



Nevada EHR Incentive Payment System (NEIPS)



DHHS
DHCFP

Eligible Professionals
Meaningful Use

April, 2013



Welcome!

- This is Eligible Professional training for Meaningful Use for 2013.
- Length and duration: 191 slides; approximately 60 minutes.
- Due to the length of this presentation, you will have opportunities throughout the presentation to click links to jump backward to Review or forward to Continue the training.
- Feel free to utilize these links to move forward and backwards within this presentation so you can learn efficiently!



Eligible Professionals

- Physicians (MD, DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants (PAs) who practice in FQHC, RHC, or IHP led by a PA (PA must be enrolled in Nevada Medicaid)
- Minimum of 30% Medicaid patient volume (20% if Pediatrician)
- Practice predominantly in FQHC/RHC/IHP and have 30% patient volume to needy individuals
- Not Hospital-based (90% in hospital setting)




Eligible Professional Enrollment

- Step 1 – National & State Provider Registration, Group Practice, Payment Assignment, & Exclusions
- Step 2 – Patient Volume Reporting Period, Out-of-State Encounters, & Patient Volume Attestation
- Step 3 – Identify Certified EHR Technology, EP Practice Locations, & Meaningful Use Measures
- Step 4 – EHR Payment Determination
- Enrollment Summary
- Attestation Statements
- Legal Notice
- Submit Enrollment
- Enrollment Confirmation



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Zany Zillis (NPI-1000000081)

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





Quick Links

Click a link to jump quickly to a topic of interest:

- [Enrollment Step 1 – Provider Registration Verification](#)
- [Enrollment Step 2 – Patient Volume Determination](#)
- [Enrollment Step 3 – Identify Certified EHR Technology](#)
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Enrollment Home

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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. Eligible Professional'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.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Zany Zillis	1000000081	*****0081	*****6844	2013	2	Not Started	<input type="button" value="Enroll"/>
Zany Zillis	1000000081	*****0081	*****6844	2012	1	Paid	<input type="button" value="View Status"/>



Step 1 – Current Enrollment Status

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013Payment 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 ⓧ



Provider Registration Verification

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

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

Please review your attested registration information as received from the CMS.

Name: Zany Zillis

Provider Type: Physician

Provider Specialty:

Address: 1865 Tamarack Rd
Reno, NV 89598-1350

Phone #: 740-348-4934 **Ext:**

Tax ID: *****0081 (SSN)

NPI: 1000000081

CMS Registration ID: *****6844



State Provider Information

State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in an FQHC/RHC/IHP where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through an FQHC, RHC, or IHP. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be an MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHP, you are required to select your affiliated FQHC/RHC/IHP. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHP.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

*Are you attesting as a hospital-based provider?:

☐ Yes ☒ No

*Are you attesting as a Pediatrician?:

☒ Yes ☐ No

You cannot attest to being an FQHC/RHC/IHP and part of a Group.

*Do you practice predominantly (50% during 6 month period in most recent calendar year or, within the 12-month period preceding attestation) in an FQHC, RHC or IHP?:

☐ Yes ☒ No

Affiliated FQHC/RHC/IHP:



Hospital-Based Options

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

***Are you attesting as a hospital-based provider?:**

☒ **Yes** ☐ **No**

You have attested to being hospital based. Did you fund the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and any interfaces necessary to meet Meaningful Use without reimbursement from an eligible hospital or CAH, and use such Certified EHR Technology in the inpatient or emergency department of a hospital (not the hospital's Certified EHR Technology)?

- ☐ **Yes**, I use my own system.
- ☒ **No**, I use the hospital's system.



Hospital-Based Options

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Current Enrollment Status

Program Year: 2013Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓Step 3 - Meaningful Use Status: Not Completed ⓧ

Step 2 - Volum

Step 1 - Provider Information

(*) Red asterisk indicates required information

Confirm the provider information

National Provider Identifier

Please review the information below

Name:

Provider Type:

Hospital Based Failure

Provider Name: Zany Zillis

Failed Reason: Hospital-based

You attested that you are a hospital-based provider. Hospital-based providers are not eligible for the EHR incentive program if they use the hospital's certified EHR system. To change your Step 1 attestation, please click Update to return to Enrollment Step 1. If you click Confirm, you will be deemed not eligible for the EHR incentive program for this payment year.

Update

Confirm



Hospital-Based Options

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

***Are you attesting as a hospital-based provider?:**

☒ **Yes** ☐ **No**

You have attested to being hospital based. Did you fund the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and any interfaces necessary to meet Meaningful Use without reimbursement from an eligible hospital or CAH, and use such Certified EHR Technology in the inpatient or emergency department of a hospital (not the hospital's Certified EHR Technology)?

- ☒ **Yes**, I use my own system.
☐ **No**, I use the hospital's system.



Group Practice; Payment Assignment

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group **TIN** and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

****Are you attesting your Patient Volume as part of a Group Practice?**

☐ Yes ☒ No

Payment Assignment

Select your payee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below.

Payee Name: NV Payees

*** Payee Medicaid ID:** 0617194

Select Medicaid ID

Payee Address: 66 MCMILLEN DR
Reno, NV 89598

Payee TIN: *****0008

Payee NPI: 3000000008

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Step 2 – Current Enrollment Status

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013 Payment Year: 2

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

Step 2 - Volume Determination Status: **Not Completed** ⓧ

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

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



Medicaid Patient Volume Determination

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Current Enrollment Status

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:

Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

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

☐ Previous Calendar Year ☒ Previous 12-months

* Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:



Out-of-State Encounters

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

Patient Volume Attestation:

When entering your Medicaid Patient Volume, you must choose one of the following options:

- **Encounter Option-** This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters.
- **Panel Option-** This option is based on total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for all or part of the service.
- Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, co-payments and/or cost-sharing.
- Services rendered on any one day to an individual enrolled in a Medicaid program.

***Does at least one clinical location used for calculation of your patient volume have Certified EHR Technology in use this payment year?:**

☒ Yes ☐ No



Encounter & Panel Options

☒ Encounter Option

Medicaid Patient Encounters:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under Nevada Checkup (CHIP).

☐ Panel Option

Medicaid Panel Assignments:

Medicaid Patient Encounters:

Total Panel Assignments:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under Nevada Checkup (CHIP).

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Upload Volume Document



Save & Continue



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Volume Determination Warning

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Current Enrollment Status

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 2 - Medicaid Volume Determination

(*) Red asterisks indicate required information.

Patient Volume

Please provide Patient Volume

Volume Determination Warning

Attested information is subject to audit against Medicaid claims and encounter data as documented in the state MMIS System. If a discrepancy between MMIS Medicaid Claims and Encounter data and your attested data exists you will be subject to audit. Supporting documentation will be requested to support the attested volume levels.

Modify VolumesContinue

onal, you must meet 30% Medicaid

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



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Step 3 – Current Enrollment Status

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Current Enrollment Status

Program Year: 2013Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Step 3 - Meaningful Use Status: Not Completed ☹

Step 4 - Payment Determination Status: Not Completed ☹



EHR Meaningful Use Reporting Period

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Current Enrollment Status

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 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 Calendar Year. Further reporting years require the entire Calendar Year as the reporting period.

Meaningful Use Stage: 1

*EHR Reporting Period Start Date: 

*EHR Reporting Period End Date: 



EHR Certification Information

EHR Certification Information

As an Eligible Professional, you are required to attest to all practice locations. You must have at least 50% of your total patient encounters occur at sites with certified EHR technology. As an additional eligibility requirement, you must also have at least 80% of your unique patients data in a certified EHR system during the EHR reporting period. If you practice in multiple locations, you are required to attest to each location, whether the location utilizes certified EHR technology, and, where applicable, the CMS EHR Certification ID for each location. You are also required to attest to the number of unique patients that have their data in the certified EHR system.

Unique Patient: If a patient is seen by an Eligible Professional 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. If you are practicing at multiple locations, please verify that unique patients are only counted once.



Eligible Professional Practice Locations

Click the Add Location button below to add each of your practice locations.

Add Location

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Unique Patients in EHR	# Unique Patients	# Encounters	Action
Totals:								

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator Denominator Actual

Percent of Unique Patients in EHR:

Numerator Denominator Actual

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Upload EHR Documents


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Add/Edit Practice Location

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Add/Edit Practice Location

(*)Red asterisk indicates a required field

Practice Location Details

Enter the address of your practice location below. You must also attest if this is your primary location.

*Name:

*Address 1:

Address 2:

*City:

*State:

*Zip 5:

Zip 4:

*Phone #:

Extension #:



EHR Solution Details

EHR Solution Details

Please complete the following

***Does this practice location have certified EHR technology?**

☒ Yes ☐ No

For patients seen during the EHR reporting period, you are required to attest to the number of your unique patients at this practice location, the number of your unique patients in EHR (if applicable) at this practice location, and the number of your patient encounters that occurred at this practice location. If you are practicing at multiple locations, please make sure that no unique patients have been counted more than once. Please complete the following for patients you have seen during the EHR reporting period at this practice location:

***Number of Unique Patients in EHR:**

***Number of Unique Patients:**

***Number of Patient Encounters:**

If this practice location has certified EHR Technology you are required to enter your CMS EHR Certifications ID for this location. Please enter your CMS EHR Certification ID below.

***CMS EHR Certification ID:**

Previous

Save Location



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EP Practice Location

Click the Add Location button below to add each of your practice locations.

Add Location

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Unique Patients in EHR	# Unique Patients	# Encounters	Action
Main Office	100 Main St Reno, NV 12345	123-123-1234 Ext #	Yes	30000001SWWDEAK	1,000	1,100	3,000	 
Totals:					1,000	1,100	3,000	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator Denominator Actual

Percent of Unique Patients in EHR:

Numerator Denominator Actual

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Upload EHR Documents

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Add/Edit Practice Location

Add/Edit Practice Location

(*)Red asterisk indicates a required field

Practice Location Details

Enter the address of your practice location below. You must also attest if this is your primary location.

*Name:

*Address 1:

Address 2:

*City:

*State:



*Zip 5:

Zip 4:

*Phone #:

Extension #:



EHR Solution Details

EHR Solution Details

Please complete the following

***Does this practice location have certified EHR technology?**

☐ Yes ☒ No

For patients seen during the EHR reporting period, you are required to attest to the number of your unique patients at this practice location, the number of your unique patients in EHR (if applicable) at this practice location, and the number of your patient encounters that occurred at this practice location. If you are practicing at multiple locations, please make sure that no unique patients have been counted more than once. Please complete the following for patients you have seen during the EHR reporting period at this practice location:

***Number of Unique Patients in EHR:**

***Number of Unique Patients:**

***Number of Patient Encounters:**

If this practice location has certified EHR Technology you are required to enter your CMS EHR Certifications ID for this location. Please enter your CMS EHR Certification ID below.

***CMS EHR Certification ID:**

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Save Location







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EP Practice Locations

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Unique Patients in EHR	# Unique Patients	# Encounters	Action
Main Office	100 Main St Reno, NV 12345	123-123-1234 Ext #	Yes	30000001SWWDEAK	1,000	1,100	3,000	 
Secondary Office	200 Side St Reno, NV 12345	123-123-1234 Ext #	No		0	100	110	 
Totals:					1,000	1,200	3,110	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator Denominator Actual

Percent of Unique Patients in EHR:

Numerator Denominator Actual

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Step 3 – Summary of MU Measures

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Current Enrollment Status
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 – Summary of MU Measures

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013

Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Step 3 - Meaningful Use Status: Not Completed ☹

Step 4 - Payment Determination Status: Not Completed ☹

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest 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 click the + button to expand or the - button to collapse.** Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.



Summary of MU Measures

+ Meaningful Use Core Measures Summary

Eligible Professionals 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 Professionals 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 Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start Clinical Quality Attestation



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MU Core Measures

+ Meaningful Use Core Measures Summary

Eligible Professionals 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



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Core Measures expanded – 1 of 3

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest 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 click the + button to expand or the - button to collapse.** Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

Meaningful Use Core Measures Summary

Eligible Professionals 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

Objective	Measure	Entered	Result	Action
MUCP001a , 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.	Base Measure: More than 30 % of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. OR Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.		Not Started	
MUCP002 , Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.		Not Started	
MUCP003 , Maintain an up-to-date problem list of current and active diagnoses.	More than 80 % of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.		Not Started	



Core Measures expanded – 2 of 3

MUCP004a , Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Not Started
MUCP005 , Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Not Started
MUCP006 , Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Not Started
MUCP007 , Record all of the following demographics: Preferred Language, Gender, Race, Ethnicity, and Date of Birth.	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Not Started
MUCP008a, Instructions: EPs must attest to either the Base Objective & Measure (and any applicable exclusions) OR the Alternate Objective & Measure (and any applicable exclusions). If you attest to the Alternate Objective & Measure you must also attest to the three the additional Yes/No reporting exclusions below. Please note that if you are attesting to the Base Objective & Measure you must respond "No" to the three additional Yes/No reporting exclusions.		



Core Measures expanded – 3 of 3

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.

Base Measure: More than 50% of all unique patients age 2 and over seen by the EP 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 seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

MUCP009, Record smoking status for patients 13 years old or older.

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

Not
Started

Not
Started

MUCP011, Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Implement one clinical decision support rule.

Not
Started

MUCP012, Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.

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

Not
Started

MUCP013, Provide clinical summaries for patients for each office visit.

Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

Not
Started


MUCP015, 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.

Not
Started



Meaningful Use Core Measures

**NEVADA**
Incentive Payment Program for Electronic Records

DHCFP :: CMS.GOV :: Help/FAQ

DHHS Division of Health Care Financing & Policy

Logout

HomeEnrollmentDocumentsAppealsStatusManage AccountContact Us

Zany Zillis (NPI-1000000081)


Meaningful Use Core Measures
Eligible Professionals 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 Professionals 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 Measure Shell

**NEVADA**
Incentive Payment Program for Electronic Records

DHCFP :: CMS.GOV :: [Help/FAQ](#)

DHHS Division of Health Care Financing & Policy

Logout

HomeEnrollmentDocumentsAppealsStatusManage AccountContact Us

Zany Zillis (NPI-1000000081)

Core Measures Questionnaire

(*) Red asterisk indicates a required field.

Objective

Measure

Attestation

Please reference the [CMS Meaningful Use Specification Page](#) for more information.

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

PreviousMU SummarySave & ReturnSave & Continue



Core Measure MUCP001a

Core Measures Questionnaire (1 of 13) - MUCP001a

(*) 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 seen by the EP have at least one medication order entered using CPOE.

OR

Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☐ No



MUCP001a – Exclusion Applies

Core Measures Questionnaire (1 of 13) - MUCP001a

(*) 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 seen by the EP have at least one medication order entered using CPOE.

OR

Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

*Does this exclusion apply?

☒ Yes ☐ No



MUCP001a – No Exclusion

Core Measures Questionnaire (1 of 13) - MUCP001a

(*) 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 seen by the EP have at least one medication order entered using CPOE.

OR

Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☒ No



MUCP001a – No Exclusion – Passed

***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:** The number of patients in the denominator that have at least one medication order entered using CPOE.

OR

Alternate Measure: The number of 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 EP during the EHR reporting period.

OR

Alternate Measure: Number of medication orders created by the EP during the EHR reporting period.

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



MUCP001a – No Exclusion – Failed

***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:** The number of patients in the denominator that have at least one medication order entered using CPOE.

OR

Alternate Measure: The number of 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 EP during the EHR reporting period.

OR

Alternate Measure: Number of medication orders created by the EP during the EHR reporting period.

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



Core Measure MUCP002

Core Measures Questionnaire (2 of 13) - MUCP002

(*) Red asterisk indicates a required field.

Objective

Implement drug-drug and drug-allergy interaction checks.

Measure

The EP has enabled this functionality for the entire EHR reporting period.

Attestation

Complete the following information:

***Did you enable the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?**

☒ Yes ☐ No



Core Measure MUCP003

Core Measures Questionnaire (3 of 13) - MUCP003

(*) Red asterisk indicates a required field.

Objective

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

Measure

More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

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 seen by the EP during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure MUCP004a

Core Measures Questionnaire (4 of 13) - MUCP004a

(*) Red asterisk indicates a required field.

Objective

Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

*Does this exclusion apply?

☐ Yes ☐ No

Exclusion - Based on ALL patient records: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

*Does this exclusion apply?

☐ Yes ☐ No



MUCP004a – Yes/No – Exclusion Applies

Core Measures Questionnaire (4 of 13) - MUCP004a

(*) Red asterisk indicates a required field.

Objective

Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☒ Yes ☐ No

Exclusion - Based on ALL patient records: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

***Does this exclusion apply?**

☐ Yes ☒ No



MUCP004a – No/Yes – Exclusion Applies

Core Measures Questionnaire (4 of 13) - MUCP004a

(*) Red asterisk indicates a required field.

Objective

Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

Exclusion - Based on ALL patient records: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

***Does this exclusion apply?**

☒ Yes ☐ No



MUCP004a – No Exclusion

Core Measures Questionnaire (4 of 13) - MUCP004a

(*) Red asterisk indicates a required field.

Objective

Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Attestation

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

Exclusion - Based on ALL patient records: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

***Does this exclusion apply?**

☐ Yes ☒ No



MUCP004a – No Exclusion

***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 prescriptions in the denominator generated and transmitted electronically.

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

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

Complete the following information. Response to the following question does not prevent an Eligible Professional from achieving Meaningful Use.

***Name your eRx service and one pharmacy that you transmit to:** (500 Character Max Limit)

Main St eRx service at Main Street Pharmacy



Core Measure MUCP005

Core Measures Questionnaire (5 of 13) - MUCP005

(*) Red asterisk indicates a required field.

Objective

Maintain active medication list.

Measure

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

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 seen by the EP during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure MUCP006

Core Measures Questionnaire (6 of 13) - MUCP006

(*) Red asterisk indicates a required field.

Objective

Maintain active medication allergy list.

Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

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 seen by the EP during the EHR reporting period.

* **Numerator:**

* **Denominator:**

Actual:



Core Measure MUCP007

Core Measures Questionnaire (7 of 13) - MUCP007

(*) Red asterisk indicates a required field.

Objective

Record all of the following demographics: Preferred Language, Gender, Race, Ethnicity, and Date of Birth.

Measure

More than 50% of all unique patients seen by the EP 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 seen by the EP during the EHR reporting period.

* Numerator:

* Denominator:

Actual:



Core Measure MUCP008a – 1 of 2

Core Measures Questionnaire (8 of 13) - MUCP008a

(*) Red asterisk indicates a required field.

Objective

Instructions: EPs must attest to either the Base Objective & Measure (and any applicable exclusions) OR the Alternate Objective & Measure (and any applicable exclusions). If you attest to the Alternate Objective & Measure you must also attest to the three the additional Yes/No reporting exclusions below. Please note that if you are attesting to the Base Objective & Measure you must respond "No" to the three additional Yes/No reporting exclusions.

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 seen by the EP 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 seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

Attestation



MUCP008a – 2 of 2 – Exclusion

Attestation

Exclusion - Based on ALL patient records: Base Measure Exclusion: Any EP who sees no patients 2 years or older (based on all patient records) OR believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice would be excluded from this requirement. If reporting the Alternate Measure, you must select 'No' to indicate this exclusion does not apply. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☒ Yes ☐ No

Exclusion - Based on ALL patient records: Alternate Measure Exclusion: Any EP who believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from reporting them and is excluded from this requirement. If reporting the Base Measure, you must select 'No' to indicate this exclusion does not apply. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☒ Yes ☐ No



MUCP008a – No Exclusion – 1 of 3

Attestation

Exclusion - Based on ALL patient records: Base Measure Exclusion: Any EP who sees no patients 2 years or older (based on all patient records) OR believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice would be excluded from this requirement. If reporting the Alternate Measure, you must select 'No' to indicate this exclusion does not apply. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

Exclusion - Based on ALL patient records: Alternate Measure Exclusion: Any EP who believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from reporting them and is excluded from this requirement. If reporting the Base Measure, you must select 'No' to indicate this exclusion does not apply. Exclusion from this requirement does not prevent an EP 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.

Complete the following information:

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

*** Measure Selected**

Alternate Measure 



MUCP008a – No Exclusion – 2 of 3

***You are required to attest if the following exclusion applies if reporting the Alternate Objective & Measure (Note: If reporting the Base Objective & Measure please select “No” as it is not applicable): Any EP who sees no patients 3 years or older is excluded from recording blood pressure.**

☐ Yes ☒ No

***You are required to attest if the following exclusion applies if reporting the Alternate Objective & Measure (Note: If reporting the Base Objective & Measure please select “No” as it is not applicable): Any EP who believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure.**

☐ Yes ☒ No

***You are required to attest if the following exclusion applies if reporting the Alternate Objective & Measure (Note: If reporting the Base Objective & Measure please select “No” as it is not applicable): Any EP who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight.**

☐ Yes ☒ No

Complete the following information:



MUCP008a – No Exclusion – 3 of 3

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).

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

OR

Alternate Measure: Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator: Actual:



Core Measure MUCP009 – 1 of 2

Core Measures Questionnaire (9 of 13) - MUCP009

(*) 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 or older seen by the EP have smoking status recorded as structured data.

Attestation

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

***Does this exclusion apply?**

☐ Yes ☒ No



Core Measure MUCP009 – 2 of 2

***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 smoking status recorded as structured data.

Denominator: Number of unique patients age 13 years or older seen by the EP during the EHR reporting period.

*** Numerator:**

*** Denominator:**

Actual:



Core Measure MUCP011

Core Measures Questionnaire (10 of 13) - MUCP011

(*) Red asterisk indicates a required field.

Objective

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

Measure

Implement one clinical decision support rule.

Attestation

Complete the following information:

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

☒ Yes ☐ No

Complete the following information. Response to the following question does not prevent an Eligible Professional from achieving Meaningful Use.

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

(500 Character Max Limit)

CDS rule implemented.



Core Measure MUCP012 – 1 of 2

Core Measures Questionnaire (11 of 13) - MUCP012

(*) Red asterisk indicates a required field.

Objective

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

Measure

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

Attestation

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

*Does this exclusion apply?

☐ Yes ☒ No



Core Measure MUCP012 – 2 of 2

***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 who receive an electronic copy of their electronic health information within three business days.

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

*** Numerator:**

*** Denominator:**

Actual:



Core Measure MUCP013 – 1 of 2

Core Measures Questionnaire (12 of 13) - MUCP013

(*) Red asterisk indicates a required field.

Objective

Provide clinical summaries for patients for each office visit.

Measure

Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

Attestation

Exclusion - Based on ALL patient records: Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No



Core Measure MUCP013 – 2 of 2

***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 office visits in the denominator for which a clinical summary is provided within three business days.

Denominator: Number of office visits for the EP during the EHR reporting period.

*** Numerator:**

210

*** Denominator:**

400

Actual:

52.50%



Core Measure MUCP015

Core Measures Questionnaire (13 of 13) - MUCP015

(*) 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 implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?**

☒ Yes ☐ No









Core Measures expanded – 1 of 3

Meaningful Use Core Measures Summary

Eligible Professionals 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
MUCP001a , 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.	Base Measure: More than 30 % of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. OR Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.	36.67%	Passed	
MUCP002 , Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Passed	
MUCP003 , Maintain an up-to-date problem list of current and active diagnoses.	More than 80 % of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	81.00%	Passed	
MUCP004a , Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	41.00%	Passed	
MUCP005 , Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	80.10%	Passed	
MUCP006 , Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	80.12%	Passed	



Core Measures expanded – 2 of 3

MUCP007, Record all of the following demographics: Preferred Language, Gender, Race, Ethnicity, and Date of Birth.

More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

50.25%

Passed



MUCP008a, Instructions: EPs must attest to either the Base Objective & Measure (and any applicable exclusions) OR the Alternate Objective & Measure (and any applicable exclusions). If you attest to the Alternate Objective & Measure you must also attest to the three the additional Yes/No reporting exclusions below. Please note that if you are attesting to the Base Objective & Measure you must respond "No" to the three additional Yes/No reporting exclusions.

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.

Base Measure: More than 50% of all unique patients age 2 and over seen by the EP 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 seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

50.10%

Passed



Core Measures expanded – 3 of 3

MUCP009 , Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years or older seen by the EP have smoking status recorded as structured data.	62.00%	Passed	
MUCP011 , Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	Passed	
MUCP012 , Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	51.00%	Passed	
MUCP013 , Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	52.50%	Passed	
MUCP015 , 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](#)






Core Measures expanded – Failed

Meaningful Use Core Measures Summary

Eligible Professionals 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
MUCP001a , 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.	Base Measure: More than 30 % of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. OR Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.	3.33%	Failed	
MUCP002 , Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Passed	
MUCP003 , Maintain an up-to-date problem list of current and active diagnoses.	More than 80 % of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	81.00%	Passed	



Quick Links

Review:

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- Meaningful Use [CQM Alternative Measures](#)
- [Enrollment Step 4 – EHR Payment Determination](#)



MU Menu Measures

+ Meaningful Use Menu Measures Summary

Eligible Professionals 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 – Public Health Measures

Meaningful Use Menu Measures Summary

Eligible Professionals 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

Public Health Menu Measures

Objective	Measure	Entered	Result	Action
MUMP001a , 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 EP submits such information have the capacity to receive the information electronically).		Not Started	
MUMP002a , 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 EP submits such information have the capacity to receive the information electronically).		Not Started	



Additional Menu Measures – 1 of 2

Additional Menu Measures				
Objective	Measure	Entered	Result	Action
MUMP003 , Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.		Not Started	
MUMP004 , Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.		Not Started	
MUMP005 , Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.		Not Started	
MUMP006 , Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.		Not Started	
MUMP007 , Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.		Not Started	
MUMP008 , Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.		Not Started	



Additional Menu Measures – 2 of 2

MUMP009 , The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	Not Started
MUMP010 , The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Not Started

+ Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start Clinical Quality Attestation

Previous

Save & Continue



NEVADA
Incentive Payment Program for Electronic Records



Menu Measure MUMP001a

Menu Measures Questionnaire (1 of 10) - MUMP001a

(*) 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 EP submits such information have the capacity to receive the information electronically).

Attestation

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

*Does this exclusion apply?

☐ Yes ☐ No



Menu Measure MUMP001a

Menu Measures Questionnaire (1 of 10) - MUMP001a

(*) 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 EP submits such information have the capacity to receive the information electronically).

Attestation

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

***Does this exclusion apply?**

☒ Yes ☐ No



Menu Measure MUMP001a

Menu Measures Questionnaire (1 of 10) - MUMP001a

(*) Red asterisk indicates a required field.

Objective

Capacity 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 EP submits such information have the capacity to receive the information electronically).

Attestation

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

***Does this exclusion apply?**

☐ Yes ☒ No

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 is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?**

☐ Yes ☒ No



Menu Measure MUMP001a

Menu Measures Questionnaire (1 of 10) - MUMP001a

(*) 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 EP submits such information have the capacity to receive the information electronically).

Attestation

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

***Does this exclusion apply?**

☐ Yes ☒ No

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 is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?**

☒ Yes ☐ No



Menu Measure MUMP001a

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 is successful (unless none of the immunization registries to which the EP 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 Professional 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 MUMP002a

Menu Measures Questionnaire (2 of 10) - MUMP002a

(*) 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 EP submits such information have the capacity to receive the information electronically).

Attestation

Exclusion - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, or if there is no public health agency that has the capacity to receive the information electronically, would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

Complete the following information:

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

☒ Yes ☐ No



Menu Measure MUMP002a

Complete the following information. Response to the following question does not prevent an Eligible Professional from achieving Meaningful Use.

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

* **Syndromic Surveillance Agency:** Nevada DHHS DHCPS Syndromic Surveillance System BioSense

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

Reno Synromic Surveillance Agency.

* **Was the test successful?**

☒ Yes ☐ No

* **Date of the test:** 02/01/2013

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

☒ Yes ☐ No



Menu Measure MUMP003

Menu Measures Questionnaire (3 of 10) - MUMP003

(*) Red asterisk indicates a required field.

Objective

Implement drug formulary checks.

Measure

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

Attestation

Exclusion - Based on ALL patient records: An EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ Yes ☒ No

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 MUMP004

Menu Measures Questionnaire (4 of 10) - MUMP004

(*) 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 test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Attestation

Exclusion - Based on ALL patient records: An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ 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.



Menu Measure MUMP004

***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 lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator: Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

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

Complete the following information. Response to the following question does not prevent an Eligible Professional 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 MUMP005

Menu Measures Questionnaire (5 of 10) - MUMP005

(*) Red asterisk indicates a required field.

Objective

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

Measure

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

Attestation

Complete the following information:

***Did you generate at least one report listing your patients with a specific condition?**

☒ Yes ☐ No



Menu Measure MUMP006

Menu Measures Questionnaire (6 of 10) - MUMP006

(*) Red asterisk indicates a required field.

Objective

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

Measure

More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.

Attestation

Exclusion - Based on ALL patient records: Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving Meaningful Use.

***Does this exclusion apply?**

☐ 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.**

Complete the following information:



Menu Measure MUMP006

***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 who were sent the appropriate reminder.

Denominator: Number of unique patients 65 years old or older or 5 years old or younger.

* Numerator:

* Denominator:

Actual:



Menu Measure MUMP007

Menu Measures Questionnaire (7 of 10) - MUMP007

(*) Red asterisk indicates a required field.

Objective

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

Measure

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

Attestation

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

***Does this exclusion apply?**

☐ Yes ☒ No

Complete the following information:

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

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



Menu Measure MUMP007

Complete the following information:

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

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

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

Complete the following information. Response to the following question does not prevent an Eligible Professional from achieving Meaningful Use.

What information does the patient have access to (i.e. labs, diagnosis, etc.)?: (500 Character Max Limit)

Patient has access to diagnostic reports and lab reports using the online patient portal.

*Do you have an online patient portal?

☒ Yes ☐ No



Menu Measure MUMP008

Menu Measures Questionnaire (8 of 10) - MUMP008

(*) Red asterisk indicates a required field.

Objective

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

Measure

More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Attestation

Complete the following information:

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

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

* Numerator:

* Denominator:

Actual:



Menu Measure MUMP009

Menu Measures Questionnaire (9 of 10) - MUMP009

(*) Red asterisk indicates a required field.

Objective

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

Measure

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

Attestation

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

***Does this exclusion apply?**

☐ 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.



Menu Measure MUMP009

***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.

Complete the following information:

Numerator: Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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



Menu Measure MUMP010

Menu Measures Questionnaire (10 of 10) - MUMP010

(*) Red asterisk indicates a required field.

Objective

The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure

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

Attestation

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

*Does this exclusion apply?

☐ Yes ☒ No



Menu Measure MUMP010

***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.

Complete the following information:

Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was provided.

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

*** Numerator:**

*** Denominator:**

Actual:





Menu Measures – Public Health Measures

Meaningful Use Menu Measures Summary

Eligible Professionals 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
MUMP001a , 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 EP submits such information have the capacity to receive the information electronically).	Yes	Passed	
MUMP002a , 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 EP submits such information have the capacity to receive the information electronically).	Yes	Passed	

Additional Menu Measures





Additional Menu Measures – 1 of 2

Additional Menu Measures				
Objective	Measure	Entered	Result	Action
MUMP003 , Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Passed	
MUMP004 , Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	41.00%	Passed	
MUMP005 , Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	Passed	
MUMP006 , Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.	21.00%	Passed	
MUMP007 , Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	11.00%	Passed	
MUMP008 , Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	11.00%	Passed	



Additional Menu Measures – 2 of 2

MUMP009 , The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	51.00%	Passed 
MUMP010 , The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	99.00%	Passed 

Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start Clinical Quality Attestation



Quick Links

Review:

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MU Clinical Quality Measures

+ Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start Clinical Quality Attestation



Core Clinical Quality Measures

Meaningful Use Clinical Quality Measures Summary

Eligible Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Start Clinical Quality Attestation

Core Clinical Quality Measures

Title	Description	Entered	Result	Action
NQF 0013 , Title: Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure (BP) recorded.		Not Started	
NQF 0028 , PQRS 114 Title: Preventive Care and Screening Measure Pair	a. Tobacco Use Assessment - Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. Tobacco Cessation Intervention - Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.		Not Started	
NQF 0421 , PQRS 128 Title: Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.		Not Started	



Additional CQMs – 1 of 6

Additional Clinical Quality Measures

Start Additional CQM Attestation

Title	Description	Entered	Result	Action
NQF 0059 , NQF 0059, PQRS 1 Title: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.		Not Started	
NQF 0064 , PQRS 2 Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).		Not Started	
NQF 0061 , PQRS 3 Title: Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.		Not Started	
NQF 0081 , PQRS 5 Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.		Not Started	
NQF 0067 , PQRS 6 Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.		Not Started	
NQF 0070 , PQRS 7 Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.		Not Started	
NQF 0083 , PQRS 8 Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.		Not Started	



Additional CQMs – 2 of 6

NQF 0086 , PQRS 12 Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	Not Started
NQF 0088 , PQRS 18 Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Not Started
NQF 0089 , PQRS 19 Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Not Started
NQF 0047 , PQRS 53 Title: Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	Not Started
NQF 0001 , PQRS 64 Title: Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Not Started
NQF 0002 , PQRS 66 Title: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Not Started



Additional CQMs – 3 of 6

NQF 0387 , PQRS 71 Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Not Started
NQF 0385 , PQRS 72 Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Not Started
NQF 0389 , PQRS 102 Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Not Started
NQF 0043 , PQRS 111 Title: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Not Started
NQF 0031 , PQRS 112 Title: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Not Started
NQF 0034 , PQRS 113 Title: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Not Started
NQF 0027 , PQRS 115 Title: Smoking and Tobacco Use Cessation, Medical Assistance	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	Not Started



Additional CQMs – 4 of 6

NQF 0055 , PQRS 117 Title: Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	Not Started
NQF 0062 , PQRS 119 Title: Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	Not Started
NQF 0056 , PQRS 163 Title: Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Not Started
NQF 0074 , PQRS 197 Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Not Started
NQF 0084 , PQRS 200 Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.	Not Started
NQF 0073 , PQRS 201 Title: Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	Not Started
NQF 0068 , PQRS 204 Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	Not Started



Additional CQMs – 5 of 6

NQF 0012 , Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	Not Started
NQF 0014 , Title: Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Not Started
NQF 0018 , Title: Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Not Started
NQF 0032 , Title: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Not Started
NQF 0033 , Title: Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Not Started
NQF 0036 , Title: Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Not Started
NQF 0052 , Title: Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Not Started
NQF 0075 , Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	Not Started



Additional CQMs – 6 of 6

NQF 0575 , Title: Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Not Started
NQF 0004 , Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Not Started
NQF 0105 , Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	Not Started

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MU Clinical Quality Measures

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Zany Zillis (NPI-1000000081)

Meaningful Use Clinical Quality Measures (CQMs)

Eligible Professionals must report calculated Clinical Quality Measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Program. Each EP must report on three Core CQMs (or alternate core) and three Additional CQMs. If one or more Core CQMs is outside your scope of practice, you will have to report on an equal number of Alternate Core CQM(s). If the denominator value for all three of the Core CQMs is zero, an EP must report a zero denominator for all such Core CQMs, and then must also report on all three Alternate Core CQMs. If the denominator value for all three of the Alternate Core CQMs is also zero an EP still needs to report on three Additional CQMs.

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 Core CQM attestation click the Save & Continue button below.

To begin your Core CQM attestation click the Save & Continue button below.

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

MU SummarySave & Continue



CQM Core NQF0013

Clinical Quality Measures Questionnaire (1 of 3) - NQF 0013

(*) Red asterisk indicates a required field.

Title

NQF 0013, Title: Hypertension: Blood Pressure Measurement

Description

Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure (BP) recorded.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Core NQF0028 – PQRS114

Clinical Quality Measures Questionnaire (2 of 3) - NQF 0028 - PQRS 114

(*) Red asterisk indicates a required field.

Title

NQF 0028, PQRS 114 Title: Preventive Care and Screening Measure Pair

Description

a. Tobacco Use Assessment - Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. Tobacco Cessation Intervention - Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator A:

* Denominator A:

* Numerator B:

* Denominator B:



CQM Core NQF 0421 – PQRS 128

Clinical Quality Measures Questionnaire (3 of 3) - NQF 0421 - PQRS 128

(*) Red asterisk indicates a required field.

Title

NQF 0421, PQRS 128 Title: Adult Weight Screening and Follow-Up

Description

Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

Exclusions: A positive whole number.

Population Criteria 1:

* Numerator: * Denominator: * Exclusions:




Population Criteria 2:

* Numerator: * Denominator: * Exclusions:



Core CQMs

Core Clinical Quality Measures

Title	Description	Entered	Result	Action
NQF 0013 , Title: Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure (BP) recorded.	Numerator: 100 Denominator: 100	Completed 	
NQF 0028 , PQRS 114 Title: Preventive Care and Screening Measure Pair	a. Tobacco Use Assessment - Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. Tobacco Cessation Intervention - Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	Numerator A: 100 Denominator A: 100 Numerator B: 100 Denominator B: 100	Completed 	
NQF 0421 , PQRS 128 Title: Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	Population Criteria 1 Numerator: 11 Denominator: 11 Exclusions: 1 Population Criteria 2 Numerator: 11 Denominator: 11 Exclusions: 0	Completed 	



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- [Enrollment Step 2 – Patient Volume Determination](#)
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- [Enrollment Step 3 – Summary of MU Measures](#)
 - Meaningful Use [Core Measures](#)
 - Meaningful Use [Menu Measures](#)
 - Meaningful Use [CQMs & CQM Core Measures](#)

Continue:

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- Meaningful Use [CQM Alternative Measures](#)
- [Enrollment Step 4 – EHR Payment Determination](#)



CQM Additional NQF 0059 – PQRS 1

Clinical Quality Measures Questionnaire (1 of 38) - NQF 0059 - PQRS 1

(*) Red asterisk indicates a required field.

Title

NQF 0059, NQF 0059, PQRS 1 Title: Diabetes: Hemoglobin A1c Poor Control

Description

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

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 Additional NQF 0064 – PQRS 2

Clinical Quality Measures Questionnaire (2 of 38) - NQF 0064 - PQRS 2

(*) Red asterisk indicates a required field.

Title

NQF 0064, PQRS 2 Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control

Description

Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).

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 1:

* Denominator 1:

* Exclusions 1:

* Numerator 2:

* Denominator 2:

* Exclusions 2:



CQM Additional NQF 0061 – PQRS 3

Clinical Quality Measures Questionnaire (3 of 38) - NQF 0061 - PQRS 3

(*) Red asterisk indicates a required field.

Title

NQF 0061, PQRS 3 Title: Diabetes: Blood Pressure Management

Description

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.

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 Additional NQF 0081 – PQRS 5

Clinical Quality Measures Questionnaire (4 of 38) - NQF 0081 - PQRS 5

(*) Red asterisk indicates a required field.

Title

NQF 0081, PQRS 5 Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description

Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.

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:

14

* Denominator:

27

* Exclusions:

3



CQM Additional NQF 0067 – PQRS 6

Clinical Quality Measures Questionnaire (5 of 38) - NQF 0067 - PQRS 6

(*) Red asterisk indicates a required field.

Title

NQF 0067, PQRS 6 Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

Description

Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.

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 Additional NQF 0070 – PQRS 7

Clinical Quality Measures Questionnaire (6 of 38) - NQF 0070 - PQRS 7

(*) Red asterisk indicates a required field.

Title

NQF 0070, PQRS 7 Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Description

Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

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 Additional NQF 0083 – PQRS 8

Clinical Quality Measures Questionnaire (7 of 38) - NQF 0083 - PQRS 8

(*) Red asterisk indicates a required field.

Title

NQF 0083, PQRS 8 Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description

Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

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 Additional NQF 0086 – PQRS 12

Clinical Quality Measures Questionnaire (8 of 38) - NQF 0086 - PQRS 12

(*) Red asterisk indicates a required field.

Title

NQF 0086, PQRS 12 Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

Description

Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

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 Additional NQF 0088 – PQRS 18

Clinical Quality Measures Questionnaire (9 of 38) - NQF 0088 - PQRS 18

(*) Red asterisk indicates a required field.

Title

NQF 0088, PQRS 18 Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Description

Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

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 Additional NQF 0089 – PQRS 19

Clinical Quality Measures Questionnaire (10 of 38) - NQF 0089 - PQRS 19

(*) Red asterisk indicates a required field.

Title

NQF 0089, PQRS 19 Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description

Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

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 Additional NQF 0047 – PQRS 53

Clinical Quality Measures Questionnaire (11 of 38) - NQF 0047 - PQRS 53

(*) Red asterisk indicates a required field.

Title

NQF 0047, PQRS 53 Title: Asthma Pharmacologic Therapy

Description

Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

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 Additional NQF 0001 – PQRS 64

Clinical Quality Measures Questionnaire (12 of 38) - NQF 0001 - PQRS 64

(*) Red asterisk indicates a required field.

Title

NQF 0001, PQRS 64 Title: Asthma Assessment

Description

Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0002 – PQRS 66

Clinical Quality Measures Questionnaire (13 of 38) - NQF 0002 - PQRS 66

(*) Red asterisk indicates a required field.

Title

NQF 0002, PQRS 66 Title: Appropriate Testing for Children with Pharyngitis

Description

Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0387 – PQRS 71

Clinical Quality Measures Questionnaire (14 of 38) - NQF 0387 - PQRS 71

(*) Red asterisk indicates a required field.

Title

NQF 0387, PQRS 71 Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Description

Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

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 Additional NQF 0385 – PQRS 72

Clinical Quality Measures Questionnaire (15 of 38) - NQF 0385 - PQRS 72

(*) Red asterisk indicates a required field.

Title

NQF 0385, PQRS 72 Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

Description

Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

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 Additional NQF 0389 – PQRS 102

Clinical Quality Measures Questionnaire (16 of 38) - NQF 0389 - PQRS 102

(*) Red asterisk indicates a required field.

Title

NQF 0389, PQRS 102 Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

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 Additional NQF 0043 – PQRS 111

Clinical Quality Measures Questionnaire (17 of 38) - NQF 0043 - PQRS 111

(*) Red asterisk indicates a required field.

Title

NQF 0043, PQRS 111 Title: Pneumonia Vaccination Status for Older Adults

Description

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0031 – PQRS 112

Clinical Quality Measures Questionnaire (18 of 38) - NQF 0031 - PQRS 112

(*) Red asterisk indicates a required field.

Title

NQF 0031, PQRS 112 Title: Breast Cancer Screening

Description

Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0034 – PQRS 113

Clinical Quality Measures Questionnaire (19 of 38) - NQF 0034 - PQRS 113

(*) Red asterisk indicates a required field.

Title

NQF 0034, PQRS 113 Title: Colorectal Cancer Screening

Description

Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

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 Additional NQF 0027 – PQRS 115

Clinical Quality Measures Questionnaire (20 of 38) - NQF 0027 - PQRS 115

(*) Red asterisk indicates a required field.

Title

NQF 0027, PQRS 115 Title: Smoking and Tobacco Use Cessation, Medical Assistance

Description

Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:



CQM Additional NQF 0055 – PQRS 117

Clinical Quality Measures Questionnaire (21 of 38) - NQF 0055 - PQRS 117

(*) Red asterisk indicates a required field.

Title

NQF 0055, PQRS 117 Title: Diabetes: Eye Exam

Description

Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

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 Additional NQF 0062 – PQRS 119

Clinical Quality Measures Questionnaire (22 of 38) - NQF 0062 - PQRS 119

(*) Red asterisk indicates a required field.

Title

NQF 0062, PQRS 119 Title: Diabetes: Urine Screening

Description

Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

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 Additional NQF 0056 – PQRS 163

Clinical Quality Measures Questionnaire (23 of 38) - NQF 0056 - PQRS 163

(*) Red asterisk indicates a required field.

Title

NQF 0056, PQRS 163 Title: Diabetes: Foot Exam

Description

The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

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 Additional NQF 0074 – PQRS 197

Clinical Quality Measures Questionnaire (24 of 38) - NQF 0074 - PQRS 197

(*) Red asterisk indicates a required field.

Title

NQF 0074, PQRS 197 Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

Description

Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).

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 Additional NQF 0084 – PQRS 200

Clinical Quality Measures Questionnaire (25 of 38) - NQF 0084 - PQRS 200

(*) Red asterisk indicates a required field.

Title

NQF 0084, PQRS 200 Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

Description

Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.

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 Additional NQF 0073 – PQRS 201

Clinical Quality Measures Questionnaire (26 of 38) - NQF 0073 - PQRS 201

(*) Red asterisk indicates a required field.

Title

NQF 0073, PQRS 201 Title: Ischemic Vascular Disease (IVD): Blood Pressure Management

Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0068 – PQRS 204

Clinical Quality Measures Questionnaire (27 of 38) - NQF 0068 - PQRS 204

(*) Red asterisk indicates a required field.

Title

NQF 0068, PQRS 204 Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0012

Clinical Quality Measures Questionnaire (28 of 38) - NQF 0012

(*) Red asterisk indicates a required field.

Title

NQF 0012, Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

Description

Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

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 Additional NQF 0014

Clinical Quality Measures Questionnaire (29 of 38) - NQF 0014

(*) Red asterisk indicates a required field.

Title

NQF 0014, Title: Prenatal Care: Anti-D Immune Globulin

Description

Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

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 Additional NQF 0018

Clinical Quality Measures Questionnaire (30 of 38) - NQF 0018

(*) Red asterisk indicates a required field.

Title

NQF 0018, Title: Controlling High Blood Pressure

Description

The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0032

Clinical Quality Measures Questionnaire (31 of 38) - NQF 0032

(*) Red asterisk indicates a required field.

Title

NQF 0032, Title: Cervical Cancer Screening

Description

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0033

Clinical Quality Measures Questionnaire (32 of 38) - NQF 0033

(*) Red asterisk indicates a required field.

Title

NQF 0033, Title: Chlamydia Screening for Women

Description

Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

Exclusions: A positive whole number.

Population Criteria 1:

* Numerator:

* Denominator:

* Exclusions:

Population Criteria 2:

* Numerator:

* Denominator:

* Exclusions:

Population Criteria 3:

* Numerator:

* Denominator:

* Exclusions:



CQM Additional NQF 0036

Clinical Quality Measures Questionnaire (33 of 38) - NQF 0036

(*) Red asterisk indicates a required field.

Title

NQF 0036, Title: Use of Appropriate Medications for Asthma

Description

Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Attestation

Complete the following information:

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

Denominator: A positive whole number.

Exclusions: A positive whole number.

Population Criteria 1:

* Numerator:

* Denominator:

* Exclusions:

Population Criteria 2:

* Numerator:

* Denominator:

* Exclusions:

Population Criteria 3:

* Numerator:

* Denominator:

* Exclusions:



CQM Additional NQF 0052

Clinical Quality Measures Questionnaire (34 of 38) - NQF 0052

(*) Red asterisk indicates a required field.

Title

NQF 0052, Title: Low Back Pain: Use of Imaging Studies

Description

Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator:

* Denominator:



CQM Additional NQF 0075

Clinical Quality Measures Questionnaire (35 of 38) - NQF 0075

(*) Red asterisk indicates a required field.

Title

NQF 0075, Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control

Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C < 100 mg/dL.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:



CQM Additional NQF 0575

Clinical Quality Measures Questionnaire (36 of 38) - NQF 0575

(*) Red asterisk indicates a required field.

Title

NQF 0575, Title: Diabetes: Hemoglobin A1c Control (<8.0%)

Description

The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

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 Additional NQF 0004

Clinical Quality Measures Questionnaire (37 of 38) - NQF 0004

(*) Red asterisk indicates a required field.

Title

NQF 0004, Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement

Description

Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

Population Criteria 1:

* Numerator:

* Denominator:

Population Criteria 2:

* Numerator:

* Denominator:



CQM Additional NQF 0105

Clinical Quality Measures Questionnaire (38 of 38) - NQF 0105

(*) Red asterisk indicates a required field.

Title

NQF 0105, Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment

Description

Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator 1:

* Denominator 1:

* Numerator 2:






* Denominator 2:



Additional CQMs – 1 of 7

Additional Clinical Quality Measures

Modify Additional CQM Attestation

Title	Description	Entered	Result	Action
NQF 0059 , NQF 0059, PQRS 1 Title: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	Numerator: 1 Denominator: 100 Exclusions: 1	Completed	
		Numerator 1: 1 Denominator 1: 100 Exclusions 1: 0		
NQF 0064 , PQRS 2 Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	Numerator 2: 2 Denominator 2: 100 Exclusions 2: 1	Completed	
		Numerator: 4 Denominator: 100 Exclusions: 1	Completed	
NQF 0061 , PQRS 3 Title: Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	Numerator: 14 Denominator: 27 Exclusions: 3	Completed	
NQF 0081 , PQRS 5 Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	Numerator: 22 Denominator: 24 Exclusions: 0	Completed	
NQF 0067 , PQRS 6 Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed oral antiplatelet therapy.			










Additional CQMs – 2 of 7

NQF 0070 , PQRS 7 Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	Numerator: 2 Denominator: 24 Exclusions: 0	Completed 
NQF 0083 , PQRS 8 Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Numerator: 26 Denominator: 52 Exclusions: 10	Completed 
NQF 0086 , PQRS 12 Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	Numerator: 30 Denominator: 90 Exclusions: 4	Completed 
NQF 0088 , PQRS 18 Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Numerator: 52 Denominator: 134 Exclusions: 1	Completed 
NQF 0089 , PQRS 19 Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Numerator: 15 Denominator: 15 Exclusions: 0	Completed 
NQF 0047 , PQRS 53 Title: Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	Numerator: 26 Denominator: 26 Exclusions: 0	Completed 
NQF 0001 , PQRS 64 Title: Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, which were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Numerator: 29 Denominator: 56	Completed 











Additional CQMs – 3 of 7






NQF 0002 , PQRS 66 Title: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Numerator: 27 Denominator: 34	Completed 
NQF 0387 , PQRS 71 Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Numerator: 15 Denominator: 21 Exclusions: 6	Completed 
NQF 0385 , PQRS 72 Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Numerator: 41 Denominator: 45 Exclusions: 0	Completed 
NQF 0389 , PQRS 102 Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Numerator: 89 Denominator: 322 Exclusions: 12	Completed 
NQF 0043 , PQRS 111 Title: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Numerator: 432 Denominator: 457	Completed 
NQF 0031 , PQRS 112 Title: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Numerator: 1020 Denominator: 1467	Completed 
NQF 0034 , PQRS 113 Title: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Numerator: 1281 Denominator: 1750 Exclusions: 10	Completed 



Additional CQMs – 4 of 7

NQF 0027 , PQRS 115 Title: Smoking and Tobacco Use Cessation, Medical Assistance	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	Numerator 1: 86 Denominator 1: 89	Numerator 2: 86 Denominator 2: 90	Completed 
NQF 0055 , PQRS 117 Title: Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	Numerator: 210 Denominator: 430	Exclusions: 5	Completed 
NQF 0062 , PQRS 119 Title: Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	Numerator: 34 Denominator: 87	Exclusions: 0	Completed 
NQF 0056 , PQRS 163 Title: Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Numerator: 28 Denominator: 30	Exclusions: 0	Completed 
NQF 0074 , PQRS 197 Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who was prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Numerator: 28 Denominator: 37	Exclusions: 0	Completed 
NQF 0084 , PQRS 200 Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.	Numerator: 56 Denominator: 100	Exclusions: 1	Completed 
NQF 0073 , PQRS 201 Title: Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	Numerator: 12 Denominator: 13	Completed 	

Additional CQMs – 5 of 7

NQF 0068 , PQRS 204 Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	Numerator: 1 Denominator: 13	Completed 
NQF 0012 , Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	Numerator: 194 Denominator: 210	Exclusions: 1 Completed 
NQF 0014 , Title: Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Numerator: 1 Denominator: 189	Exclusions: 0 Completed 
NQF 0018 , Title: Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Numerator: 98 Denominator: 101	Completed 
NQF 0032 , Title: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Numerator: 187 Denominator: 201	Completed 



Additional CQMs – 6 of 7

NQF 0033, Title: Chlamydia Screening for Women

Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Population
Criteria 1
Numerator: 1
Denominator: 27
Exclusions: 0

Population
Criteria 2
Numerator: 2
Denominator: 55
Exclusions: 0

Population
Criteria 3
Numerator: 1
Denominator: 49
Exclusions: 0

Completed 

NQF 0036, Title: Use of Appropriate Medications for Asthma

Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Population
Criteria 1
Numerator: 11
Denominator: 1020
Exclusions: 0






Population
Criteria 2
Numerator: 14
Denominator: 800
Exclusions: 1

Population
Criteria 3
Numerator: 25
Denominator: 1820
Exclusions: 1

Completed 



Additional CQMs – 7 of 7

NQF 0052 , Title: Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Numerator: 243 Denominator: 256	Completed 
NQF 0075 , Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C < 100 mg/dL.	Numerator 1: 33 Denominator 1: 121 Numerator 2: 50 Denominator 2: 194	Completed 
NQF 0575 , Title: Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Numerator: 38 Denominator: 97 Exclusions: 12	Completed 
NQF 0004 , Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Population Criteria 1 Numerator: 12 Denominator: 243 Population Criteria 2 Numerator: 15 Denominator: 296	Completed 
NQF 0105 , Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	Numerator 1: 37 Denominator 1: 98 Numerator 2: 38 Denominator 2: 99	Completed 



Quick Links

Review:

- [Enrollment Step 1 – Provider Registration Verification](#)
- [Enrollment Step 2 – Patient Volume Determination](#)
- [Enrollment Step 3 – Identify Certified EHR Technology](#)
- [Enrollment Step 3 – Summary of MU Measures](#)
 - Meaningful Use [Core Measures](#)
 - Meaningful Use [Menu Measures](#)
 - Meaningful Use [CQMs & CQM Core Measures](#)
 - Meaningful Use [CQM Additional Measures](#)

Continue:

- Meaningful Use [CQM Alternative Measures](#)
- [Enrollment Step 4 – EHR Payment Determination](#)



Alternate CQMs Selection

Meaningful Use Alternate Core Clinical Quality Measures (CQMs) Selection

Instructions:

You have entered a denominator of zero for one or more of your Core Clinical Quality Measures. You must select and report on an Alternate Core Clinical Quality Measure for each Core Clinical Quality Measure where a zero was entered for the denominator. An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Please select the following number of Alternate Core Clinical Quality Measures from the list below: 3

Alternate Core Clinical Quality Measures

You must select at least one Alternate Core Clinical Quality Measure to replace each Core Clinical Quality Measure where a zero was entered for the denominator:

Title	Description	Select
NQF 0024 , Title: Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
NQF 0041 , PQRS 110 Title: Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
NQF 0038 , Title: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	<input checked="" type="checkbox"/>



CQM Alternate NQF 0024

Clinical Quality Measures Questionnaire (1 of 3) - NQF 0024

(*) Red asterisk indicates a required field.

Title

NQF 0024, Title: Weight Assessment and Counseling for Children and Adolescents

Description

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

Attestation

Complete the following information:

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

Denominator: A positive whole number.

Population Criteria 1:

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:

* Numerator 3:

* Denominator 3:



CQM Alternate NQF 0024

Population Criteria 2:

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:

* Numerator 3:

* Denominator 3:

Population Criteria 3:

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:

* Numerator 3:

* Denominator 3:



CQM Alternate NQF 0041 – PQRS 110

Clinical Quality Measures Questionnaire (2 of 3) - NQF 0041 - PQRS 110

(*) Red asterisk indicates a required field.

Title

NQF 0041, PQRS 110 Title: Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old

Description

Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

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 Alternate NQF 0038

Clinical Quality Measures Questionnaire (3 of 3) - NQF 0038

(*) Red asterisk indicates a required field.

Title

NQF 0038, Title: Childhood Immunization Status

Description

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Attestation

Complete the following information:

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

Denominator: A positive whole number.

* Numerator 1:

* Denominator 1:

* Numerator 2:

* Denominator 2:



CQM Alternate NQF 0038




* Numerator 3:	27	* Denominator 3:	28
* Numerator 4:	12	* Denominator 4:	17
* Numerator 5:	44	* Denominator 5:	47
* Numerator 6:	18	* Denominator 6:	18
* Numerator 7:	16	* Denominator 7:	16
* Numerator 8:	21	* Denominator 8:	22
* Numerator 9:	27	* Denominator 9:	29
* Numerator 10:	32	* Denominator 10:	37
* Numerator 11:	5	* Denominator 11:	9
* Numerator 12:	19	* Denominator 12:	24



Alternate CQMs

Alternate Core Clinical Quality Measures

Modify Alternate Core CQM Attestation

Title	Description	Entered	Result	Action
NQF 0024 , Title: Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	Numerator 3: 47 Denominator 3: 189	Completed 	
NQF 0041 , PQRS 110 Title: Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	Numerator: 45 Denominator: 196 Exclusions: 2	Completed 	
NQF 0038 , Title: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Numerator 11: 5 Denominator 11: 9 Numerator 12: 19 Denominator 12: 24	Completed 	

Additional Clinical Quality Measures



Summary of MU Measures

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Step 3 - Meaningful Use Status: Not Completed ☹

Step 4 - Payment Determination Status: Not Completed ☹

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest 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 click the + button to expand or the - button to collapse.** Once all Meaningful Use attestation information is entered, click the Save & Continue button to proceed in the enrollment process.

+ Meaningful Use Core Measures Summary

Eligible Professionals 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



Summary of MU Measures

Meaningful Use Menu Measures Summary

Eligible Professionals 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 Professionals are required to attest to three Meaningful Use Core Clinical Quality Measures (CQMs) and three Additional CQMs. If zero is entered in the denominator for any of the Core CQMs you will be required to select a replacement Alternate Core CQM. Review and verify each Meaningful Use CQM result below. Click the **Start/Modify CQM Attestation**, **Start/Modify Alternate Core CQM Attestation** (if applicable), or **Start/Modify Additional CQM Attestation** buttons to start or modify your Meaningful Use CQM questionnaire selections and results or the **Edit** icon to update a specific Meaningful Use CQM.

Modify Clinical Quality Attestation

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Save & Continue



Confirm Meaningful Use Failure

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013Payment Year: 2

Step 1 - Registration Verification Status: Completed ✓Step 2 - Volume Reporting Status: Completed ✓Step 3 - Meaningful Use Status: Not Completed ⓧ

Step 2 - Volume Reporting Status: Completed ✓Step 3 - Meaningful Use Status: Not Completed ⓧ

Step 3 - Summary

Eligible Professionals must complete prior to **collapse**. Once process.

+ Meaningful

Eligible Professionals result below. Click **Edit** icon to update.

Modify

Confirm Meaningful Use Failure

Provider Name: Zany Zillis

Failed Measures: MUCP001a

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.

UpdateConfirm

asures. All attestation topics must be **to expand or the - button to** attion to proceed in the enrollment

fy each Meaningful Use Core Measure se Core Measures questionnaire or the

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Quick Links

Review:

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- [Enrollment Step 2 – Patient Volume Determination](#)
- [Enrollment Step 3 – Identify Certified EHR Technology](#)
- [Enrollment Step 3 – Summary of MU Measures](#)
 - Meaningful Use [Core Measures](#)
 - Meaningful Use [Menu Measures](#)
 - Meaningful Use [CQMs & CQM Core Measures](#)
 - Meaningful Use [CQM Additional Measures](#)
 - Meaningful Use [CQM Alternative Measures](#)

Continue:

- [Enrollment Step 4 – EHR Payment Determination](#)



Step 4 – Current Enrollment Status

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Zany Zillis (NPI-1000000081)

Current Enrollment Status

Program Year: 2013

Payment Year: 2

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

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

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

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



Step 4 – EHR Payment Determination

Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year.

Eligible Professional Payment Schedule

Payment Year	EP attesting to 30% or more patient volume	EP attesting to less than 30% patient volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

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Enrollment Summary – Step 1

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Zany Zillis (NPI-1000000081)

Enrollment Summary

Program Year: 2013Payment 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

Name:	Zany Zillis
Provider Type:	Physician
Provider Specialty:	
Address:	1865 Tamarack Rd Reno, NV 89598-1350
Phone #:	740-348-4934 Ext:
Tax ID:	*****0081
NPI:	1000000081
CMS Confirmation #:	*****6844



Enrollment Summary – Step 1

State Provider Information

Hospital Based: No
Pediatrician: Yes
Practices in FQHC, RHC or IHP: No
Affiliated FQHC/RHC/IHP:

Group Practice

Reporting as Group: No
Group Enroller:
Group Medicaid ID:
Group Name:
Group Address:
Group TIN:
Group NPI:
Group Member:

Payee Assignment

Payee Medicaid ID: 0617194
Payee Name: NV Payees
Payee Address: 66 MCMILLEN DR
Reno, NV 89598
Payee TIN: *****0008
Payee NPI: 3000000008



Enrollment Summary – Step 2

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:

Reporting Period: 09/01/2012 - 11/30/2012

Out-of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Panel Assignments: N/A

Total Panel Assignments: N/A

Medicaid Patient Encounters: 1,000

Total Patient Encounters: 3,000

Medicaid Patient Volumes: 33 %

CEHRT Use in Current Year: Yes



Enrollment Summary – Step 3

Step 3 - Meaningful Use

Eligible Professionals (EPs) are required to attest to all practice locations with or without certified EHR technology and Meaningful Use Core, Menu, and Clinical Quality Measures. To view each Meaningful Use section click the + button to expand or the - button to contract.

+ Certified EHR Information

Review and verify the attested practice locations and associated certified EHR technology information below.

+ Meaningful Use Core Measures Summary

Eligible Professionals 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 Professionals 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 Professionals are required to attest to all 3 Core Clinical Quality Measures and 3 Additional Clinical Quality Measures. If 0 is entered for any of the denominators for the Core Clinical Quality Measures then a replacement Alternate Core Clinical Quality Measure must be selected and attested to. 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

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP attesting to 30% or more patient volume	EP attesting to less than 30% patient volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

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Attestation Statements

Zany Zillis (NPI-1000000081)

Attestation Statements

Review each attestation statement below and select the Agree button to attest and 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 certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the Eligible Professional (EP).
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the Eligible Professional (EP).
- 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 EP did not care for any patients in the denominator or population during the EHR reporting period.

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Agree & Continue



Disagree



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Zany Zillis (NPI-1000000081)

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.



Legal Notice

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.

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.



Legal Notice

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.

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.



Legal Notice

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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Zany Zillis (NPI-1000000081)

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.

Name: Zany Zillis

Provider Type: Physician

Provider Specialty:

Address: 1865 Tamarack Rd
Reno, NV 89598 -1350

Tax ID: *****0081(SSN)

NPI: 10000000081

Program Year: 2013

Payment Year: 2

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Enrollment Confirmation

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Zany Zillis (NPI-1000000081)

Congratulations - You have successfully completed enrollment for the payment year!

Enrollment Confirmation

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

- The Federal and State 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.
- The Meaningful Use (MU) Core Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Menu Measures are accepted and meet MU minimum standards.
- The Meaningful Use (MU) Clinical Quality Measures (CQMs) were completed with data sufficient to meet 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 Number: NV-2013-1000000081

Enrollment Submission Date: 04/22/2013

Name: Zany Zillis

Provider Type: Physician

Provider Specialty:

Address: 1865 Tamarack Rd
Reno, NV 89598 -1350

Tax ID: *****0081 (SSN)

NPI: 1000000081

Program Year: 2013

Payment Year: 2

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Eligible Professionals

- You have completed Meaningful Use Eligible Professionals training!
- You are now ready to commence your Meaningful Use enrollment!



Thank You!

