Stroke-10

Clinical Quality Measures Questionnaire (13 of 19) - NQF 0441 - Stroke-10

(*) Red asterisk indicates a required field.

Title

NQF 0441, Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment.

Description

Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0371 – VTE – 1

Clinical Quality Measures Questionnaire (14 of 19) - NQF 0371 - VTE - 1

(*) Red asterisk indicates a required field.

Title

NQF 0371, VTE-1 Title: VTE prophylaxis within 24 hours of arrival.

Description

This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0372 – VTE – 2

Clinical Quality Measures Questionnaire (15 of 19) - NQF 0372 - VTE - 2

(*) Red asterisk indicates a required field.

Title

NQF 0372, VTE-2 Title: Intensive Care Unit VTE prophylaxis.

Description

This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer.)

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0373 – VTE – 3

Clinical Quality Measures Questionnaire (16 of 19) - NQF 0373 - VTE - 3

(*) Red asterisk indicates a required field.

Title

NQF 0373, VTE-3 Title: Anticoagulation overlap therapy.

Description

This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) = 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0374 – VTE – 4

Clinical Quality Measures Questionnaire (17 of 19) - NQF 0374 - VTE - 4

(*) Red asterisk indicates a required field.

Title

NQF 0374, VTE-4 Title: Platelet monitoring on unfractionated heparin.

Description

This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0375 – VTE – 5

Clinical Quality Measures Questionnaire (18 of 19) - NQF 0375 - VTE - 5

(*) Red asterisk indicates a required field.

Title

NQF 0375, VTE-5 Title: VTE discharge instructions.

Description

This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



CQM – NQF 0376 – VTE – 6

Clinical Quality Measures Questionnaire (19 of 19) - NQF 0376 - VTE - 6

(*) Red asterisk indicates a required field.

Title

NQF 0376, VTE-6 Title: Incidence of potentially preventable VTE.

Description

This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.

Attestation

Complete the following information:

Numerator: A positive whole number where Numerator \leq Denominator.

Denominator: A positive whole number.

Exclusions: A positive whole number.

*Numerator:

*Denominator:

*Exclusions:



Thank You!

