Meaningful Use Screenshots
EHR Reporting Period

CMS requires that providers meet the following regulations for attesting to Meaningful Use:

- 80% of patients must have records in the certified EHR technology.
- Eligible Professionals who work at multiple locations but don’t have certified EHR technology available at all locations must:
  - Have 90% of their total patient encounters at locations where certified EHR technology is available.
  - Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available.

I agree that I meet the additional CMS regulations for attesting to Meaningful Use. I understand that the State may choose to audit my records to verify that I meet these regulations.

5-Day Reporting Period: Start Date: [ ] End Date: [ ]
### MU Core Objectives

#### Meaningful Use

**Core Objectives:**
Select the continue button to open each Core Objective Detail page in turn to complete the information for Meaningful Use attestation. Alternatively, select any of the links below to complete each Objectives' detail page. All objectives must be answered.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Use computarized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professionals who can enter orders into the medical record per state, local and professional guidelines.</td>
<td>More than 94% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.</td>
</tr>
<tr>
<td>View</td>
<td>Implement drug-drug and drug-allergy interaction checks.</td>
<td>The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.</td>
</tr>
<tr>
<td>View</td>
<td>Maintain an up-to-date problem list of current and acute diagnoses.</td>
<td>More than 90% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Maintain active medications list.</td>
<td>More than 90% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Maintain active medication allergy list.</td>
<td>More than 90% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Record all of the following demographics:</td>
<td>More than 90% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Record and chart changes in vital signs:</td>
<td>More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Record smoking status for patients 18 years old or older.</td>
<td>More than 90% of all unique patients 18 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.</td>
</tr>
<tr>
<td>View</td>
<td>Report hospital clinical quality measures to the States.</td>
<td>Provide aggregate numerator, denominator and exclusions through attestation as discussed in section B1A(9) of the final rule.</td>
</tr>
<tr>
<td>View</td>
<td>Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.</td>
<td>Implement one clinical decision support rule.</td>
</tr>
<tr>
<td>View</td>
<td>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication list, medication allergies, discharge instructions, upon request.</td>
<td>More than 90% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.</td>
</tr>
<tr>
<td>View</td>
<td>Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.</td>
<td>More than 90% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.</td>
</tr>
<tr>
<td>View</td>
<td>Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.</td>
<td>Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.</td>
</tr>
<tr>
<td>View</td>
<td>Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.</td>
<td>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.</td>
</tr>
</tbody>
</table>

Please select the Previous screen button to go back or the Continue button to proceed.
Core Objective #1

3. Attestation of EHR

Questionnaire (1 of 14)

- Red asterisk indicates a required field.

Objective: Use computized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 90% of all unique patients with at least one medication in their medication list admitted to the eligible hospital’s or CAH’s inpatient or emergency department (IP/ED) on or after have at least one medication order entered using CPOE.

- **PATIENT RECORDS**: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
  - This data was extracted from ALL patient records not just those maintained using certified EHR technology.
  - This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

- **Numerator**: The number of patients in the denominator that have at least one medication order entered using CPOE.
- **Denominator**: Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

Please select the “Previous Screen” button to go back or the “Save & Continue” button to proceed.

[Previous Screen] [Save & Continue]
Core Objective #2

3. Attestation of EHR

Questionnaire (2 of 14)

Objective: Implement drug-drug and drug-allergy interaction checks.

Measures:
- The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.
- Complete the following information:
  - Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

  [ ] Yes  [ ] No

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Core Objective #3

3. Attestation of EHR

Questionnaire (3 of 14)

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

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAHs inpatient or emergency department (POD 31 or 23) have at least one entry on an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have at least one entry in their problem list recorded as structured data.

Numerator 2 = Number of patients that have a indication in their problem list that no problems are known recorded as structured data.

Denominator = Number of unique patients seen during the EHR reporting period.

Numerator 1: 
Numerator 2: 
Denominator: 

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
3. Attestation of EHR

Questionnaire (4 of 14)

Objective: Maintain active medication list.

Measure: More than 90% of all unique patients admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POX 21 or 29 have at least one entry or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have a medication recorded as structured data.
Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication.
Denominator = Number of unique patients seen by the EH during the EHR reporting period.

Numerator 1: 
Numerator 2: 
Denominator: 

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen  Save & Continue
Core Objective #5

3. Attestation of EHR

Questionnaire (5 of 14)

Objective: Maintain active medication allergy list

Measure: More than 80% of all unique patients admitted to the eligible hospital's or OHP's inpatient or emergency department (IP/ED) at least once per year (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator 1 = Number of unique patients in the denominator who have at least one entry recorded as structured data in their medication allergy list

Numerator 2 = Number of unique patients in the denominator who have 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 during the EHR reporting period

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.
Core Objective #6

3. Attestation of EHR

Questionnaire (6 of 14)

Objective: Record all of the following demographics:
- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth
- Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH

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

Complete the following information:

Numerator 1 = Number of patients in the denominator who have all the elements of demographics recorded as structured data.

Numerator 2 = Number of patients who have some information recorded as structured data, but either declined to provide any or more elements or the recording of an element is contrary to State law.

Denominator = Number of unique patients seen during the EHR reporting period.

* Numerator 1: [ ]
* Numerator 2: [ ]
* Denominator: [ ]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed....
Core Objective #7

3. Attestation of EHR

Questionnaire (7 of 14)

Objective:
- Record and chart changes in vital signs:
  - Height
  - Weight
  - Blood pressure
  - Calculate and display body mass index (BMI)
  - Plot and display growth charts for children 2-26 years, including BMI

Measure:
For more than 50% of all unique patients age 2 and over admitted to the eligible hospital or CAHs inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records on file in the patient records maintained using certified EHR technology.
- This data was extracted from ALL patient records maintained using certified EHR technology.
- This data was extracted from ALL patient records maintained using certified EHR technology.

Complete the following information:

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

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

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #8

3. Attestation of EHR

Questionnaire (8 of 14)

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospitals or CAH's inpatient or emergency department (POS 21 or 22) have smoking status recorded as structured data.

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

Does this exclusion apply to you?

Yes
No

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #9

3. Attestation of EHR

Questionnaire (9 of 14)

- Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II.A.3 of the final Rule.

- **PATIENT RECORDS**
  - Please select whether the data used to support the measure was extracted from:
    - ALL patient records or only those maintained using certified EHR technology.
    - This data was extracted from ALL patient records or just those maintained using certified EHR technology.
    - This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

- Will submit Clinical Quality Measures.
  - Yes
  - No

*Please enter the name of one CQM you have or will enter.*

[Required Field]

Please select the 'Previous Screen' button to return or the 'Save & Continue' button to proceed.
Core Objective #10

3. Attestation of EHR

Questionnaire (10 of 14)

- Red asterisk indicates a required field.

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

Measure: Implement one clinical decision support rule.

Complete the following information:

- Did you implement one clinical decision support rule?
  - Yes
  - No

- Please enter the name of one Clinical Decision Support Rule you have implemented.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #11

3. Attestation of EHR

Questionnaire (11 of 14)

*Red text indicates a required field.

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

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital at CAH- (POSG 21 or 22) who request an electronic copy of their health information are provided it within 3 business days.

- **PATIENT RECORDS:** Please select whether the data used to support the measure 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.

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

Does this exclusion apply to you?

- Yes
- No

Complete the following information:

**Numerator:** Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

**Denominator:** Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information but business days occur in the end of the EHR reporting period.

- **Numerator:** Please enter a numerator
- **Denominator:** Please enter a denominator

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #12

3. Attestation of EHR

Questionnaire (12 of 14)

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

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POSS 21 or 22) and who request an electronic copy of their discharge instructions are provided.

+PATIENT RECORDS: Please select whether the data used to support the measure 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.

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

+Does this exclusion apply to you?
   - Yes
   - No

Complete the following information:

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

Denominator: Number of patients discharged from an eligible hospital or CAH's inpatient department or emergency department (POSS 21 or 22) who requested an electronic copy of their discharge instructions during the EHR reporting period.

Please select the 'Previous Screen' button to go back to the 'Save & Continue' button to proceed.
Core Objective #13

3. Attestation of EHR

Questionnaire (13 of 14)

Objective: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology’s capability to electronically exchange key clinical information

Complete the following information:

- Did you perform at least one test of certified EHR technology’s capability to electronically exchange key clinical information?
  - Yes
  - No

- With what organization was the information exchanged?

What were the results of the test?

If a report or summary was produced by your EHR solution, please attach it using the Attach Files component on this page. A message will appear beneath the Attestation Requirements section.

Attach Files

The following attachments are optional:
- Other Attachment

File Name | Subject
---------|---------
No records to display.

Add Files  Remove Selected

Please select the ‘Previous Screen’ button to go back or the ‘Save & Continue’ button to proceed.
Core Objective #14

3. Attestation of EHR

Questionnaire (14 of 14)

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)(7) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Complete the following information:

Yes  No

Did you conduct or review a security risk analysis per 45 CFR 164.308(a)(7) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process?

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
### Meaningful Use Menu Measures

#### Questionnaire

**Instructions:** Eligible hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of these five measures must be from the public health menu measures. If the eligible hospital can successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure to CMS. Having met one public health menu measure, the eligible hospital must then select any other four measures from the public health menu measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measure or from the additional Meaningful Use Menu Measures listed below.

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

Select the Continue button to open each selected Menu Objective Detail page in turn to complete the information for Meaningful Use attenuation. Alternatively, select any of the links below to complete that Objective’s Detail page.

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.</td>
<td>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).</td>
</tr>
<tr>
<td>Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.</td>
<td>Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).</td>
</tr>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.</td>
<td>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 eligible hospital or CAH submits such information have the capacity to receive the information electronically).</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented drug-formulary checks.</td>
<td>The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.</td>
</tr>
<tr>
<td>Record advance directives for patients 95 years old or older.</td>
<td>More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH's inpatient department (POS 20) have an indication of an advance directive status recorded as structured data.</td>
</tr>
<tr>
<td>Incorporate clinical lab test results into certified EHR as structured data.</td>
<td>More than 40% of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive-negative or numerical format are incorporated in certified EHR technology as structured data.</td>
</tr>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.</td>
<td>Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.</td>
</tr>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</td>
<td>More than 25% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (Place of Service POS 21 or 23) during the EHR reporting period are provided patient-specific education resources.</td>
</tr>
<tr>
<td>The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
<td>The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).</td>
</tr>
<tr>
<td>The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
<td>The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
</tr>
</tbody>
</table>
3. Attestation of EHR

Questionnaire (1 of 5)

Objective: Implemented drug formulary checks.

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

- **Patient Records**: Please select whether the data used to support the measure was extracted from all patient records or only those maintained using certified EHR technology.
  - This data was extracted from all patient records maintained using certified EHR technology.
  - This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

- Did you enable the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?
  - Yes
  - No

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.
3. Attestation of EHR

Questionnaire (2 of 5)

Objective: Record advance directives for patients 85 years old or older.

Measure: More than 50% of all unique patients 85 years old or older admitted to the eligible hospitals or CAHs inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

- **Patient Records:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
  - If this data was extracted from ALL patient records, please mark this box.
  - If this data was extracted only from patient records maintained using certified EHR technology, please mark this box.

Exclusion - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 85 years old or older during the EHR reporting period would be excluded from this requirement. Exclusions from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

- **Does this exclusion apply to you?**
  - Yes
  - No

Complete the following information:

**Numerator** - Number of patients in the denominator with an indication of an advance directive entered using structured data.

**Denominator** - Number of unique patients age 85 or older admitted to an eligible hospital or CAH's inpatient department (POS 21) during the EHR reporting period.

- **Numerator:** [ ] Please enter a numerator
- **Denominator:** [ ] Please enter a denominator

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #3

3. Attestation of EHR

Questionnaire (3 of 5)

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

Measure: More than 40% of all clinical lab-test results ordered by an authorized provider at the hospital or clinic for patients admitted to the inpatient or emergency department (POS 21 or 22) during the EHR reporting period whose results are either in a positive-negative or numerical format are incorporated in certified EHR technology as structured data.

- Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records.

- 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 authorized providers at the eligible hospital or clinic for patients admitted to an eligible hospital’s or clinic’s inpatient or emergency department (POS 21 and 22) whose results are expressed in a positive or negative affirmation or as a number.

- Numerator: [ ]
- Denominator: [ ]

How were the lab results incorporated as structured data?

Select: [ ]

Please select the Previous Screen button to go back or the "Save & Continue" button to proceed.
Menu Objective #4

3. Attestation of EHR

Questionnaire (4 of 5)

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

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

1. **POTENTIAL RECORDS**: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
   - This data was extracted from ALL patient records maintained using certified EHR technology.
   - This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

- **Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?**
  - Yes
  - No

Identify one condition for which a report was generated:

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

- Previous Screen
- Save & Continue
3. Attestation of EHR

Questionnaire (2 of 5)

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

Measure: More than 10% of all unique patients admitted to the eligible hospital(s) or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.
Denominator = Number of unique patients admitted to the eligible hospital(s) or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator: 
Denominator: 

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #6

3. Attestation of EHR

Questionnaire (2 of 5)

Objective: The eligible hospital or CAH who receives a patient from another setting of care at provider of care or believes an encounter is relevant should perform medication reconciliation.

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

- PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.

Previous Screen  Save & Continue
Menu Objective #7

3. Attestation of EHR

Questionnaire (3 of 5)

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

Measure:
The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 65% of transitions of care and referrals.

- **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- This data was extracted from ALL patient records.
- This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

**Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 to 23) was the transitioning or referring provider.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[Previous Screen]  [Save & Continue]
3. Attestation of EHR

Questionnaire (3 of 5)

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology’s capability to submit electronic data to immunization registries and follow-up submission if the test is successful (unless aware of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Exclusion 1: Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

- Yes
- No

If you have claimed an Exclusion, what was the primary reason?

Select...

If a letter was issued from the Immunization Registry stating it was not possible to test during the Reporting Period, or that a test failed, please attach it using the Attach Files component on this page.

Attach Files

The following attachments are optional:

- Other Attachment

<table>
<thead>
<tr>
<th>File Name</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No records to display.

Add Files | Remove Selected

Please select the Previous Screen button to go back, or the Save & Continue button to proceed.
Menu Objective 8 with second exclusion selected
Menu Objective #8 with no Exclusion selected

### 3. Attestation of EHR

**Questionnaire (4 of 5)**

- **Objective:** Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

- **Measure:** Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capability to receive the information electronically).

  **Exclusion 1:** Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

  - **Does this exclusion apply to you?**
    - Yes
    - No

  **Exclusion 2:** Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

  - **Does this exclusion apply to you?**
    - 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 was successful? (Note: none of the immunization registries to which the eligible hospital or CAH submits such information has the capability to receive the information electronically)?

  - Yes
  - No

**Was the test successful?**

  - Yes
  - No

Please record the date and time of the test:

| **Immunization Registry or Information System:** | Select... | Required Field |

**If the test was successful, was there a follow-up submission?**

  - Yes
  - No

If a letter was issued from the Immunization Registry stating it was not possible to test during the Reporting Period, or that a test failed, please attach it using the Attach Files component on this page.

### Attach Files

The following attachments are optional:

- **Other Attachment**

<table>
<thead>
<tr>
<th>File Name</th>
<th>Subject</th>
</tr>
</thead>
</table>

No records to display.

- **Add File**
- **Remove Selected**

Please select the previous screen tab(s) to go back or the 'Save & Continue' button to proceed.
Menu Objective #9 with exclusion selected

3. Attestation of EHR

Questionnaire (4 of 5)

Objective: Capable of submitting electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

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

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

Does this exclusion apply to you?

Yes  No

If you have claimed an Exclusion, what was the primary reason?

Select

A letter was issued from the Agency stating it was not possible to test during the Reporting Period, or that a test failed. Please attach it using the Attach File component on this page.

Attach Files

The following attachments are optional:

- Other Attachment

<table>
<thead>
<tr>
<th>File Name</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No records to display.

Add Files  Remove Selected

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[Previous Screen]  [Save & Continue]
3. Attestation of EHR

Questionnaire (4 of 5)

Red asterisk indicates a required field.

Objective: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

Measures:
- Performed at least one test of certified EHR technology capability to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).
- Exclusion - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

- Does this exclusion apply to you? Yes No

Complete the following information:
- Did you perform at least one test of certified EHR technology capability to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)? Yes No

Was the test successful? Yes No

Please record the date and time of the test.

Public Health Agency

If the test was successful, was there a follow-up submission? Yes No

If a letter was issued from the agency stating it was not possible to test during the Reporting Period, or that a test failed, please attach it using the Attach Files component on this page.

Attach Files

The following attachments are optional:

- Other Attachment

File Name Subject

No records to display.

Add Files Remove Selected

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.

Save & Continue
Menu Objective #10 with exclusion selected

3. Attestation of EHR

Questionnaire (5 of 5)

Objectives:
- Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measures:
- Performed at least one test of certified EHR technology's capability to provide electronic syndromic surveillance data to public health agencies and follow-up submission if test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capability to receive the information electronically).

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

- Does this exclusion apply to you?
  - Yes
  - No

- If you have claimed an exclusion, what was the primary reason?
  Select...

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.
Menu Objective #10 with no exclusion selected
### Clinical Quality Measures

#### Core Objectives
Select any of the links below to complete the Core Objectives information for Meaningful Use attestation. All objectives must be answered.

<table>
<thead>
<tr>
<th>Title</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department (EE)-1</td>
<td></td>
</tr>
<tr>
<td>Emergency Department (EE)-2</td>
<td></td>
</tr>
<tr>
<td>Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics</td>
<td></td>
</tr>
<tr>
<td>Stroke-3 Title: Ischemic stroke - Anticoagulation for AFib/MRClots</td>
<td></td>
</tr>
<tr>
<td>Stroke-4 Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset</td>
<td></td>
</tr>
<tr>
<td>Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 1</td>
<td></td>
</tr>
<tr>
<td>Stroke-6 Title: Ischemic stroke - Discharge on status</td>
<td></td>
</tr>
<tr>
<td>Stroke-8 Title: Ischemic or hemorrhagic stroke - Stroke Education</td>
<td></td>
</tr>
<tr>
<td>Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment</td>
<td></td>
</tr>
<tr>
<td>VTE-1 Title: VTE prophylaxis within 24 hours of arrival</td>
<td></td>
</tr>
<tr>
<td>VTE-2 Title: Intensive Care Unit VTE prophylaxis</td>
<td></td>
</tr>
<tr>
<td>VTE-3 Title: Anticoagulation overlap therapy</td>
<td></td>
</tr>
<tr>
<td>VTE-4 Title: Platelet monitoring on unfractionated heparin</td>
<td></td>
</tr>
<tr>
<td>VTE-5 Title: VTE discharge instructions</td>
<td></td>
</tr>
<tr>
<td>VTE-6 Title: Incidence of potentially preventable VTE</td>
<td></td>
</tr>
</tbody>
</table>

Please select the Previous Screen button to go back or the Continue button to proceed.
Clinical Quality Measures

Questionnaire (1 of 15)

* A green check indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

**Measure**: NQF 0495, Emergency Department (ED)-1

**Title**: Emergency Department Throughput — admitted patients.

**Description**: Median time from ED arrival to ED departure for admitted patients.

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

- **Numerator**: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.
- **Denominator**: All ED patients admitted to the facility from the ED. A positive whole number.
- **Exclusion**: Observation & Mental Health Patients. A positive whole number.

**ED-1.2: Observation ED patient stratification**

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

**ED-1.3: Dx stratification ED patients**

- **Numerator**: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.
- **Denominator**: ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Clinical Quality Measures

Questionnaire (2 of 15)

A red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

**Measure:** NQF 0497, Emergency Department (ED)-2

**Title:** Emergency Department Throughput—admitted patients Admission decision time to ED departure time for admitted patients

**Description:** Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status

<table>
<thead>
<tr>
<th>ED-2.1: All ED patients admitted to inpatient status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where NaD or NaO.</td>
</tr>
<tr>
<td>Denominator = All ED patients admitted to the facility from the ED. A positive whole number</td>
</tr>
</tbody>
</table>

**Exclusion:** Observation & Mental Health Patients. A positive whole number.

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ED-2.3: Observation ED patient stratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where NaD or NaO.</td>
</tr>
<tr>
<td>Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exclusion:** Observation & Mental Health Patients. A positive whole number.

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.

Select: Previous Screen | Save & Continue
Clinical Quality Measures

Questionnaire (3 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0435, Stroke-2 (Ischemic stroke - Discharge on anti-thrombotics)

Numerator - a positive whole number where E/OD
Denominator = a positive whole number
Exclusions = a positive whole number

Numerator: 
Denominator: 
Exclusions: 

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Clinical Quality Measures

Questionnaire (4 of 15)

Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0436, Stroke-3: Thrombolytic Stroke - Anticoagulation for All but Uterine

Numerator: a positive whole number where N/A
Denominator: a positive whole number
Exclusion: a positive whole number

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Clinical Quality Measures

Questionnaire (5 of 15)

Responses are required for the clinical quality measures displayed on this page.

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

Numerator = a positive whole number whose numerator
Denominator = a positive whole number
Exclusion = a positive whole number
Exclusion

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Clinical Quality Measures

Questionnaire (6 of 15)

Responses are required for the clinical quality measures displayed on this page.

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

Numerator = a positive whole number where >0
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator:  
Denominator:  
Exclusion:  

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
NQF 0439

Clinical Quality Measures

Questionnaire (7 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0439, Stroke-8 Title: Ischemic stroke - Discharge on statins

- Numerator = a positive whole number where 0≤D
- Denominator = a positive whole number
- Exclusion = a positive whole number

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
NQF 0440

Clinical Quality Measures

Questionnaire (8 of 15)

Responses are required for the clinical quality measures displayed on this page.

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

Numerator = a positive whole number where this ID
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator:  
Denominator:  
Exclusion:  

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
NQF 0441

Clinical Quality Measures

Questionnaire (9 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0441, Stroke-16 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment

Numerator = a positive whole number where 0
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator: [ ] Denominator: [ ]

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[ ] Previous Screen [ ] Save & Continue
Clinical Quality Measures

Questionnaire (10 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0371, VTE-1 Titin: VTE prophylaxis within 24 hours of arrival

Numerator = a positive whole number where this D
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator: 
Denominator: 
Exclusion: 

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
NQF 0372

Clinical Quality Measures

Questionnaire (11 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0372 - VTE: TII on Intensive Care Unit VTE prophylaxis

- Numerator = a positive whole number where NID
- Denominator = a positive whole number
- Exclusions = a positive whole number

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.

Previous Screen  Save & Continue
Clinical Quality Measures

Questionnaire (12 of 15)

Measure: NQF 0373, VTE-3: Anticoagulation overlap therapy

Numerator = a positive whole number where NID
Denominator = a positive whole number
Exclusions = a positive whole number

Numerator:  
Denominator:  
Exclusions:  

Responses are required for the clinical quality measures displayed on this page.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
NQF 0374

Clinical Quality Measures

Questionnaire (13 of 15)

Responses are required for the clinical quality measures displayed on this page.

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

Numerator = a positive whole number whose last digit
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator: [ ]
Denominator: [ ]
Exclusion: [ ]

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen  Save & Continue
Clinical Quality Measures

Questionnaire (14 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0375: VTE-6 Title: VTE discharge instructions

Numerator = a positive whole number where ≥2
Denominator = a positive whole number
Exclusion = a positive whole number

Numerator: [Blank]
Denominator: [Blank]
Exclusion: [Blank]

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Clinical Quality Measures

Questionnaire (15 of 15)

Responses are required for the clinical quality measures displayed on this page.

Measure: NQF 0376, VTE-6: Tilt: incidence of potentially preventable VTE

Numerator: a positive whole number where NAD
Denominator: a positive whole number
Exclusion: a positive whole number

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
EHR Reporting Period

CMS requires that providers meet the following regulations for attaining meaningful use:

- 80% of unique patients must have records in the certified EHR technology

Enter the percentage of unique patient records in your certified EHR technology:

- Physicians who work at multiple locations but don’t have certified EHR technology available at all locations must:

  - Have 90% of their total patient encounters at locations where certified EHR technology is available

  Numerator = Number of patient encounters in the denominator conducted at locations where EHR technology is available.

  Denominator = Number of patient encounters in this State.

<table>
<thead>
<tr>
<th>State</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Do all the location have a certified EHR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td></td>
<td></td>
<td>Yes ✗</td>
</tr>
<tr>
<td>WA</td>
<td></td>
<td></td>
<td>Yes ✗</td>
</tr>
</tbody>
</table>

These meaningful use measures only on encounters that occurred at locations where certified EHR technology is available.

I agree that I meet the additional CMS regulations for attaining meaningful use. I understand that the State may choose to align my records to verify that I meet these regulations.

Calendar Year Reporting Period:
- Start Date: 1/1/2016
- End Date: 12/31/2016

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen  Save & Continue
### 3. Attestation of EHR

#### Meaningful Use

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>View</strong> Use computerized provider order entry (CPOE) for medication</td>
<td>More than 90% of all unique patients with at least one medication</td>
<td></td>
</tr>
<tr>
<td>orders directly entered by any licensed healthcare professional who can</td>
<td>in their medication list seen by the EP have at least one</td>
<td></td>
</tr>
<tr>
<td>enter orders into the medical record per state, local and professional</td>
<td>medication order entered using CPOE</td>
<td></td>
</tr>
<tr>
<td>guidelines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Implement drug-drug and drug-allergy interaction checks</td>
<td>The EP has enabled this functionality for the entire EHR reporting</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Maintain an up-to-date problem list of current and active</td>
<td>More than 90% of all unique patients seen by the EP have at least one</td>
<td></td>
</tr>
<tr>
<td>diagnoses.</td>
<td>entry or an indication that no problems are known for the patient</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Generate and transmit permissible prescriptions electronically</td>
<td>More than 90% of all permissible prescriptions written by the EP are</td>
<td></td>
</tr>
<tr>
<td>(eRx).</td>
<td>transmitted electronically using certified EHR technology.</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Maintain active medication list.</td>
<td>More than 90% of all unique patients seen by the EP have at least one</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Maintain active medication allergy list</td>
<td>entry or an indication that the patient has no known medication</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Record all of the following demographics:</td>
<td>allergies recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Record and chart changes in vital signs:</td>
<td>More than 50% of all unique patients seen by the EP have demographics</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Record smoking status for patients 13 years old or older.</td>
<td>recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Report ambulatory clinical quality measures to the State.</td>
<td>More than 50% of all unique patients age 2 and over seen by the EP</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Implement one clinical decision support role relevant to</td>
<td>have smoking status recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td>specialty or high clinical priority along with the ability to track</td>
<td>More than 50% of all unique patients 12 years old or older seen by the</td>
<td></td>
</tr>
<tr>
<td>compliance to that role.</td>
<td>EP have smoking status recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Provide patients with an electronic copy of their health</td>
<td>Clinical summaries provided to patients for more than 50% of all</td>
<td></td>
</tr>
<tr>
<td>information including diagnostic test results, problem list, medication</td>
<td>office visits within 3 business days.</td>
<td></td>
</tr>
<tr>
<td>list, medication list, allergies, diagnostic test results,</td>
<td>Performed at least one test of certified EHR technology’s capacity</td>
<td></td>
</tr>
<tr>
<td>among providers of care and patient-authorized entities</td>
<td>to electronically exchange key clinical information.</td>
<td></td>
</tr>
<tr>
<td><strong>View</strong> Protect electronic health information created or maintained by</td>
<td>Conduct or review a security risk analysis per 45 CFR 164.006(a)(1) and</td>
<td></td>
</tr>
<tr>
<td>the certified EHR technology through the implementation of</td>
<td>implement security updates as necessary and correct identified</td>
<td></td>
</tr>
<tr>
<td>appropriate technical capabilities.</td>
<td>security deficiencies as part of its risk management process.</td>
<td></td>
</tr>
</tbody>
</table>
Core Objective #1

3. Attestation of EHR

Questionnaire (1 of 15)

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: More than 39% 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.

- **PATIENT RECORDS:** Please collect whether the data used to support the measure 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.

Exclusion - Based on ALL patient records: Any EP who entered fewer than 100 prescriptions during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

- Does this exclusion apply to you?

  - **Yes**
  - **No**

Complete the following information:

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

**Denominator:** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

- **Numerator:**
- **Denominator:**

Please enter a numerator.

Please enter a denominator.

Please click the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #2

3. Attestation of EHR

Questionnaire (2 of 15)

Objective: Implemented drug-drug and drug-allergy interaction checks

Measure: The EP has enabled this functionality for the entire EHR reporting period. Complete the following information:

+ Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

[ ] Yes  [ ] No

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Core Objective #3

3. Attestation of EHR

Questionnaire (3 of 15)

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

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

Complete the following information:

Numerator 1 = Number of patients in the denominator who have at least one entry in their problem list.

Numerator 2 = Number of patients that have an indication in their problem list that no problems are known for the patient.

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

Numerator 1: 
Numerator 2: 
Denominator: 

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #4

3. Attestation of EHR

Questionnaire (4 of 15)

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 49% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

**Patient Records:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- Data was extracted only from patient records maintained using certified EHR technology.
- Data was extracted from ALL patient records.

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

Does this exclusion apply to you?
- Yes [ ]
- No [x]

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:

Name of the eRx Service:

Name of One Pharmacy That You Have Transmitted Prescriptions To:

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen  Save & Continue
Core Objective #5

3. Attestation of EHR

Questionnaire (3 of 15)

Objective: Maintain active medication list.

Measure: More than 99% of all unique patients seen by the EP have at least one entry for an indication that the patient is not currently prescribed any medication recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have a medication recorded as structured data
Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication
Denominator = Number of unique patients seen by the EP during the EHR reporting period

Please select the ‘Previous Screen’ button to go back or the ‘Save & Continue’ button to proceed.
Core Objective #6

3. Attestation of EHR

Questionnaire (5 of 15)

- A list asterisk indicates a required field.

**Objectives:** 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.

Complete the following information:

**Numerator 1:** Number of unique patients in the denominator who have at least one entry recorded as structured data in their medication allergy list.

**Numerator 2:** Number of unique patients in the denominator who have 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 1: [Input Field]
- Numerator 2: [Input Field]
- Denominator: [Input Field]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Core Objective #7

3. Attestation of EHR

Questionnaire (7 of 15)

Objective:
- Record all of the following demographics:
  - Preferred language
  - Gender
  - Race
  - Ethnicity
  - Date of birth

Measure:
More than 90% of all unique patients seen by the EP have demographics recorded as structural data.

Complete the following information:
- Numerator 1: Number of patients in the denominator who have all the demographics recorded as structural data.
- Numerator 2: Number of patients who have some information recorded as structural data, but either declined to provide one or more elements or the recording of an element is contraindicated to State law.
- Denominator: Number of unique patients seen by the EP during the EHR reporting period.

If the Second Numerator is more than zero, what is the most common reason?

Select...

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen | Save & Continue
Core Objective #8 with first exclusion selected

3. Attestation of EHR

Questionnaire (8 of 15)

Objective: Record and chart changes in vital signs:
- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

PATIENT RECORDS: Please select whether the data used to support the measure 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.

EXCLUSION 1: Based on ALL patient records. An EP who sees no patients 2 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 to you?
  - Yes
  - No

If you have claimed an Exclusion, what was the primary reason?

Select... Required Field

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #8 with second exclusion selected

3. Attestation of EHR

Questionnaire (8 of 15)

Objective:
- Record and chart changes in vital signs:
  - Height
  - Weight
  - Blood pressure
  - Calculate and display body mass index (BMI).
  - Plot and display growth charts for children 2-20 years, including BMI.

Measure:
More than 59% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.

Patient records: Please select whether the data used to support the measure 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.

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 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 to you?
- Yes
- No

Exclusion 2 - Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?
- Yes
- No

If you have claimed an exclusion, what was the primary reason?
Select... Required Field

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #8 with no exclusion selected

3. Attestation of EHR

Questionnaire (8 of 15)

- Red asterisk indicates a required field.

**Objective:** Record and chart changes in vital signs:
- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI

**Measure:** More than 60% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.
- **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- **This data was extracted from ALL patient records maintained using certified EHR technology.**
- **This data was extracted only from patient records maintained using certified EHR technology.**

**Exclusion 1:** Based on **ALL patient records:** An EP who does not see patients 2 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 to you?**
  - Yes
  - No

**Exclusion 2:** Based on **ALL patient records:** An EP who believes that all these vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
- **Does this exclusion apply to you?**
  - Yes
  - No

Complete the following information:

**Numerator:** Number of patients in the denominator who have at least one entry of their height, weight and blood pressure on record as structure data.

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

- **Numerator:** 
  - Please enter a numerator.

- **Denominator:** 
  - Please enter a denominator.

Please select the **Previous Screen** button to go back or the **Save & Continue** button to proceed.
Core Objective #9

3. Attestation of EHR

Questionnaire (9 of 15)

- Bold asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

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

- Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- This data was extracted from ALL patient records maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

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 to you?
  - Yes
  - No

Complete the following information:

Numerator = Number of patients in the denominator with smoking status recorded as structured data.
Denominator = Number of unique patients age 12 or older seen by the EP during the EHR reporting period.

- Numerator: [ ] Please enter a numerator.
- Denominator: [ ] Please enter a denominator.
Core Objective #10

3. Attestation of EHR

Questionnaire (10 of 15)

Objective: Report ambulatory clinical quality measures to the State.

Measure: Successfully report to the State ambulatory clinical quality measures selected by the State in the manner specified by the State.

Complete the following information:
- I will submit Clinical Quality Measures.

☑ Yes  ☐ No

- Please enter the name of one COBM you have or will enter: [Required Field]

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #11

3. Attestation of EHR

**Questionnaire (11 of 15)**

*Required fields indicated by asterisk.*

**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.

Complete the following information:

- Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule? [ ] Yes [ ] No

Please enter the name of one Clinical Decision Support Rule you have implemented:

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
3. Attestation of EHR

Questionnaire (12 of 15)

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 90% of all patients who request an electronic copy of their health information are provided it within 3 business days.

PATIENT RECORDS: Please select whether the data used to support the measure 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.

Exclusions: 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 the EP from achieving meaningful use.

Does this exclusion apply to you?

Yes
No

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: Please enter a numerator.

Denominator: Please enter a denominator.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Objective #13

3. Attestation of EHR

Questionnaire (13 of 15)

Objective: Provide clinical summaries to patients for more than 60% of all office visits within 3 business days.

Measure: Clinical summaries provided to patients for more than 60% of all office visits within 3 business days.

4-PATIENT RECORDS: Please select whether the data used to support the measure 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.

Exclusion - Based on ALL patient records: An 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 to you?
  - Yes
  - No

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: Please enter a numerator.
+ Denominator: Please enter a denominator.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
3. Attestation of EHR

Questionnaire (14 of 15)

Objective: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measures: Performed at least one test of certified EHR technology’s capability to electronically exchange key clinical information.

Complete the following information:

* Have you performed at least one test of certified EHR technology’s capability to electronically exchange key clinical information?

   - Yes
   - No

* With what organization was the information exchanged?

   Required Field

* Was the test successful?

   - Yes
   - No
Core Objective #15

3. Attestation of EHR

Questionnaire (15 of 15)

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.

Complete the following information:

Has your organization conducted or reviewed 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
Menu Objective Summary

Meaningful Use Menu Measures

Questionnaire

Instructions:
EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the EP be able to successfully meet only one of these public health menu measures, the EP must select and report on that measure to CMS. Having met one public health menu measure, the EP must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the EP may select any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

If an EP meets the criteria for and claims an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualified for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

Select the Continue button to open each selected Menu Objective Detail page in turn to complete the Information for Meaningful Use attestation. Alternatively, select any of the links below to complete that Objective’s Detail page.

You must select at least one Meaningful Use Menu Measure from the public health measure list even if an Exclusion applies to both measures:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability to submit electronic data to immunization registers or immunization information systems and actual submission in accordance with applicable law and practice.</td>
<td>Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registrars and follow-up submission if the test is successful (unless none of the immunization registrars to which the EP submits such information have the capacity to receive the information electronically).</td>
</tr>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.</td>
<td>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).</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement drug formulary checks.</td>
<td>The EP has enabled the functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.</td>
</tr>
<tr>
<td>Incorporate clinical lab-test results into EHR as structured data.</td>
<td>More than 40% of all clinical lab tests 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.</td>
</tr>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.</td>
<td>Generate at least one report listing patients of the EP with a specific condition.</td>
</tr>
<tr>
<td>Send reminders to patients per patient preference for preventive follow-up care.</td>
<td>More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.</td>
</tr>
<tr>
<td>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 48 business days of the information being available to the EP.</td>
<td>At least 80% 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.</td>
</tr>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</td>
<td>More than 20% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>The EP who transitions their patient to another setting of care or provider of care should provide summary of care record for more than 50% of transitions of care and referrals.</td>
<td>The EP who transitions 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.</td>
</tr>
</tbody>
</table>

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #1

3. Attestation of EHR

Questionnaire (1 of 5)

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.

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

- Does this exclusion apply to you?
  - Yes
  - No

Please complete the following information:

- Have you enabled 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

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Menu Objective #2

3. Attestation of EHR

Questionnaire (2 of 5)

Objective: Incorporate clinical lab test results into EHR as structured data.

Measure: More than 40% of all clinical lab tests results ordered for 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.

Exclusion - Based on ALL patient records: Any EP who orders no lab tests whose results are in either 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 to you?

Yes  No

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:  

Please enter a numerator.

Denominator:  

Please enter a denominator.

Were the results added through a Health Information Exchange or added manually?

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #3

3. Attestation of EHR

Questionnaire (3 of 5)

Objectives: 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 at the EP with a specific condition.

- **Patient Records:** Please select whether the data used to support the measure was extracted from ALL patient records or only those maintained using certified EHR technology.
  - The data was extracted from ALL patient records not just those maintained using certified EHR technology.
  - The data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

  - Yes  
  - No

Please name at least one specific condition for which a list was created:

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Menu Objective #4

3. Attestation of EHR

Questionnaire (4 of 5)

Objective: Send reminders to patients per patient preference for preventative care.

Measure: More than 90% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

- **PATIENT RECORDS:** Please select whether the data used to support the measure 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.

Exclusion - Based on ALL patient records: Any EP who has no patients 65 years old 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 to you?

- **Yes**
- **No**

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:** [ ] Please enter a numerator.
- **Denominator:** [ ] Please enter a denominator.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #5

3. Attestation of EHR

Questionnaire (1 of 5)

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.

- Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
  - This data was extracted from ALL patient records.
  - This data was extracted only from patient records maintained using certified EHR technology.

Exclusion: Based on ALL patient records: Any EP who neither orders nor receives 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 to you?
  - 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.

Denumerator = Number of unique patients seen by the EP during the EHR reporting period.

Numerator: Please enter a numerator.
Denumerator: Please enter a denominator.

Does the provider have a patient portal?

- Yes
- No

Required Field
Menu Objective #6

3. Attestation of EHR

**Questionnaire (1 of 5)**

- 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.

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.

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

- Previous Screen
- Save & Continue
Menu Objective #7

3. Attestation of EHR

Questionnaire (2 of 5)

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.

- Patient Records: Please select whether the data used to support the measure 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.

Inclusion: 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.

Are these exclusions applicable to you?
- Yes
- No

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.

Please enter a numerator.

Please enter a denominator.

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Menu Objective #8 with exclusion selected

3. Attestation of EHR

Questionnaire (3 of 5)

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 patients with 50% or more of their transitions of care and referrals.

Patient Records: Please select whether the data used to support the measure 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.

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 to you?

Yes  ☐  No ☐

If you have claimed an exclusion, what was the primary reason?

Select... ☐  Required Field

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
3. Attestation of EHR

Questionnaire (3 of 5)

Objective:
The EP who transitioned 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:

- **PATIENT RECORDS**: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- **This data was extracted from ALL patient records maintained using certified EHR technology.**
- **This data was extracted only from patient records maintained using certified EHR technology.**

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.

- **Yes**
- **No**

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.

Please select the **Previous Screen** button to go back or the **Save & Continue** button to proceed.
Menu Objective #9 with first exclusion selected

3. Attestation of EHR

Questionnaire (4 of 5)

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

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 capability to receive the information electronically).

Exclusion #1: Based on ALL patient records. An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?
  - Yes  
  - No

* If you have claimed an Exclusion, what was the primary reason?
  - Select ...

Attach Files

The following attachments are optional:

- Other Attachment

File Name | Subject
----------|----------
No records to display.

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Menu Objective #9 with second exclusion selected

3. Attestation of EHR

Questionnaire (4 of 5)

- **Objective:** Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

- **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).

  **Exclusion 1. Based on ALL patient records:** An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

  - Does this exclusion apply to you?
    - Yes
    - No

  **Exclusion 2. Based on ALL patient records:** If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

  - Does this exclusion apply to you?
    - Yes
    - No

  *If a letter was issued from the Immunization Registry stating it was not possible to test during the Reporting Period, or that it test failed, please select it using the Attach Files component on this page.*

Attach Files

The following attachments are optional:

- **Other Attachment**

  File Name: Subject

  File records to display:

  - [Add Files](#)
  - [Remove Selected](#)

Please select the **Previous Screen** button to go back or the **Save & Continue** button to proceed.
Menu Objective #9 with no exclusion selected

3. Attestation of EHR

Questionnaire (4 of 5)

- **Objective**: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

- **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.

**Exclusion 1**: Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

- Does this exclusion apply to you?
  - Yes
  - No

**Exclusion 2**: Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

- Does this exclusion apply to you?
  - Yes
  - No

Please complete the following:

- Did you perform at least one test of certified EHR technology's capability 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

Was the test successful?

- Yes
- No

Please record the date and time of the test.

- Immunization Registry or Information System:
  - Select...

  - If the test was successful, was there a follow-up submission?
    - Yes
    - No

If a letter was issued from the Immunization Registry stating it was not possible to test during the Reporting Period, or that a test failed, please attach it using the Attach Files component on this page.

**Attach Files**

The following attachments are optional:

- Other Attachment

  - File Name
  - Subject

  No records to display.

- Add Files
- Remove Selected

Please select the Previous Screen button to go back or the 'Save & Continue' button to proceed.
Menu Objective #10 with first exclusion selected

3. Attestation of EHR

**Questionnaire (5 of 5)**

- **Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

- **Measure:** Performed at least one test of certified EHR technology's capability 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).

**Exclusion 1:** Based on **ALL** patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?*

- Yes
  - **No**

If you have claimed an Exclusion, what was the primary reason?

Select... Required Field

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Menu Objective #10 with second exclusion selected

3. Attestation of EHR

**Questionnaire (S of 5)**

- **Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

- **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).

**Exclusion 1:** Based on ALL patient records: If an EP does not collect reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

  - Does this exclusion apply to you?
    - Yes
    - No

**Exclusion 2:** Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

  - Does this exclusion apply to you?
    - Yes
    - No

- If you have claimed an Exclusion, what was the primary reason?
  
  Select...  

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[Previous Screen]  [Save & Continue]
Menu Objective #10 with no exclusion selected

3. Attestation of EHR

Questionnaire (5 of 5)

Objective: Capable of submitting electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

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).

Exclusion 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

- Does this exclusion apply to you?
  - Yes
  - No

Exclusion 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

- Does this exclusion apply to you?
  - Yes
  - No

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

- Was the test successful?
  - Yes
  - No

Required Field

- Syndromic Surveillance Agency
  - Select...

If the test was successful, was there a follow-up submission?

- Yes
- No

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
CQM Core Summary

3. Attestation of EHR

Clinical Quality Measures

Core Objectives
Select any of the links below to complete the Core Objectives information for Meaningful Use attestation. All objectives must be answered.

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension Blood Pressure Measurement View</td>
<td>Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.</td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Screening Measure Pair View</td>
<td>a. Tobacco Use Assessment: Percentage of patients aged 13 years and older who have been seen for at least 2 office visits who were asked about tobacco use once or more times within 24 months.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Tobacco Cessation Intervention: Percentage of patients aged 13 years and older identified as tobacco users within the past 24 months and who have been seen for at least 2 office visits, who received cessation intervention.</td>
<td></td>
</tr>
<tr>
<td>Adult Weight Screening and Follow-up View</td>
<td>Percentage of patients aged 13 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.</td>
<td></td>
</tr>
</tbody>
</table>
Core Clinical Quality Measures

Questionnaire (1 of 3)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 19 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

*Numerator: ___________________________  *Denominator: ___________________________

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Core Clinical Quality Measures

Questionnaire (2 of 3)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NGF 0028 | PQRI 114
Title: Preventive Care and Smoking Measure Pair

a. Tobacco Use Assessment
Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use once or more times within 24 months.
Complete the following information:

Numerator: [ ]
Denominator: [ ]

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

Numerator: [ ]
Denominator: [ ]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Core Clinical Quality Measures

Questionnaire (3 of 3)

= Field asterisk indicates a required field.

NQF 0421 / PCP 129

Title: Adult Weight Screening and Follow-up

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

Complete the following information:

Population Criteria 1:

Numerator: [ ]
Denominator: [ ]
Exclusion: [ ]

Population Criteria 2:

Numerator: [ ]
Denominator: [ ]
Exclusion: [ ]

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen  Save & Continue
# Alternate Clinical Quality Measures

**Questionnaire**

Instructions:

You have entered a denominator of zero for 3 Clinical Quality Measure(s).

Please select 3 of the Alternate Clinical Quality Measures from the list below.

Notes: An Alternate Clinical Quality Measure with a denominator of zero should not be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0924</td>
<td>Weight Assessment and Counseling for Children and Adolescents</td>
<td>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.</td>
</tr>
<tr>
<td>0941</td>
<td>Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old</td>
<td>Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).</td>
</tr>
<tr>
<td>0908</td>
<td>Childhood Immunization Status</td>
<td>Percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (Tdap); three polio (IPV); one mumps, measles, and rubella (MMR); two H influenza type B (HIB); three Hepatitis B (Hep B); one chicken pox (ZDV); one pneumococcal conjugate (PCV); two Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.</td>
</tr>
</tbody>
</table>

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Alternate Clinical Quality Measures

Questionnaire (1 of 3)

NQF 0024

Title: Weight Assessment and Counseling for Children and Adolescents

Description: Percentage of patients 2-17 years of age who had an adult or pediatric visit with a Primary Care Provider (PCP) or OBGYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measured year.

Complete the following information:

Population Criteria 1:
[ ] Numerator: □ Denominator: □

Population Criteria 2:
[ ] Numerator: □ Denominator: □

Population Criteria 3:
[ ] Numerator: □ Denominator: □

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[ ] Previous Screen  [ ] Save & Continue
Alternate Clinical Quality Measures

Questionnaire (2 of 3)

- Red asterisk indicates a required field.

Eligible Population

Titled Preventive Care and Screening: Influenza Immunization for Patients ≥ 60 Years Old

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Alternate Clinical Quality Measures

Questionnaire (3 of 3)

Complete the following information:

Population Criteria 1: [Numerator: ] [Denominator: ]
Population Criteria 2: [Numerator: ] [Denominator: ]
Population Criteria 3: [Numerator: ] [Denominator: ]
Population Criteria 4: [Numerator: ] [Denominator: ]
Population Criteria 5: [Numerator: ] [Denominator: ]
Population Criteria 6: [Numerator: ] [Denominator: ]
Population Criteria 7: [Numerator: ] [Denominator: ]
Population Criteria 8: [Numerator: ] [Denominator: ]
Population Criteria 9: [Numerator: ] [Denominator: ]
Population Criteria 10: [Numerator: ] [Denominator: ]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
## CQM – Additional Summary (1 of 3)

### Additional Clinical Quality Measures

#### Questionnaire

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

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Asthma Assessment</td>
<td>Percentage of patients aged 5 through 18 years with a diagnosis of asthma who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (in terms of daytime and nocturnal asthma symptoms).</td>
</tr>
<tr>
<td>002</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcal (GAS) test for the episode.</td>
</tr>
<tr>
<td>004</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</td>
<td>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 12 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.</td>
</tr>
<tr>
<td>0012</td>
<td>Prenatal Care Screening for Human Immunodeficiency Virus (HIV)</td>
<td>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.</td>
</tr>
<tr>
<td>0014</td>
<td>Prenatal Care: Anti-D Immune Globulin</td>
<td>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 26-28 weeks gestation.</td>
</tr>
<tr>
<td>0016</td>
<td>Controlling High Blood Pressure</td>
<td>The percentage of patients 18-15 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.</td>
</tr>
<tr>
<td>0027</td>
<td>Smoking and Tobacco Use Cessation: Medical assistance: a: Advising Smokers and Tobacco Users to Quit, b: Discussing Smoking and Tobacco Use Cessation Medications, c: Discussing Smoking and Tobacco Use Cessation Strategies</td>
<td>Percentage of patients 13 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.</td>
</tr>
<tr>
<td>0021</td>
<td>Breast Cancer Screening</td>
<td>Percentage of women 45-49 years of age who had a mammogram to screen for breast cancer.</td>
</tr>
<tr>
<td>0022</td>
<td>Cervical Cancer Screening</td>
<td>Percentage of women 21-94 years of age, who received one or more PAP tests to screen for cervical cancer.</td>
</tr>
<tr>
<td>0033</td>
<td>Chlamydia Screening for Women</td>
<td>Percentage of women 13-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</td>
</tr>
<tr>
<td>0034</td>
<td>Colorectal Cancer Screening</td>
<td>Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</td>
</tr>
<tr>
<td>0036</td>
<td>Use of Appropriate Medications for Asthma</td>
<td>Percentage of patients 5 - 54 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report these age stratifications (5-11 years, 12-14 years, and total).</td>
</tr>
</tbody>
</table>
### CQM – Additional Summary (2 of 3)

<table>
<thead>
<tr>
<th>CQM Code</th>
<th>CQM Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0843</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Percentage of patients 5 years of age and older who have ever received a pneumococcal vaccine.</td>
</tr>
<tr>
<td>0847</td>
<td>Asthma Pharmacologic Therapy</td>
<td>Percentage of patients aged 5 through 49 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.</td>
</tr>
<tr>
<td>0852</td>
<td>Low Back Pain: Use of Imaging Studies</td>
<td>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.</td>
</tr>
<tr>
<td>0855</td>
<td>Diabetes Eye Exam</td>
<td>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 exam (no evidence of retinopathy) by an eye care professional.</td>
</tr>
<tr>
<td>0856</td>
<td>Diabetes Foot Exam</td>
<td>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).</td>
</tr>
<tr>
<td>0858</td>
<td>Diabetes Hemoglobin A1c Poor Control</td>
<td>Percentage of patients 18 – 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c &gt; 9.0%.</td>
</tr>
<tr>
<td>0861</td>
<td>Diabetes Blood Pressure Management</td>
<td>Percentage of patients 18 – 75 years of age with diabetes (type 1 or type 2) who had blood pressure &gt; 140/90 mmHg.</td>
</tr>
<tr>
<td>0862</td>
<td>Diabetes Urine Screening</td>
<td>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.</td>
</tr>
<tr>
<td>0864</td>
<td>Diabetes Low Density Lipoprotein (LDL) Management and Control</td>
<td>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C &lt; 100 mg/dL.</td>
</tr>
<tr>
<td>0867</td>
<td>Coronary Artery Disease (CAD): Oral Antplatelet Therapy Prescribed for Patients with CAD</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antplatelet therapy.</td>
</tr>
<tr>
<td>0868</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</td>
<td>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 antiplatelet during the measurement year.</td>
</tr>
<tr>
<td>0870</td>
<td>Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.</td>
</tr>
<tr>
<td>0871</td>
<td>Ischemic Vascular Disease (IVD): Blood Pressure Management</td>
<td>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 (&gt; 140/90 mmHg).</td>
</tr>
<tr>
<td>0874</td>
<td>Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).</td>
</tr>
<tr>
<td>0875</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</td>
<td>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 LDL-C &lt; 100 mg/dL.</td>
</tr>
<tr>
<td>0881</td>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF &lt; 40%) who were prescribed ACE inhibitor or ARB therapy.</td>
</tr>
<tr>
<td>0883</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF &lt; 40%) who were prescribed beta-blocker therapy.</td>
</tr>
<tr>
<td>0884</td>
<td>Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation</td>
<td>Percentage of all patients aged 15 years and older with a diagnosis of heart failure and paraoxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.</td>
</tr>
<tr>
<td>CQM</td>
<td>Additional Summary (3 of 3)</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>0804</td>
<td>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
<td>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.</td>
</tr>
<tr>
<td>0801</td>
<td>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</td>
<td>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.</td>
</tr>
<tr>
<td>0803</td>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>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.</td>
</tr>
<tr>
<td>0805</td>
<td>Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment</td>
<td>Percentage of patients aged 18 years and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.</td>
</tr>
<tr>
<td>0807</td>
<td>Oncology Colon Cancer: Chemotherapy for Stage II Colon Cancer Patients</td>
<td>Percentage of patients aged 18 years and older with Stage III (C, D) colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.</td>
</tr>
<tr>
<td>0812</td>
<td>Oncology Breast Cancer: Hormonal Therapy for Stage I (IC, IIB), HER2 Negative, Positive Hormone Receptor</td>
<td>Percentage of female patients aged 18 years and older with Stage I (IC, IIB) breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.</td>
</tr>
<tr>
<td>0830</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving androgen deprivation therapy (ADT), 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.</td>
</tr>
<tr>
<td>0875</td>
<td>Diabetes: Hemoglobin A1c Control (18-79y)</td>
<td>The percentage of patients 18-79 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c &lt; 8%.</td>
</tr>
</tbody>
</table>

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

Questionnaire (1 of 3)

- Red asterisk indicates a required field.

Title: Asthma Assessment

Description: Percentage of patients aged 5 through 16 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (weekly) of daytime and nocturnal asthma symptoms.

Complete the following information:

Population Criteria:

> Numerator

> Denominator

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

1. This is a required field.

**Tiltide: Appropriate Testing for Children with Pharyngitis**

Desired: Percentage of children 2-10 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (GAS) test for the antigen.

Consider the following information:

- **Population Criteria**:
  - Numerator
  - Denominator

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

[Previous Screen] [Save & Continue]
Additional Clinical Quality Measures

Questionnaire (3 of 3)

NQF 0004
Titles 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 (AUD) dependence who initiate treatment through an inpatient AUD admission, ambulatory 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 within 30 days of the initiation visit.

Complete the following information:

Population Criteria 1:
- Numerator:
- Denominator:

Population Criteria 2:
- Numerator:
- Denominator:

Population Criteria 3:
- Numerator:
- Denominator:

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (1 of 3)**

NQF 0012

**Title:** Preterm 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.

Complete the following information:

![Image of questionnaire with fields labeled as required fields](image)

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

- Required fields indicated by a *.

**NQF 0014**

Title: Preventable 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 26-39 weeks gestation.

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>* Numerator</th>
<th>* Denominator</th>
<th>* Exclusion</th>
</tr>
</thead>
</table>

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

Questionnaire (3 of 3)

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.

Complete the following information:

Population Criteria: [Numerator] [Denominator]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

**NQF 0027** / PQRS115


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 at the practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
</table>

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

Required fields are indicated with an asterisk.

**BQF 0031 Form 11.2**

Titler Breast Cancer Screening

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

Complete the following information:

- **Numerator**: Population criteria.
- **Denominator**: Population criteria.

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.

[Image of a webpage with various options and fields related to clinical quality measures.]
NQF 0032

Additional Clinical Quality Measures

Questionnaire (3 of 3)

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.

Consider the following information:

Population Criteria

Numerator

Denominator

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen | Save & Continue
# Additional Clinical Quality Measures

**Questionnaire (1 of 3)**

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.

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Criteria 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Criteria 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Criteria 3:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

- Red asterisk indicates a required field.

**NQF 0034 | POF: 113**

**Title: Colorectal Cancer Screening**

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

Complete the following information:

Population Criteria:  
- Numerator:  
- Denominator:  
- Exclusion:  

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

- Previous Screen  
- Save & Continue
NQF 0036

Additional Clinical Quality Measures

Questionnaire (3 of 3)

NQF 0036

Title: Use of Appropriate Medications for Asthma

Definition: Percentage of patients 5 - 59 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, 12-17 years, and total).

Complete the following information:

Population Criteria 1:

- Numerator:
- Denominator:
- Exclusion:

Population Criteria 2:

- Numerator:
- Denominator:
- Exclusion:

Population Criteria 3:

- Numerator:
- Denominator:
- Exclusion:

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (1 of 3)**

- Fill asterisks indicate a required field.

**BHR 0043) PPS 111**

Title: Pneumococcal Vaccination Status for Older Adults

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

Complete the following information:

- **Population Criteria:**
  - Numerator
  - Denominator

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

Title: Asthma Pharmacologic Therapy

NQF 0047 / PGY 5

Instructions: For patients aged 5 through 66 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroids) or an acceptable alternative treatment, complete the following information:

- Population Criteria
  - [ ] Numerator
  - [ ] Denominator
  - [ ] Exclusion

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
## Additional Clinical Quality Measures

### Questionnaire (3 of 3)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Red asterisk indicates a required field.</td>
</tr>
</tbody>
</table>

**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 20 days of diagnosis.

Complete the following information:

Population Criteria: [ ] Human, [ ] Nonhuman

Select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
NQF 0055

Additional Clinical Quality Measures

Questionnaire (1 of 3)

NQF 0055 - Item 117

Title: Diabetes: Eye Exam

Description: Percentage of patients 19-75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam in the evidence of retinopathy by a health care professional.

Complete the following information:

Population Criteria: [Numeration] [Denominator] [Reduction]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
NQF 0056

Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

BQF 0056 / PGF 163

Title: Diabetes: Foot Exam

Basis: The percentage of patients aged 16 - 75 years with diabetes (Type 1 or Type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

Complete the following information:

Population Criteria

- Nominator
- Denominator
- Exclusion

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (3 of 3)**

- [ ] An asterisk indicates a required field.

**BGFR 0059 | PAGE 1**

**Titte: Deleted: Hemoglobin At c Poor Control**

Biosystem: Percentage of patients 10 - 75 years of age with diabetes (Type 1 or Type 2) who had hemoglobin A1c > 9.0%.

Complete the following table.

- Numerator
- Denominator
- Exclusion

Population Criteria

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
# Additional Clinical Quality Measures

## Questionnaire (1 of 3)

- Please indicate whether a required field.

**Blood Pressure Management**

<table>
<thead>
<tr>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

Population Criteria:

- Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

- Red asterisk indicates a required field.

**Title: Diabetes: Urine Screening**

Describe the percentage of patients 10 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Consider the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen    Save & Continue
Additional Clinical Quality Measures

Questionnaire (3 of 3)

NQF 0064

Breastfeeding: Breastfeeding Management

See the following information:

Population Criteria

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Additional Clinical Quality Measures

Questionnaire (1 of 3)

1. Red asterisk indicates a required field.

Title: Coronary Artery Disease (CAD) Oral Antiplatelet Therapy Prescribed for Patients with CAD

Instructions: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy:

Consider the following information:

Population Criteria: [ ] Numerator [ ] Denominator [ ] Exclusion

Please select the Previous Screen button to go back or the Save & Continue button to proceed.
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

- Red asterisks indicate a required field.

**BMJ 0068 JHPC 2012**

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.

**Population Criteria**

- **Numerator**
- **Denominator**

Please select the Previous Screen button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

**Questionnaire (3 of 3)**

- Required indicates a required field.

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.

Consider the following information:

**Population Criteria**

- numerator
- denominator
- exclusion

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

**Questionnaire (1 of 3)**

- Red asterisk indicates a required field.

**NQF 0073 / PQRS 2011**

Title: Ischemic Vascular Disease (IVD): Blood Pressure Management

The Ischemic Vascular Disease (IVD) measure reports the 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) within 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 pressures is in control (140/90 mmHg).

Complete the following information:

**Population Criteria**

[Population Criteria]

Numerators

Denominators

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

[Previous Screen] [Save & Continue]
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

![Required field indicator]

**Title:** Coronary Artery Disease (CAD) Drug Therapy for Lowering LDL-Cholesterol

**Description:** Percentage of patients aged 65 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).

**Complete the following information:**

Population Criteria: [ ] Numerator [ ] Denominator [ ] Exclusion

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
### Additional Clinical Quality Measures

#### Questionnaire (3 of 3)

**NQF 0075**

**Title**: Ischemic Vascular Disease (IVD) Complete Lipid Panel and LDL Control

**Description**: Percentage of patients 16 years of age and older who were discharged alive after 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 value is... 

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
</table>

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

Questionnaire (1 of 3)

☐ Red asterisk indicates a required field.

NQF 0081

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

Instructions: 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.

Complete the following information:

Population Criteria:

[ ] Numerator

[ ] Denominator

[ ] Exclusion

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

Questionnaire (2 of 3)

**Tilted-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.

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Reduction</th>
</tr>
</thead>
</table>

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
NQF 0084

Additional Clinical Quality Measures

Questionnaire (3 of 3)

- Fixed asterisks indicate a required field.

**Blind Heart Failure (HF) Warfarin Therapy Patients with Atrial Fibrillation**

Describe the percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.

Complete the following information:

- Numerator:
- Denominator:
- Exclusion:

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

**Questionnaire (1 of 3)**

- COPE
  - Drug
  - Drug-Drug
  - Drug-Allergy

1. About You
2. Confirm Medical Eligibility
3. Attestation of EHR
   - EHR Certification
   - EHR Reporting Period
4. MU Core Objectives
   - 2016 Edition
   - 2015 Edition

**EHR: Primary Open-angle Glaucoma (POAG): Optic Nerve Evaluation**

- Descriptors
  - Percentage of patients aged 65 years and older with a diagnosis of POAG who have been seen for at least two office visits who have had an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information:

- Population Criteria
- Numerator
- Denominator
- Exclusion

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.
Additional Clinical Quality Measures

Questionnaire (2 of 3)

NQF 0088 / PQE '16

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 retinal 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.

Complete the following information:

Population Criteria: [Numerator] [Denominator] [Exclusion]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen  Save & Continue
Additional Clinical Quality Measures

Questionnaire (1 of 3)

1. Abdominal CQD
2. Complete Medication Eligibility
3. Attitude of EHR
   - EHR Certification
   - EHR Reporting Period
4. MU Core Objectives
   - CPOE
   - Drug Drug Drug Allergy
   - Problem List
   - D-Presenting
   - Medication List
   - Medication Allergy List
   - Recent Demographics
   - Vital Signs
5. Smoking Status
6. Report Vocabulary CQMs
7. Clinical Decision Support

Text: "NQF 0089"

[Image]
Additional Clinical Quality Measures

**Questionnaire (2 of 3)**

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

Please indicate the percentage of patients 10 years of age and older who were diagnosed with a new episode of major depression, treated with an antidepressant medication, and who remained on an antidepressant medication treatment.

Complete the following information:

<table>
<thead>
<tr>
<th>Population Criteria</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
</table>

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
NQF 0385

Additional Clinical Quality Measures

**Questionnaire (3 of 3)**

- Red asterisk indicates a required field.

**Title**: Oncology Colon Cancer: Chemotherapy for Stage II Colon Cancer Patients

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

Complete the following information:

- Population Criteria:

Please select the "Previous Screen" button to go back or the "Save & Continue" button to proceed.

[Previous Screen] [Save & Continue]
Additional Clinical Quality Measures

Questionnaire (1 of 3)

[Blank form with fields for data entry]

Title: Oncology Breast Cancer: Hormonal Therapy for Stage I-III, Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Instructions: The percentage of female patients aged 18 years and older with Stage I through III, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 15-month reporting period.

Complete the following information:

Population Criteria: [Blank fields for numerator, denominator, and conclusion]

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.
Additional Clinical Quality Measures

Questionnaire (2 of 3)

> Red asterisk indicates a required field.

NQF 0389 / POP 162

Title: Prostate Cancer: Appropriateness 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 chemotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

Population Criteria: 

H: Numerator 

D: Denominator 

E: Exclusion

Please select the Previous Screen button to go back or the Save & Continue button to proceed.

Previous Screen  Save & Continue
Additional Clinical Quality Measures

**Questionnaire (3 of 3)**

- Red asterisk indicates a required field.

**Title**
Diabetes: Hemoglobin A1C Control (<80%)

<table>
<thead>
<tr>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

Population Criteria

Please select the Previous Screen button to go back or the Save & Continue button to proceed.