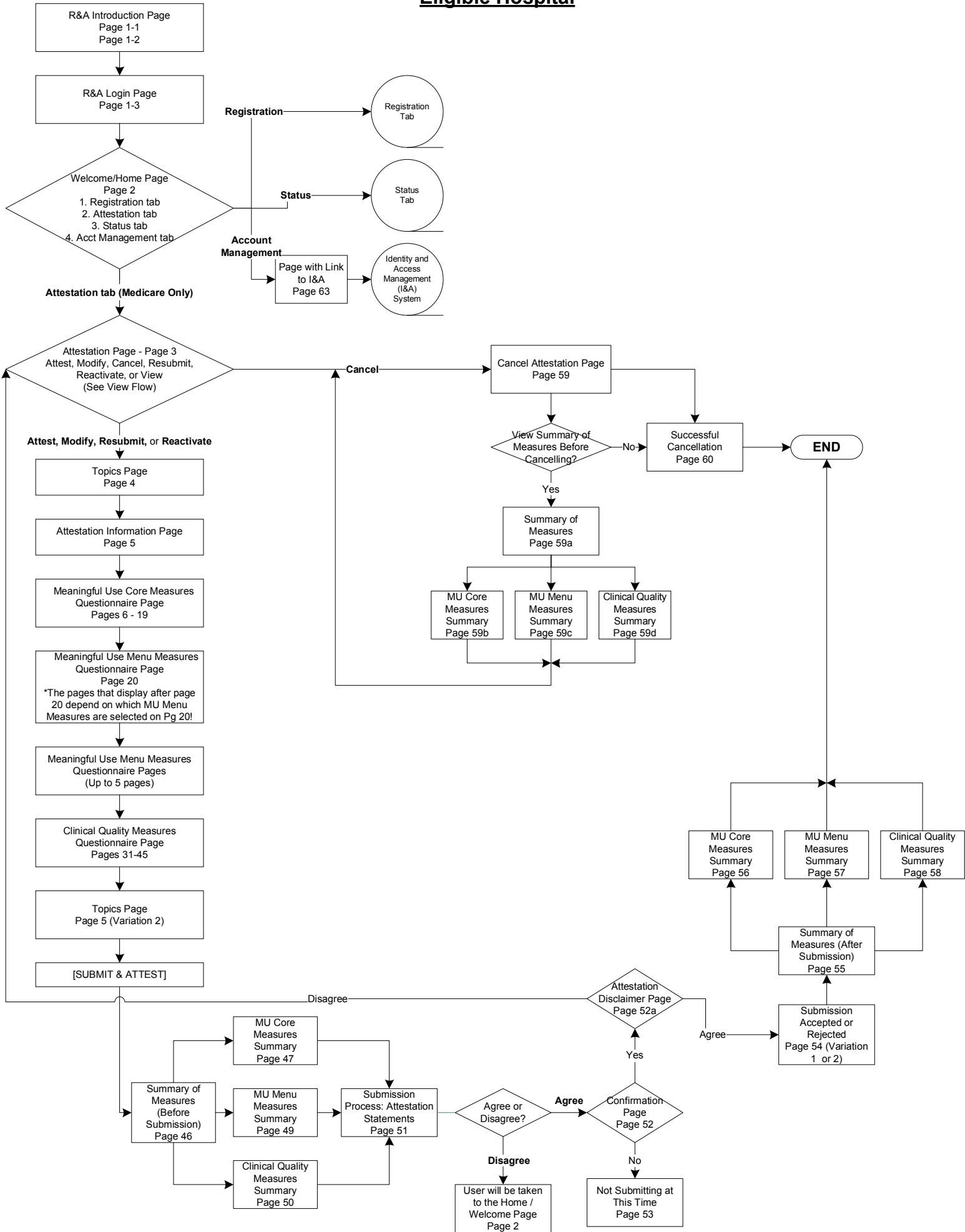
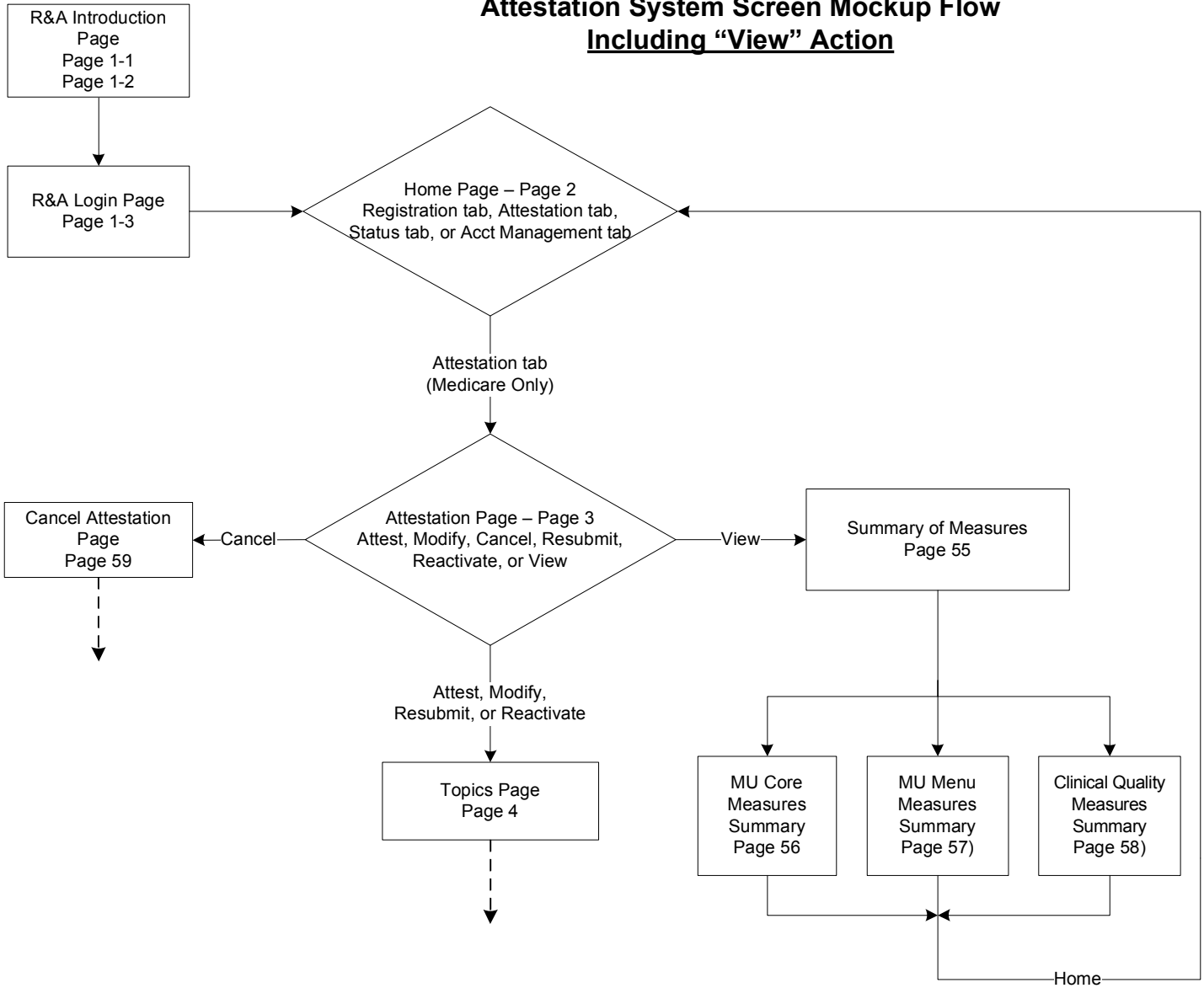


Medicare & Medicaid EHR Incentive Program Attestation System Screen Mockup Flow

Eligible Hospital



Medicare & Medicaid EHR Incentive Program Attestation System Screen Mockup Flow Including "View" Action





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

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) incentive programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR incentive programs. Those wanting to take part in the program will use this system to register and participate in the program.

Eligible to Participate – There are two types of groups who can participate in the programs. For detailed information, visit the [CMS website](#).

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

Eligible Professionals (EPs)

CONTINUE



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

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) incentive programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR incentive programs. Those wanting to take part in the program will use this system to register and participate in the program.

Eligible to Participate – There are two types of groups who can participate in the programs. For detailed information, visit the [CMS website](#).

+ Eligible Hospitals

- Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse-Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

CONTINUE



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

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

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

*User ID:

*Password:

LOG IN

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Error Messages:

- User ID/Password is a required field.
- An invalid User ID and/or Password was entered. Please re-enter. For assistance, please contact the Help Desk at 888-734-6433 / TTY: 888-734-6563.
- The system is currently unavailable. Please try again later. If the system remains unavailable, please contact the Help Desk at 888-734-6433 / TTY: 888-734-6563.
- Please contact the Help Desk at 888-734-6433 / TTY: 888-734-6563 to update your account information.
- An unexpected error has occurred. Please contact the Help Desk at 888-734-6433 / TTY: 888-734-6563.
- The operation timed out. The system may be unavailable at the moment. Please try again or logoff. If the problem persists, please contact the Help Desk at 888-734-6433 / TTY: 888-734-6563.



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Registration

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Status

Account Management

Welcome John Doe

Last Successful Login: 08/15/2010 | Unsuccessful Login Attempts: 2

Notifications

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

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

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

Instructions

Select any tab to continue.

Registration Tab

Please select the Registration tab above to perform any of the following actions:

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

Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

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

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

Status tab

Please select the Status tab above to perform the following actions:

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

Account Management Tab

Please select the Account Management tab above to perform the following actions:

- Update your user account information
- Request access to organizations
- Remove access to organizations



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Attestation

Attestation Instructions

You have successfully navigated to the Attestation page.

There are no active Registration(s) on file. Once you have an active Registration on file, the Attestation section will be available and you will be able to submit an attestation.

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Medicare Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	19-5192001	1254454552	230987	-	-	-	Attest
XYZ Hospital	19-5192001	1254454007	321000	Locked for Payment	2012	1	View

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Page 3 (Variation 2)

Actions	Attestation Status
Attest	-
Modify	In Progress
Cancel	In Progress
Resubmit	Rejected
Reactivate	Cancelled
View	Accepted, Rejected, Locked for Payment, or Payment Issued
Not Available	Any Attestation Status (Depends on Registration Status)

Notes about this Page:

- Records with an Attestation Status of "-" will be able to select the "Attest" action.
- Records with an Attestation Status of "Accepted" will be able to select the "View" action.
- Records with an Attestation Status of "In Progress" will be able to select the "Modify" or "Cancel" actions.
- Records with an Attestation Status of "Rejected" will be able to select the "Resubmit" or "View" actions.
- Records with an Attestation Status of "Cancelled" will be able to select the "Reactivate" action.
- Records with an Attestation Status of "Payment Issued" will be able to select the "View" action.
- Records with an Attestation Status of "Locked for Payment" will be able to select the "View" action.

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Medicare Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	19-5192001	1254454552	678332	-	-	-	Attest
XYZ Hospital	19-5192001	1254454552	092736	In Progress	2012	1	Modify or Cancel
XYZ Hospital	19-5192001	1254454552	321000	Payment Issued	2011	1	View
XYZ Hospital	19-5192001	1254454552	321000	Rejected	2012	2	Resubmit or View

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Page 3 (Variation 3)

Actions	Attestation Status
Attest	-
Modify	In Progress
Cancel	In Progress
Resubmit	Rejected
Reactivate	Cancelled
View	Accepted, Rejected, Locked for Payment, or Payment Issued
Not Available	Any Attestation Status (Depends on Registration Status)

Notes about this Page:

- Records with an Attestation Status of "-" will be able to select the "Attest" action.
- Records with an Attestation Status of "Accepted" will be able to select the "View" action.
- Records with an Attestation Status of "In Progress" will be able to select the "Modify" or "Cancel" actions.
- Records with an Attestation Status of "Rejected" will be able to select the "Resubmit" or "View" actions.
- Records with an Attestation Status of "Cancelled" will be able to select the "Reactivate" action.
- Records with an Attestation Status of "Payment Issued" will be able to select the "View" action.
- Records with an Attestation Status of "Locked for Payment" will be able to select the "View" action.

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Medicare Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	19-5192001	1254454552	321077	-	-	-	Attest
XYZ Hospital	19-5192001	1254454552	749990	Cancelled	2012	1	Reactivate
XYZ Hospital	19-5192001	1254454552	741359	Cancelled	2012	1	Reactivate

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Page 3 (Variation 4)

Actions	Attestation Status
Attest	-
Modify	In Progress
Cancel	In Progress
Resubmit	Rejected
Reactivate	Cancelled
View	Accepted, Rejected, Locked for Payment, or Payment Issued
Not Available	Any Attestation Status (Depends on Registration Status)

Notes about this Page:

Records with an Attestation Status of "-" will be able to select the "Attest" action.
Records with an Attestation Status of "Accepted" will be able to select the "View" action.
Records with an Attestation Status of "In Progress" will be able to select the "Modify" or "Cancel" actions.
Records with an Attestation Status of "Rejected" will be able to select the "Resubmit" or "View" actions.
Records with an Attestation Status of "Cancelled" will be able to select the "Reactivate" action.
Records with an Attestation Status of "Payment Issued" will be able to select the "View" action.
Records with an Attestation Status of "Locked for Payment" will be able to select the "View" action.



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Attestation

Attestation Instructions

You have successfully navigated to the Attestation Page.

Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you are a Medicaid provider, please contact your State Medicaid Agency for your Attestation procedure.

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Topics for this Attestation

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **START ATTESTATION** button to provide the required information. The system will show checks for each item when completed.

Completed	Topics
—	Attestation Information
—	Meaningful Use Core Measures
—	Meaningful Use Menu Measures
—	Clinical Quality Measures

Note:

When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PREVIOUS PAGE

START ATTESTATION

PROCEED WITH ATTESTATION

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Page 4 (Variation 1)

NOTE: If the user is attesting for the first time, the topics will not display as hyperlinks to force the user to select the START ATTESTATION button. The topics will display as hyperlinks when the user selects the MODIFY action on the Attestation Selection page, or when at least one topic has been completed.

Reasons for Attestation:

- You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital modifying an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital resubmitting an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital reactivating an attestation for the EHR Incentive Program.



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Topics for this Attestation

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. Select the **MODIFY ATTESTATION** button to modify any previously entered information and to proceed with your attestation.

Completed

Topics

Attestation Information

Meaningful Use Core Measures

Meaningful Use Menu Measures

Clinical Quality Measures

Note:

When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PREVIOUS PAGE

MODIFY ATTESTATION

PROCEED WITH ATTESTATION

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Page 4 (Variation 2)

Reasons for Attestation:

- You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital modifying an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital resubmitting an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital reactivating an attestation for the EHR Incentive Program.



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Topics for this Attestation

Reason for Attestation

You are a Medicare Eligible Hospital modifying an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. Select the **MODIFY ATTESTATION** button to modify any previously entered information and to proceed with your attestation.

Completed	Topics
✓	<u>Attestation Information</u>
✓	<u>Meaningful Use Core Measures</u>
✓	<u>Meaningful Use Menu Measures</u>
✓	<u>Clinical Quality Measures</u>

Note:

When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PREVIOUS PAGE

MODIFY ATTESTATION

PROCEED WITH ATTESTATION

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Page 4 (Variation 3)

Reasons for Attestation:

- You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital modifying an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital resubmitting an attestation for the EHR Incentive Program.
- You are a Medicare Eligible Hospital reactivating an attestation for the EHR Incentive Program.

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Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

LBN: XYZ Hospital
TIN: 19-5192001 (EIN)
CCN: 321000

Please provide your EHR certification number:

* **EHR Certification Number :** [How do I find my EHR certification number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

* **Emergency Department (ED) Admissions:** An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:

- Observation Services Method
- All ED Visits Method

Please provide the EHR reporting period associated with this attestation:

* **EHR Reporting Period Start Date :** (mm/dd/yyyy)

* **EHR Reporting Period End Date :** (mm/dd/yyyy)

Select the **SAVE & CONTINUE** button to go to the next step in the attestation process.

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Page 5 (Variation 1)

Error Messages:

- The reporting period for the first payment year must be at least 90 days. (applicable to first reporting year)
- The reporting period for the second payment year must be 365 days for a non-leap year. (applicable to second reporting year)
- The reporting period for the second payment year must be 366 days for a leap year. (applicable to second reporting year)
- The reporting period end date must be after the reporting period start date.
- The reporting period must be within the EHR calendar year (January 1st through December 31st).
- The reporting period end date must be before the current date.
- The reporting period dates must not be for the same reporting period dates for a stored accepted attestation.
- EHR Certification Number is a required field.
- EHR Reporting Period Start Date is a required field.
- EHR Reporting Period End Date is a required field.



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Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

LBN: XYZ Hospital
TIN: 19-5192001 (EIN)
CCN: 321000

* **EHR Certification Number :** [How do I find my EHR certification number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

* **Emergency Department (ED) Admissions:** An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:

- Observation Services Method
- All ED Visits Method

Please provide the EHR reporting period associated with this attestation:

* **EHR Reporting Period Start Date :** (mm/dd/yyyy)

* **EHR Reporting Period End Date :** (mm/dd/yyyy)

Select the **SAVE & CONTINUE** button to go to the next step in the attestation process.

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Note: The EHR certification number on this page was pulled from an active registration.

Error Messages:

- The reporting period for the first payment year must be at least 90 days. (applicable to first reporting year)
- The reporting period for the second payment year must be 365 days for a non-leap year. (applicable to second reporting year)
- The reporting period for the second payment year must be 366 days for a leap year. (applicable to second reporting year)
- The reporting period end date must be after the reporting period start date.
- The reporting period must be within the EHR calendar year (January 1st through December 31st).
- The reporting period end date must be before the current date.
- The reporting period dates must not be for the same reporting period dates for a stored accepted attestation.
- EHR Certification Number is a required field.
- EHR Reporting Period Start Date is a required field.
- EHR Reporting Period End Date is a required field.



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Meaningful Use Core Measures

Questionnaire (1 of 14)

(*) Red asterisk indicates a required field.

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

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

***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.

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

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

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Error Messages:

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- Please make a selection for Patient Records.
- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.



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Meaningful Use Core Measures

Questionnaire (2 of 14)

(*) Red asterisk indicates a required field.

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

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

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

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Error Messages:

- Please select Yes or No.



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Meaningful Use Core Measures

Questionnaire (3 of 14)

(*) Red asterisk indicates a required field.

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

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

Complete the following information:

Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

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

*Numerator:

*Denominator:

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

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SAVE & CONTINUE

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Error Messages:

- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.



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Meaningful Use Core Measures

Questionnaire (4 of 14)

(*) Red asterisk indicates a required field.

Objective: Maintain active medication list.

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

Complete the following information:

Numerator = Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

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

*Numerator:

*Denominator:

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- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.



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Meaningful Use Core Measures

Questionnaire (5 of 14)

(*) Red asterisk indicates a required field.

Objective: Maintain active medication allergy list.

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

Complete the following information:

Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

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

*Numerator:

*Denominator:

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Meaningful Use Core Measures

Questionnaire (6 of 14)

(*) Red asterisk indicates a required field.

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 hospital or CAH

Measure: More than 50% of all unique patients seen by the EP or 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 = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

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

*Numerator:

*Denominator:

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Meaningful Use Core Measures

Questionnaire (7 of 14)

(*) 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: For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), 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.

Complete the following information:

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

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

*Numerator:

*Denominator:

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Meaningful Use Core Measures

Questionnaire (8 of 14)

(*) Red asterisk indicates a required field.

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

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

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

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Meaningful Use Core Measures

Questionnaire (8 of 14)

(*) Red asterisk indicates a required field.

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

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

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

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Meaningful Use Core Measures

Questionnaire (8 of 14)

(*) Red asterisk indicates a required field.

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

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

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

Complete the following information:

Numerator = Number of patients in the denominator with smoking status recorded as structured data.

Denominator = Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator:

*Denominator:

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Meaningful Use Core Measures

Questionnaire (9 of 14)

(*) Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, 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 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:

***I will submit Clinical Quality Measures**

Yes No

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Meaningful Use Core Measures

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

*Did you implement one clinical decision support rule?

Yes No

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Meaningful Use Core Measures

Questionnaire (11 of 14)

(*) Red asterisk indicates a required field.

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

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

***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

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Meaningful Use Core Measures

Questionnaire (11 of 14)

(*) Red asterisk indicates a required field.

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

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

***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

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Meaningful Use Core Measures

Questionnaire (11 of 14)

(*) Red asterisk indicates a required field.

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

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

***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 four business days prior to the end of the EHR reporting period.

*Numerator: *Denominator:

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Meaningful Use Core Measures

Questionnaire (12 of 14)

(*) Red asterisk indicates a required field.

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

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

***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

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Meaningful Use Core Measures

Questionnaire (12 of 14)

(*) Red asterisk indicates a required field.

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

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

***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

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Meaningful Use Core Measures

Questionnaire (12 of 14)

(* Red asterisk indicates a required field.)

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

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

***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's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

***Numerator:**

***Denominator:**

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Meaningful Use Core Measures

Questionnaire (13 of 14)

(*) Red asterisk indicates a required field.

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 capacity to electronically exchange key clinical information

*Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

Yes No

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Meaningful Use Core Measures

Questionnaire (14 of 14)

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

*Did you conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process?

Yes No

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Meaningful Use Menu Measures

Questionnaire

Instructions:

Eligible hospitals 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 eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure to CMS. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

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

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

Table with 3 columns: Objective, Measure, Select. Contains 3 rows of public health menu measures with checkboxes.

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

Table with 3 columns: Objective, Measure, Select. Contains 5 rows of additional menu measure objectives with checkboxes.

Continued on next page...

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

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

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

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

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- Please select at least one public health menu measure objective.
- Please select a total of five (5) Meaningful Use Menu Measure Objectives (includes Meaningful Use Menu Measure from the public health list).



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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

Objective: Implemented drug-formulary checks.

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

***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.

***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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

Objective: Record advance directives for patients 65 years old or older.

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

***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 admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

Objective: Record advance directives for patients 65 years old or older.

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

***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 admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(* Red asterisk indicates a required field.)

Objective: Record advance directives for patients 65 years old or older.

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

***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 admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

Complete the following information:

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

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

***Numerator:**

***Denominator:**

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- Please select Yes or No for EXCLUSION.
- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.



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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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

Measure: More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

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

*Numerator:

*Denominator:

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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

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

***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.

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

Yes No

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Meaningful Use Menu Measures

Questionnaire (Measure X 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 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:**

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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

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

***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 to 23) was the receiving party of the transition.

*Numerator: *Denominator:

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

***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 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 transferring or referring provider.

***Numerator:**

***Denominator:**

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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 (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?

Yes No

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Meaningful Use Menu Measures

Questionnaire (X 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.

Measure: 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).

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

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Meaningful Use Menu Measures

Questionnaire (X 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.

Measure: 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).

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

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Questionnaire (X 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.

Measure: 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).

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 capacity 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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(* Red asterisk indicates a required field.)

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 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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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

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Meaningful Use Menu Measures

Questionnaire (X of 5)

(*) Red asterisk indicates a required field.

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 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's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

Yes No

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Clinical Quality Measures

Questionnaire (1 of 15)

(*) Red asterisk 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 Median time from ED arrival to ED departure for admitted patients
Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department

ED-1.1: All ED patients admitted to the facility from the ED
Denominator = All ED patients admitted to the facility from the ED. A positive whole number.
Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where $N \leq D$ or $N \geq D$.
Exclusion = Observation & Mental Health Patients. A positive whole number.
***Denominator:** ***Numerator:** ***Exclusion:**

ED-1.2: Observation ED patient stratification
Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number.
Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where $N \leq D$ or $N \geq D$.
***Denominator:** ***Numerator:**

ED-1.3: Dx stratification ED patients
Denominator = ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.
Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where $N \leq D$ or $N \geq D$.
***Denominator:** ***Numerator:**

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Clinical Quality Measures

Questionnaire (2 of 15)

(*) 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

ED-2.1: All ED patients admitted to inpatient status

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

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 $N \leq D$ or $N \geq D$.

Exclusion = Observation & Mental Health Patients. A positive whole number.

*Denominator: *Numerator: *Exclusion:

ED-2.2: Observation ED patient stratification

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

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 $N \leq D$ or $N \geq D$.

*Denominator: *Numerator:

ED-2.3: Dx stratification ED patients

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

Numerator = 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 $N \leq D$ or $N \geq D$.

*Denominator: *Numerator:

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- Please enter a denominator.
- Denominator must be a whole number.



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Clinical Quality Measures

Questionnaire (3 of 15)

(*) Red asterisk indicates a required field.

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

Measure: **NQF 0435**, Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.
- Exclusion must be a whole number.
- Exclusion must be greater than or equal to 0.



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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 Title: Ischemic stroke - Anticoagulation for A-fib/flutter

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Error Messages:

- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.
- Exclusion must be a whole number.
- Exclusion must be greater than or equal to



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Clinical Quality Measures

Questionnaire (5 of 15)

(*) Red asterisk indicates a required field.

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Error Messages:

- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.
- Exclusion must be a whole number.
- Exclusion must be greater than or equal to 0



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Clinical Quality Measures

Questionnaire (6 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Page 36

Error Messages:

- Please enter a numerator.
- Numerator must be a whole number.
- Please enter a denominator.
- Denominator must be a whole number.
- Exclusion must be greater than or equal to 0
- Exclusion must be a whole number



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Clinical Quality Measures

Questionnaire (7 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (8 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (9 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (10 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (11 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number



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Clinical Quality Measures

Questionnaire (12 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Error Messages:

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- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (13 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (14 of 15)

(*) Red asterisk indicates a required field.

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

Measure: **NQF 0375**, VTE-5 Title: VTE discharge instructions

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.



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Clinical Quality Measures

Questionnaire (15 of 15)

(*) Red asterisk indicates a required field.

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

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

Denominator = a positive whole number

Numerator = a positive whole number where $N \leq D$

Exclusion = a positive whole number

*Denominator: *Numerator: *Exclusion:

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Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.



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Summary of Measures

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Core Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

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Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 50 Denominator = 100	EDIT
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 25 Denominator = 100	EDIT
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 75 Denominator = 100	EDIT
Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 75 Denominator = 100	EDIT
Record all of the following demographics: <ul style="list-style-type: none"> Preferred language Gender Race Ethnicity Date of birth Date and preliminary cause of death in the event of mortality in the hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator = 10 Denominator = 100	EDIT
Record and chart changes in vital signs: <ul style="list-style-type: none"> Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	Numerator = 45 Denominator = 100	EDIT
Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	No	EDIT
Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	Yes	EDIT
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	Implement one clinical decision support rule.	No	EDIT
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients 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.	No	EDIT
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	Yes	EDIT
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.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical Information.	No	EDIT
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	EDIT

To edit information, select the **EDIT** button next to the measure that you would like to edit. Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

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Meaningful Use Core Measures

Meaningful Use Core Measures Questionnaire (1 of 14)

(*) Red asterisk indicates a required field.

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

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

***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.

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

Please select the **RETURN TO SUMMARY PAGE** to discard changes and return to the Summary Page, or the **SAVE & CONTINUE** button to save all changes and return to the Summary Page.

RETURN TO SUMMARY PAGE

SAVE & CONTINUE

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Error Messages:

- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.

Note: The **RETURN TO SUMMARY PAGE** button will display on this page only if the user selected the **EDIT** button on the Summary Page (previous page) and the system took the user to this page to edit the responses to this measure. If the user is reaching this page for the first time, they will see Page 6 , which will not have the **RETURN TO SUMMARY PAGE** button.

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Summary of Measures

Meaningful Use Menu Measure List Table

Objective	Measure	Entered	Select
Implemented drug-formulary checks	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	Excluded	<input type="button" value="EDIT"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	<input type="button" value="EDIT"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 75 Denominator = 100	<input type="button" value="EDIT"/>
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.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	No	<input type="button" value="EDIT"/>

To edit information, select the **EDIT** button next to the measure that you would like to edit. Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Core Measures. Select the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

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Summary of Measures

Clinical Quality Measure List Table

Title	Description	Entered	Select
NQF 0495, Emergency Department (ED)-1 - Emergency Department Throughput ED-1.1- All ED patients admitted to the facility from the ED ED-1.2 - Observation ED patient stratification ED-1.3 - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Denominator = 0 Numerator = 10 Exclusion = 100 Denominator = 10 Numerator = 100 Denominator = 10 Numerator = 100	<input type="button" value="EDIT"/>
NQF 0497, Emergency Department (ED)-2 - Emergency Department Throughput ED-2.1 - All ED patients admitted to inpatient status ED-2.2 - Observation ED patient stratification ED-2.3 - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status	Denominator = 50 Numerator = 100 Denominator = 10 Numerator = 100 Denominator = 10 Numerator = 100	<input type="button" value="EDIT"/>
NQF 0435, Stroke-2 - Ischemic stroke - Discharge on anti-thrombotics		Denominator = 0 Numerator = 50 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0436, Stroke-3 - Ischemic stroke - Anticoagulation for A-fib/flutter		Denominator = 10 Numerator = 50 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0437, Stroke-4 - Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset		Denominator = 22 Numerator = 49 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0438, Stroke-5 - Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2		Denominator = 1 Numerator = 11 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0439, Stroke-6 - Ischemic stroke -Discharge on statins		Denominator = 22 Numerator = 44 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0440, Stroke-8 - Ischemic or hemorrhagic stroke -Stroke Education		Denominator = 2 Numerator = 66 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0441, Stroke-10 - Ischemic or hemorrhagic stroke - .Rehabilitation assessment		Denominator = 33 Numerator = 52 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0371, VTE-1 - VTE prophylaxis within 24 hours of arrival		Denominator = 11 Numerator = 53 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0372, VTE-2 - Intensive Care Unit VTE prophylaxis		Denominator = 22 Numerator = 76 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0373, VTE-3 - Anticoagulation overlap therapy		Denominator = 2 Numerator = 99 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0374, VTE-4 - Platelet monitoring on unfractionated heparin		Denominator = 2 Numerator = 65 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0375, VTE-5 - VTE discharge instructions		Denominator = 1 Numerator = 32 Exclusion = 100	<input type="button" value="EDIT"/>
NQF 0376, VTE-6 - Incidence of potentially preventable VTE		Denominator = 1 Numerator = 2 Exclusion = 100	<input type="button" value="EDIT"/>

To edit information, select the **EDIT** button next to the measure that you would like to edit. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Menu Measures. Select the **CONTINUE TO ATTEST** button to proceed with your attestation.



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Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number 0122119191.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted for CQMs was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the eligible hospital or CAH.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the hospital or CAH.
- The information submitted includes information on all patients to whom the measure applies.
- For CQMs, a zero was reported in the denominator of a measure when an eligible hospital or CAH did not care for any patients in the denominator population during the EHR reporting period.

Please select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

DISAGREE

AGREE

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Note: The **AGREE** button will be grayed out (inactive) until the user selects all of the check boxes.



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Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number 0122119191.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted for CQMs was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the eligible hospital or CAH.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the hospital or CAH.
- The information submitted includes information on all patients to whom the measure applies.
- For CQMs, a zero was reported in the denominator of a measure when an eligible hospital or CAH did not care for any patients in the denominator population during the EHR reporting period.

Please select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

DISAGREE

AGREE

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Submission Process: Confirmation Page

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

You are about to submit this attestation. Are you sure?

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Reasons for Attestation:

- You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.
- You are modifying your attestation information.
- You have decided to reactivate your cancelled attestation.
- You have decided to resubmit your rejected attestation.



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Attestation Disclaimer

General Notice

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

Signature of Hospital Representative

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

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

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

DISAGREE

AGREE



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Submission Process: Not Submitting at This Time

You have decided not to submit your attestation at this time. Your attestation will not be submitted but your information will be saved and your attestation will display as In Progress status. Please select the **HOME** button to go to the Home Page, or select the **PREVIOUS PAGE** button to navigate back to the Submission Process: Confirmation Page.

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Note: This page displays if the user selects NO to "You are about to submit this attestation. Are you sure?" on the previous page.



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Submission Receipt

Accepted Attestation

The hospital or CAH demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

The MU Core measures are accepted and meet MU minimum standards.
The MU Menu measures are accepted and meet MU minimum standards.
All required CQM measures were completed.

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

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

Attestation Tracking Information

Attestation Confirmation Number: 1003928198

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

Attestation Submission Date: 8/29/2011

Reason for Attestation:

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Please select the **PRINT** button to print this page, the **SUMMARY OF MEASURES** button to view all submitted measures, or the **HOME** button to go to the Home Page.

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SUMMARY OF MEASURES

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Accepted Attestation Message:

- The hospital or CAH demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.
- The MU Core measures are accepted and meet MU minimum standards.
- The MU Menu measures are accepted and meet MU minimum standards.
- All CQM measures were completed with data sufficient to meet the minimum standards.

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Submission Receipt

Rejected Attestation

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

One or more of the MU Core measure calculations did not meet MU minimum standards.
One or more of the MU Menu measures did not meet MU minimum standards.

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

Attestation Tracking Information

Attestation Confirmation Number: 1003928198

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

Attestation Submission Date: 8/29/2011

Reason for Attestation:

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Please select the **PRINT** button to print this page, the **SUMMARY OF MEASURES** button to view all submitted measures, or the **HOME** button to go to the Home Page.

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Rejected Attestation Messages:

- The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.
- One or more of the MU Core measure calculations did not meet MU minimum standards.
- One or more of the MU Menu measures did not meet MU minimum standards.



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Summary of Measures

Summary of Measures

Please select the desired measure link below to view the details of your submitted measures. Select the **HOME** button to go to the Home Page.

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[**Summary of Meaningful Use Menu Measures**](#)

[**Summary of Clinical Quality Measures**](#)

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Note: This page is displayed when the Summary of Measures button is selected on the Submission Receipt page or when the user selects the View action on the Attestation Selection page.



Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Measure	Reason	Entered	Accepted/ Rejected
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	This objective has been accepted and meets minimum standard.	100%	Accepted
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Objective does not meet minimum standards.	No	Rejected
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Objective does not meet minimum standards.	80%	Rejected
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Objective does not meet minimum standards.	75%	Rejected
Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Objective does not meet minimum standards.	75%	Rejected
Record all of the following demographics: <ul style="list-style-type: none"> Preferred language Gender Race Ethnicity Date of birth Date and preliminary cause of death in the event of mortality in the hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Objective does not meet minimum standards.	10%	Rejected
Record and chart changes in vital signs: <ul style="list-style-type: none"> Height Weight Blood pressure Calculate and display body mass index (BMI). Plot and display growth charts for children 2-20 years, including BMI. 	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	This objective has been accepted and meets minimum standard.	100%	Accepted
Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	Objective does not meet minimum standards.	No	Rejected
Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	This objective has been accepted and meets minimum standard.	Yes	Accepted
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	Implement one clinical decision support rule	Objective does not meet minimum standards.	No	Rejected
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients 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.	Objective does not meet minimum standards.	No	Rejected
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	Objective does not meet minimum standards.	No	Rejected
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.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Objective does not meet minimum standards.	No	Rejected
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Objective does not meet minimum standards.	No	Rejected

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

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Summary of Measures

Summary of Meaningful Use Menu Measures

Objective	Measure	Reason	Entered	Accepted/ Rejected
Implemented drug-formulary checks	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	This objective has been accepted and meets minimum standard.	Yes	Accepted
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	Objective does not meet minimum standards.	34%	Rejected
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	This objective has been accepted and meets minimum standard.	Yes	Accepted
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Objective does not meet minimum standards.	75%	Rejected
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.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Objective does not meet minimum standards.	No	Rejected

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

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Summary of Measures

Summary of Clinical Quality Measures

Title	Description	Reason	Status
Emergency Department (ED)-1 - Emergency Department Throughput - All ED patients admitted to the facility from the ED - Observation ED patient stratification - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Measure has been completed.	Accepted
Emergency Department (ED)-2 - Emergency Department Throughput - All ED patients admitted to inpatient status - Observation ED patient stratification - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.	Measure has been completed.	Accepted
Ischemic stroke - Discharge on anti-thrombotics		Measure has been completed.	Accepted
Ischemic stroke - Anticoagulation for A-fib/flutter		Measure has been completed.	Accepted
Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2		Measure has been completed.	Accepted
Ischemic stroke -Discharge on statins		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke -Stroke Education		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke -.Rehabilitation assessment		Measure has been completed.	Accepted
VTE prophylaxis within 24 hours of arrival		Measure has been completed.	Accepted
Intensive Care Unit VTE prophylaxis		Measure has been completed.	Accepted
Anticoagulation overlap therapy		Measure has been completed.	Accepted
Platelet monitoring on unfractionated heparin		Measure has been completed.	Accepted
VTE discharge instructions		Measure has been completed.	Accepted
Incidence of potentially preventable VTE		Measure has been completed.	Accepted

Please select the **HOME** button to go to the Home Page.

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Cancel Attestation

Attestation Information

(*) Red asterisk indicates a required field.

The attestation listed below is on file with the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. You may only cancel an attestation if you have not received an EHR incentive payment. To cancel this attestation, please provide a reason for cancellation and select the **CANCEL ATTESTATION** button. Select the **SUMMARY OF MEASURES** button if you would like to view all submitted measures before cancelling this attestation.

Note: Cancel means you are cancelling your attestation and would need to reactivate your attestation in order to receive an EHR incentive payment.

Attestation ID: 20100323000023

Attestation Confirmation Number: 1003928198

Attestation Status: Accepted

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

You have decided to cancel your attestation.

*Reason for Cancellation:

Please select the **PREVIOUS PAGE** button to go back to the Attestation page, the **SUMMARY OF MEASURES** button to view all submitted measures, or the **CANCEL ATTESTATION** button to cancel this attestation.

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SUMMARY OF MEASURES

CANCEL ATTESTATION

Note: Selecting the **SUMMARY OF MEASURES** button on this page will take the user to the next page (Summary of Measures) and the subsequent pages which will NOT allow the user to edit any measures since the system just needs to allow the user to view their submitted measures. The user should not be allowed to edit any measures as they are intending to cancel the attestation.



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Summary of Measures

Summary of Measures

Please select the desired measure link below to view the details of your submitted measures. Select the **HOME** button to go to the Home Page.

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Please select the **CANCEL ATTESTATION PAGE** button to go back to the Cancel Attestation page.

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Summary of Measures

Summary of Meaningful Use Core Measures

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Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Objective does not meet minimum standards.	No	Rejected
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Objective does not meet minimum standards.	80%	Rejected
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Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	Implement one clinical decision support rule	Objective does not meet minimum standards.	No	Rejected
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients 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.	Objective does not meet minimum standards.	No	Rejected
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Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Objective does not meet minimum standards.	No	Rejected

Please select the **CANCEL ATTESTATION** button to go to the Cancel Attestation page or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

CANCEL ATTESTATION PAGE

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Summary of Measures

Summary of Meaningful Use Menu Measures

Objective	Measure	Reason	Entered	Accepted/ Rejected
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Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	This objective has been accepted and meets minimum standard.	Yes	Accepted
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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.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Objective does not meet minimum standards.	No	Rejected

Please select the **PREVIOUS PAGE** button to view the Summary of Meaningful Use Core Measures, **CANCEL ATTESTATION PAGE** button to go to the Cancel Attestation page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

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Summary of Measures

Summary of Clinical Quality Measures

Title	Description	Reason	Status
Emergency Department (ED)-1 - Emergency Department Throughput - All ED patients admitted to the facility from the ED - Observation ED patient stratification - Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Measure has been completed.	Accepted
Emergency Department (ED)-2 - Emergency Department Throughput - All ED patients admitted to inpatient status - Observation ED patient stratification - Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.	Measure has been completed.	Accepted
Ischemic stroke - Discharge on anti-thrombotics		Measure has been completed.	Accepted
Ischemic stroke - Anticoagulation for A-fib/flutter		Measure has been completed.	Accepted
Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2		Measure has been completed.	Accepted
Ischemic stroke -Discharge on statins		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke -Stroke Education		Measure has been completed.	Accepted
Ischemic or hemorrhagic stroke -.Rehabilitation assessment		Measure has been completed.	Accepted
VTE prophylaxis within 24 hours of arrival		Measure has been completed.	Accepted
Intensive Care Unit VTE prophylaxis		Measure has been completed.	Accepted
Anticoagulation overlap therapy		Measure has been completed.	Accepted
Platelet monitoring on unfractionated heparin		Measure has been completed.	Accepted
VTE discharge instructions		Measure has been completed.	Accepted
Incidence of potentially preventable VTE		Measure has been completed.	Accepted

Please select the **PREVIOUS PAGE** button to view the Summary of Meaningful Use Menu Measures or the **CANCEL ATTESTATION PAGE** to go to the Cancel Attestation page.

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Cancel Attestation

Attestation Information

(*) Red asterisk indicates a required field.

The attestation listed below is on file with the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. You may only cancel an attestation if you have not received an EHR incentive payment. To cancel this attestation, please provide a reason for cancellation and select the **CANCEL ATTESTATION** button. Select the **SUMMARY OF MEASURES** button if you would like to view all submitted measures before cancelling this attestation.

Note: Cancel means you are cancelling your attestation and would need to reactivate your attestation in order to receive an EHR incentive payment.

Attestation ID: 20100323000023

Attestation Confirmation Number: 1003928198

Attestation Status: Accepted

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

You have decided to cancel your attestation.

***Reason for Cancellation:**

Please select the **PREVIOUS PAGE** button to go back to the Attestation Page, the **SUMMARY OF MEASURES** button to view all submitted measures, or the **CANCEL ATTESTATION** button to cancel this attestation.

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Error Messages:

- Reason for Cancellation is a required field.

Note: Selecting the **SUMMARY OF MEASURES** button on this page will take the user to Page 16-Summary of Measures and the subsequent pages which will not allow the user to edit any measure since the system just needs to allow the user to view their submitted measures. The user should not be allowed to edit any measure as they are intending to cancel the attestation.



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Cancellation Receipt

Successful Cancellation

Your request to cancel your attestation has been successfully submitted.

Note: Please print this page for your records. You will not receive an email confirmation of your request to cancel your attestation.

Attestation Tracking Information

Attestation ID: 20100323000023

Attestation Confirmation Number: 1003928198

Attestation Cancellation Number: 1838984413

Attestation Status: Cancelled

LBN: XYZ Hospital

TIN: 19-5192001 (EIN)

CCN: 321000

EHR Certification Number: 0123655260

EHR Reporting Period: 5/19/2011 – 8/17/2011

Cancellation Date: 9/29/2011

Reason for Cancellation: The CCN is incorrect and the MAC needs to issue a new CCN.

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Identity and Access Management (I&A)

I & A

You will be navigated to the Identify & Access Management (I&A) system, which will allow you to update your account information and request additional access.

If you select "Yes", you will be directed to the I&A system in a new browser window and will be required to log in again.

Would you like to continue?

YES

NO

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