

INSTRUCTION SHEET - DO NOT ENTER DATA ON THIS SHEET

(Please enter data on next tabs: MU Stage 1 2011_2012, MU Stage 1 2013, MU Stage 1 2014, and MU Stage 2)

**Providers who used the Flexibility options for Program Year 2014 should be reported under the tab to match the MU measures reported. For example, if the provider selected the option to attest to the 2013 MU measures for Program Year 2014 then that provider's Measure responses should be reported on the MU Stage 1 2013 tab.

Meaningful Use (MU) Aggregate Measure data for EPs

State/ Territory/ District	Enter state or territory (prepopulates from the Cover Page)						
Report As Of Date	End date used for data pulled for report. Will always be March 31 of current year (prepopulates from the Cover Page)						
Total Unduplicated Providers(EPs) to ever receive payment for 2011/2012 Program year Stage 1 MU definitions	Enter the total number of providers who received a MU payment since the inception of the program through March 31st of current year. - On tab 2011_2012, report number of providers paid for program years 2011 and 2012.						

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure, **please note there are separate tabs for MU data entry; one for program years 2011/2012, one for program year MU Stage 1 2013, one for MU Stage 1 2014, and one for MU Stage 2. Report on MU measures paid from the inception of the state's program through March 31st of the current year.**

The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%).

The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

If the state does not have information to enter into a cell, they may leave it blank.

Meaningful Use Core Measures Aggregate Data

Section 2.1: MU Core Measures

Core Meaningful Use Measure	Average (Mean) = For each measure, take all percentages reported and add together to get the sum and then divide the sum by the amount of numbers.	Standard Deviation = How much variation or "dispersion" exists from the average (mean value). Recommend using Population Standard Deviation. A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data points are spread out over a large range of values. This benchmark will help SMA's in analyzing if there is a huge spread in that measure and should a targeted effort be made to improve the benchmark for the outliers or should a more widespread approach be implemented. Square Root of the variance. To determine the variance for each measure, take the mean (average) calculated and then for each number subtract the mean and square the result (the squared difference). Then determine the average of those	# of Exclusions = A count of the providers who selected each measure for exclusion.	Exclusion % = Percentage of providers who selected each measure as an exclusion out of the total number of providers. Do not include deferrals.	# of unique providers attested to the measure = includes providers that chose the measure but attested to an exclusion	# of unique providers who met the threshold

Meaningful Use (MU) Aggregate Measure Data for EPs using 2011/2012 Program Year Stage 1 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2011/2012 Stage 1 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	3/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2011/2012 Program year Stage 1 MU definitions	216

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Aggregate Core Measure Data for EPs using 2011/2012 Program Year Stage 1 MU definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders	82%	20%	48	22%	216	168
EPCMU 02 Drug Interaction Checks					216	
EPCMU 03 Maintain Problem List	98%	4%			216	
EPCMU 04 ePrescribing	87%	12%	48	22%	216	168
EPCMU 05 Active Medication List	98%	4%			216	
EPCMU 06 Medication Allergy List	98%	4%			216	
EPCMU 07 Record Demographics	95%	7%			216	
EPCMU 08 Record Vital Signs	91%	8%	3	1%	216	213
EPCMU 09 Record Smoking Status	88%	12%	0	0%	216	216
EPCMU 10 Clinical Quality Measures					216	
EPCMU 11 Clinical Decision Support Rule					216	
EPCMU 12 Electronic Copy of Health Information	96%	11%	195	90%	216	21
EPCMU 13 Clinical Summaries	78%	14%	0	0%	216	216
EPCMU 14 Electronic Exchange of Clinical Information					216	
EPCMU 15 Protect Electronic Health Information					216	

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use menu measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.
 The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

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Meaningful Use (MU) Aggregate Menu Measure Data for EPs using 2011/2012 Program Year Stage 1 MU definitions

Menu Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			2	1%	8	4%	216	206
EPMMU 02 Clinical Lab Test Results	89%	16%	0	0%	37	17%	179	179
EPMMU 03 Patient Lists					97	45%	119	
EPMMU 04 Patient Reminders	58%	22%	1	6%	199	92%	17	16
EPMMU 05 Patient Electronic Access	96%	15%	2	2%	121	56%	95	93
EPMMU 06 Patient-specific Education Resources	38%	21%			140	65%	76	
EPMMU 07 Medication Reconciliation	91%	10%	3	2%	81	38%	135	132
EPMMU 08 Transition of Care Summary	89%	12%	1	2%	173	80%	43	42
EPMMU 09 Immunization Registries Data Submission			197	100%	19	9%	197	0
EPMMU 10 Syndromic Surveillance Data Submission			19	100%	197	91%	19	0

Meaningful Use (MU) Aggregate Measure Data for EPs using 2013 Program Year Stage 1 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2013 Stage 1 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District VT

Report As Of Date 3/31/18

Total Unduplicated Providers(EPs) to ever receive payment for 2013 Program year Stage 1 MU definitions 483

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Aggregate Core Measure Data for EPs using 2013 Program Year Stage 1 MU definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders (Original Measure)	90%	15%	27	7%	410	383
EPCMU 01A CPOE for Medication Orders (Alternate Measure)	94%	10%	0	0%	73	73
EPCMU 02 Drug Interaction Checks					483	
EPCMU 03 Maintain Problem List	98%	4%			483	
EPCMU 04 ePrescribing	89%	11%	39	8%	483	444
EPCMU 05 Active Medication List	99%	2%			483	
EPCMU 06 Medication Allergy List	98%	3%			483	
EPCMU 07 Record Demographics	96%	7%			483	
EPCMU 08 Record Vital Signs (Original Measure)	93%	8%	8	2%	397	389
EPCMU 08A Record Vital Signs (Alternate Measure)	94%	8%	1	1%	86	85
EPCMU 09 Record Smoking Status	91%	10%	1	1%	483	482
EPCMU 11 Clinical Decision Support Rule					483	
EPCMU 12 Electronic Copy of Health Information	97%	13%	381	79%	483	101
EPCMU 13 Clinical Summaries	79%	14%	6	1%	483	477
EPCMU 15 Protect Electronic Health Information					483	

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use menu measure								
The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)								
The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.								
The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.								
Meaningful Use (MU) Aggregate Menu Measure Data for EPs using 2013 Program Year Stage 1 MU definitions								
Menu Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			17	4%	144	24%	469	452
EPMMU 02 Clinical Lab Test Results	87%	16%	9	2%	165	27%	448	439
EPMMU 03 Patient Lists					315	51%	298	
EPMMU 04 Patient Reminders	66%	23%	4	9%	566	92%	47	42
EPMMU 05 Patient Electronic Access	77%	34%	0	0%	454	74%	159	158
EPMMU 06 Patient-specific Education Resources	51%	26%			351	57%	262	
EPMMU 07 Medication Reconciliation	90%	13%	5	2%	375	61%	238	232
EPMMU 08 Transition of Care Summary	86%	13%	6	7%	521	85%	92	86
EPMMU 09 Immunization Registries Data Submission			273	62%	172	28%	441	167
EPMMU 10 Syndromic Surveillance Data Submission			42	100%	571	93%	42	0

Meaningful Use (MU) Aggregate Measure Data for EPs using 2014 Program Year Stage 1 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2014 Stage 1 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	03/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2014 Program year Stage 1 MU definitions	275

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Aggregate Core Measure Data for EPs using 2014 Program Year Stage 1 MU definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders (Original Measure)	96%	9%	27	15%	186	159
EPCMU 01 CPOE for Medication Orders (Alternate Measure)	94%	13%	7	8%	89	82
EPCMU 02 Drug Interaction Checks					275	
EPCMU 03 Maintain Problem List	98%	3%			275	
EPCMU 04 ePrescribing	91%	9%	50	18%	275	225
EPCMU 05 Active Medication List	99%	2%			275	
EPCMU 06 Medication Allergy List	98%	2%			275	
EPCMU 07 Record Demographics	99%	4%			275	
EPCMU 08 Record Vital Signs	95%	9%	1	1%	238	274
EPCMU 09 Record Smoking Status	94%	8%	0	0%	275	275
EPCMU 11 Clinical Decision Support Rule					132	
EPCMU 12 Provide patients the ability to view online, download, and transmit health information	83%	15%	2	1%	275	273
EPCMU 13 Clinical Summaries	83%	15%	0	0%	132	132
EPCMU 15 Protect Electronic Health Information					132	

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use menu measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.
 The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

Meaningful Use (MU) Aggregate Menu Measure Data for EPs using 2014 Program Year Stage 1 MU definitions

Menu Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			2	1%	13	5%	262	260
EPMMU 02 Clinical Lab Test Results	90%	15%	2	1%	3	1%	272	269
EPMMU 03 Patient Lists					68	25%	207	
EPMMU 04 Patient Reminders	63%	28%	1	2%	234	85%	41	38
EPMMU 05 Patient-specific Education Resources	72%	30%			138	50%	137	
EPMMU 06 Medication Reconciliation	83%	20%	0	0%	43	16%	232	232
EPMMU 07 Transition of Care Summary	91%	11%	3	4%	206	75%	69	66
EPMMU 08 Immunization Registries Data Submission			25	15%	107	39%	168	22
EPMMU 09 Syndromic Surveillance Data Submission			45	28%	116	42%	159	114

Meaningful Use (MU) Aggregate Measure Data for EPs using 2014 Program Year Stage 2 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2014 Stage 2 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District: VT
 Report As Of Date: 3/31/18

Total Unduplicated Providers who were paid since implementation for program year 2014 MU Stage 2 Measures: 52

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Aggregate Core Measure Data for EPs using 2014 Program Year Stage 2 MU definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EP2CMU 01 CPOE for Medication Orders - Measure 1	99%	2%	35	67%	52	40
EP2CMU 01 CPOE for Radiology Orders - Measure 2	95%	12%	35	67%	52	27
EP2CMU 01 CPOE for Laboratory Orders - Measure 3	99%	4%	35	67%	52	34
EP2CMU 02 ePrescribing	88%	13%	52	100%	52	38
EP2CMU 03 Record Demographics	99%	2%			52	
EP2CMU 04 Record Vital Signs	97%	4%	1	2%	52	51
EP2CMU 05 Record Smoking Status	96%	4%	0	0%	52	52
EP2CMU 06 Clinical Decision Support – Measure 1					52	
EP2CMU 06 CDS – Drug Interaction Checks – Measure 2			12	30%	40	40
EP2CMU 07 Provide patients the ability to view online, download, and transmit health information – Measure 1	86%	15%	0	0%	52	52
EP2CMU 07 Provide patients the ability to view online, download, and transmit health information – Measure 2 - Patient Accessed the data	23%	12%	0	0%	52	52
EP2CMU 08 Clinical Summaries	79%	14%	0	0%	52	52
EP2CMU 09 Protect Electronic Health Information					52	52
EP2CMU 10 Clinical Lab – Test Results	94%	8%	2	4%	52	50

EP2CMU 11 Patient Lists					52		
EP2CMU 12 Preventative Care	29%	14%	0	0%	52	1	
EP2CMU 13 Patient -Specific Education Resources	86%	21%	0	0%	52	48	
EP2CMU 14 Medication Reconciliation	94%	11%	3	6%	52	49	
EP2CMU 15 Summary of Care – Measure 1	90%	9%	45	87%	52	7	
EP2CMU 15 Summary of Care – Measure 2	29%	32%	45	87%	52	2	
EP2CMU 15 Summary of Care – Measure 3			45	87%	7		
EP2CMU 16 Immunization Registries Data Submission			0	0%	52		
EP2CMU 17 Use Secure Electronic Messaging	12%	10%	0	0%	52	0	

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use menu measure
The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.
The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

Meaningful Use (MU) Aggregate Menu Measure Data for EPs using 2014 Program Year Stage 2 MU definitions

Menu Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EP2MMU 01 Syndromic Surveillance Data Submission			4	20%	32	62%	20	0
EP2MMU 02 Electronic Notes	100%	1%	0	0%	0	0%	52	52
EP2MMU 03 Imaging Results	79%	35%	13	25%	1	2%	51	28
EP2MMU 04 Family Health History	53%	23%	0	0%	0	0%	52	52
EP2MMU 05 Report Cancer Cases			13	100%	39	75%	13	0
EP2MMU 06 Report Specific Cases			13	93%	38	73%	14	0

Meaningful Use (MU) Aggregate Measure Data for EPs using 2015 Program Year Stage 1 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2015 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	03/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2015 Program year MU definitions	434

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Measure Data for EPs using 2015 Program Year definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMU 01 Protect Patient Health Information					434	
EPMU 02 Clinical Decision Support (Measure 1; Scheduled Stage 1)					184	
EPMU 02 Clinical Decision Support (Measure 1; Scheduled Stage 2)					250	
EPMU 02 Clinical Decision Support (Measure 2; Scheduled for Stage 1 and Stage 2)			55	13	434	379
EPMU 03 CPOE (Measure 1; Scheduled Stage 1 Original)	97	5	1	2	48	47
EPMU 03 CPOE (Measure 1; Scheduled Stage 1 Alternate)	98	5	42	31	135	93
EPMU 03 CPOE (Measure 1; Scheduled Stage 2)	97	6	40	16	250	210
EPMU 03 CPOE (Measure 2; Scheduled Stage 1 and Stage 2)	96	10	195	45	434	239
EPMU 03 CPOE (Measure 3; Scheduled Stage 1 and Stage 2)	94	14	302	70	434	132
EPMU 04 ePrescribing (Scheduled Stage 1)	91	10	58	32	184	126
EPMU 04 ePrescribing (Scheduled Stage 2)	88	13	46	18	250	204
EPMU 05 Health Information Exchange (Scheduled Stage 1 and Stage 2)	34	30	356	82	434	78
EPMU 06 Patient Specific Education (Scheduled Stage 1 and Stage 2)	76	27	17	4	434	417

EPMU 07 Medication Reconciliation (Scheduled Stage 1 and Stage 2)	93	11	45	10	434	389		
EPMU 08 Patient Electronic Access (Measure 1: Scheduled Stage 1 and Stage 2)	84	17	1	1	434	433		
EPMU 08 Patient Electronic Access (Measure 2; Scheduled Stage 1 and Stage 2)	17	13	113	26	434	321		
EPMU 09 Secure Electronic Messaging (Scheduled Stage 1 and Stage 2)			89	21	434	345		
EPMU 10 Public Health Reporting (Measure 1 : Immunization Registry Reporting; Scheduled Stage 1 and Stage 2)			45	10	434	389		
EPMU 10 Public Health Reporting (Measure 2: Syndromic Surveillance Reporting; Scheduled Stage 1 and Stage 2)			314	100	314	0		
EPMU 10 Public Health Reporting (Measure 3: Specialized Registry Reporting; Scheduled Stage 1 and Stage 2)			293	89	328	35		
EPMU 10 Public Health Reporting (Measure 3: Specialized Registry Reporting; Scheduled Stage 1 and Stage 2) - 2nd Registry			0	0	0	0		

Meaningful Use (MU) Aggregate Measure Data for EPs using 2016 Program Year Stage 1 MU Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for PY 2016 MU definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	03/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2016 Program year MU definitions	470

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each meaningful use core measure
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold (yes = 100%)
 The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion.

Meaningful Use (MU) Measure Data for EPs using 2016 Program Year definitions

Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMU 01 Protect Patient Health Information					470	
EPMU 02 Clinical Decision Support (Measure 1; Scheduled Stage 1 and Stage 2)					470	
EPMU 02 Clinical Decision Support (Measure 2; Scheduled for Stage 1 and Stage 2)			73	16%	470	397
EPMU 03 CPOE (Measure 1; Scheduled Stage 1 and Stage 2)	98	5	82	17%	470	388
EPMU 03 CPOE (Measure 2; Scheduled Stage 1 and Stage 2)	97	8	101	21%	470	369
EPMU 03 CPOE (Measure 3; Scheduled Stage 1 and Stage 2)	97	10	282	60%	470	188
EPMU 04 ePrescribing (Scheduled Stage 1 and Stage 2)	92	9	97	21%	470	373
EPMU 05 Health Information Exchange (Scheduled Stage 1 and Stage 2)	45	31	349	74%	470	121
EPMU 06 Patient Specific Education (Scheduled Stage 1 and Stage 2)	68	30	0	0%	470	470
EPMU 07 Medication Reconciliation (Scheduled Stage 1 and Stage 2)	92	11	18	4%	470	452
EPMU 08 Patient Electronic Access (Measure 1: Scheduled Stage 1 and Stage 2)	86	15	0	0%	470	470
EPMU 08 Patient Electronic Access (Measure 2; Scheduled Stage 1 and Stage 2)	18	13	1	0.20%	470	469

EPMU 09 Secure Electronic Messaging (Scheduled Stage 1 and Stage 2)			0	0%	470	470		
EPMU 10 Public Health Reporting (Measure 1 : Immunization Registry Reporting; Scheduled Stage 1 and Stage 2)			41	87%	470	429		
EPMU 10 Public Health Reporting (Measure 2: Syndromic Surveillance Reporting; Scheduled Stage 1 and Stage 2)			288	100%	288	0		
EPMU 10 Public Health Reporting (Measure 3: Specialized Registry Reporting; Scheduled Stage 1 and Stage 2)			220	47%	470	250		
EPMU 10 Public Health Reporting (Measure 3: Specialized Registry Reporting; Scheduled Stage 1 and Stage 2) - 2nd Registry			0	0%	1	1		

EP2MU 10 Public Health Reporting - Measure 1 (Immunization Registry Reporting)								
EP2MU 10 Public Health Reporting - Measure 2 (Syndromic Surveillance Reporting)								
EP2MU 10 Public Health Reporting - Measure 3 (Specialized Registry Reporting)								
EP2MU 10 Public Health Reporting - Measure 3 (Specialized Registry Reporting) 2nd Registry								

EP3MU 04 CPOE - Measure 2 (Laboratory Orders)								
EP3MU 04 CPOE - Measure 3 (Diagnostic Imaging)								
EP3MU 05 Patient Electronic Access - Measure 1								
EP3MU 05 Patient Electronic Access - Measure 2								
EP3MU 06 Coordination of Care - Measure 1								
EP3MU 06 Coordination of Care - Measure 2								
EP3MU 06 Coordination of Care - Measure 3								
EP3MU 07 Health Information Exchange - Measure 1								
EP3MU 07 Health Information Exchange - Measure 2								
EP3MU 07 Health Information Exchange - Measure 3								
EP3MU 08 Public Health Reporting - Measure 1 (Immunization Registry Reporting)								
EP3MU 08 Public Health Reporting - Measure 2 (Syndromic Surveillance Reporting)								
EP3MU 08 Public Health Reporting - Measure 3 (Electronic Case Reporting)								

EP3MU 08 Public Health Reporting - Measure 4 (Public Health Registry Reporting)								
EP3MU 08 Public Health Reporting - Measure 4 (Public Health Registry Reporting) 2nd Registry								
EP3MU 08 Public Health Reporting - Measure 5 (Clinical Data Registry Reporting)								
EP3MU 08 Public Health Reporting - Measure 5 (Clinical Data Registry Reporting) 2nd Registry								

INSTRUCTION SHEET - DO NOT ENTER DATA ON THIS SHEET

(Please enter data on next tabs: CQMs_2011_2013, CQMs 2014)

Clinical Quality Measure (CQM) Aggregate Data for EPs

State/ Territory/ District		Enter state or territory(prepopulates from the Cover Page)						
Report As Of Date		End date used for data pulled for report. Will always be March 31 of current year (prepopulates from the Cover Page)						
Total Unduplicated Providers(EPs) to ever receive payment for 2011-2013 CQM definitions		Enter the total number of providers since the inception of the state's EHR Incentive program who reported CQM data through March 31st of the current year. On tab CQMs 2011_2013, report number of providers who reported 2011 - 2013 CQM data. On tab CQMs 2014, report number of providers who reported 2014 CQM data.						

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each core clinical quality measure from inception of the state's program through March 31st of the current year.
 The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold.
 Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0.
 If the state does not have any information to enter into a cell, they may leave the field blank.

Core Clinical Quality Measure Aggregate Data for EPs

Section 3.1: Core CQMs

Core Meaningful Use Measure	Average (Mean) = For each measure, take all percentages reported and add together to get the sum and then divide the sum by the amount of numbers.	Standard Deviation = How much variation or "dispersion" exists from the average (mean value). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data points are spread out over a large range of values. This benchmark will help SMA's in analyzing if there is a huge spread in that measure and should a targeted effort be made to improve the benchmark for the outliers or should a more widespread approach be implemented. Square Root of the variance. To determine the variance for each measure, take the mean (average) calculated and then for each number subtract the mean and square the result (the squared difference). Then determine the average of those squared differences.	# of Exclusions = A count of the providers who entered an exclusion for each measure.	Exclusion % = Percentage of providers who entered each measure as an exclusion out of the total number of providers.	# of providers who entered 0 in the denominator			
CCQM 1 - NQF 0013 Hypertension: Blood Pressure Measurement								
CCQM 2 - NQF 0028 a. Tobacco Use Assessment								
CCQM 2 - NQF 0028 b. Tobacco Cessation Intervention								
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Population 1)								
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Population 2)								
<i>The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure</i>								
Alternate Clinical Quality Measure Aggregate Data for EPs								
<i>Section 3.2: Alternate CQMs</i>								
Alternate Core Meaningful Use Measure	Average (Mean) - See definition above	Standard Deviation - See definition above	# of Exclusions - See definition above	Exclusion % - See definition above	# of unduplicated providers who selected - Enter the total number of providers who selected the measure	# of providers who entered 0 in the denominator		

ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 1								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population - 1 Numerator 2								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 3								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 1								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 2								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 3								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 1								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 2								
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 3								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 1								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 2								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 3								

ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 4								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 5								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 6								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 7								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 8								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 9								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 10								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 11								
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 12								
ACCQM 3 - NQF 0041 Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old								

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each alternate core clinical quality measure selected by the statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold. Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Additional Clinical Quality Measure Aggregate Data for EPs

Section 3.3: Additional CQMs

	Average (Mean) - See definition above	Standard Deviation - See definition above	# of Exclusions - See definition above	Exclusion % - See definition above	# of unduplicated providers who selected - Enter the total number of providers who selected the measure	# of providers who entered 0 in the denominator
Alternate Core Meaningful Use Measure						

ACQM 1 - NQF 0001 Asthma Assessment								
ACQM 2 - NQF 0002 Appropriate Testing for Children with Pharyngitis								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 1								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 2								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 1								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 2								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 1								
ACQM 3 - NQF 0004 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 2								
ACQM 4 - NQF 0012 Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)								
ACQM 5 - NQF 0014 Prenatal Care: Anti-D Immune Globulin								
ACQM 6 - NQF 0018 Controlling High Blood Pressure								
ACQM 7 - NQF 0027 a Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit								

ACQM 7 - NQF 0027 b Smoking and Tobacco Use Cessation, Medical assistance: b. Discussing Smoking and Tobacco Use Cessation Medications or c. Discussing Smoking and Tobacco Use Cessation Strategies								
ACQM 8 - NQF 0031 Breast Cancer Screening								
ACQM 9 - NQF 0032 Cervical Cancer Screening								
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 1								
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 2								
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 3								
ACQM 11 - NQF 0034 Colorectal Cancer Screening								
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 1								
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 2								
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 3								
ACQM 13 - NQF 0043 Pneumonia Vaccination Status for Older Adults								
ACQM 14 - NQF 0047 Asthma Pharmacologic Therapy								
ACQM 15 - NQF 0052 Low Back Pain: Use of Imaging Studies								
ACQM 16 - NQF 0055 Diabetes: Eye Exam								

ACQM 17 - NQF 0056 Diabetes: Foot Exam								
ACQM 18 - NQF 0059 Diabetes: Hemoglobin A1c Poor Control								
ACQM 19 - NQF 0061 Diabetes: Blood Pressure Management								
ACQM 20 - NQF 0062 Diabetes: Urine Screening								
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 1								
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 2								
ACQM 22 - NQF 0067 Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with								
ACQM 23 - NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic								
ACQM 24 - NQF 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)								
ACQM 25 - NQF 0073 Ischemic Vascular Disease (IVD): Blood Pressure Management								
ACQM 26 - NQF 0074 Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL- Cholesterol								
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 1								
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control								

ACQM 28 - NQF 0081 Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)								
ACQM 29 - NQF 0083 Heart Failure (HF): Beta- Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)								
ACQM 30 - NQF 0084 Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation								
ACQM 31 - NQF 0086 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation								
ACQM 32 - NQF 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy								
ACQM 33 - NQF 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care								
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 1								
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 2								
ACQM 35 - NQF 0385 Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients								

Clinical Quality Measure (CQM) Aggregate Data for EPs using the 2011-2013 CQM Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for 2011-2013 CQM definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	3/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2011-2013 CQM definitions	697

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each core clinical quality measure. The statistical data average, standard deviation, lowest and highest is representative of the aggregate measure responses to meet the threshold. Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0.

Core Clinical Quality Measure Aggregate Data for EPs

Section 3.1: Core CQMs

Core Clinical Quality Measures	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of providers who entered 0 in the denominator
CCQM 1 - NQF 0013 Hypertension: Blood Pressure Measurement	51%	47%			296
CCQM 2 - NQF 0028 a. Tobacco Use Assessment	80%	33%			76
CCQM 2 - NQF 0028 b. Tobacco Cessation Intervention	28%	43%			174
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Population 1)	25%	29%	92	30%	312
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Population 2)	38%	32%	264	38%	62

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each alternate core clinical quality measure selected by a provider during attestation. The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold. Please note that Exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Alternate Clinical Quality Measure Aggregate Data for EPs

Section 3.2: Alternate CQMs

Alternate Core Clinical Quality Measures	Average	Standard Deviation	# of Exclusions	Exclusion %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 1	79%	30%			360	34

ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population - 1 Numerator 2	12%	22%			360	38		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 3	10%	23%			360	37		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 1	73%	35%			360	41		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 2	9%	19%			360	41		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 3	6%	18%			360	43		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 1	76%	34%			360	36		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 2	10%	19%			360	39		
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 3	7%	19%			360	37		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 1	57%	40%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 2	60%	40%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 3	63%	41%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 4	59%	45%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 5	62%	42%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 6	61%	40%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 7	53%	41%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 8	33%	33%			321	54		
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 9	59%	39%			321	54		

ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 10	36%	33%			321	54	
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 11	46%	37%			321	54	
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 12	43%	36%			321	54	
ACCQM 3 - NQF 0041 Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	12%	31%	7	3%	229	153	

INSTRUCTIONS: Provide the statistical data listed in the headings below for the aggregate measure data for each alternate core clinical quality measure selected by a provider during attestation. The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold. Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Additional Clinical Quality Measure Aggregate Data for EPs

Section 3.3: Additional CQMs

Additional Core Meaningful Use Measure	Average	Standard Deviation	# of Exclusions	Exclusion %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator	
ACQM 1 - NQF 0001 Asthma Assessment	12%	23%			58	5	
ACQM 2 - NQF 0002 Appropriate Testing for Children with Pharyngitis	60%	31%			110	4	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 1	0%	0%			2	2	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 2	0%	0%			2	2	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 1	0%	0%			2	1	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 2	0%	0%			2	1	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 1	0%	0%			2	2	
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 2	0%	0%			2	1	
ACQM 4 - NQF 0012 Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	24%	31%	0	0%	10	0	

ACQM 5 - NQF 0014 Prenatal Care: Anti-D Immune Globulin	0%	0%	0	0%	3	1		
ACQM 6 - NQF 0018 Controlling High Blood Pressure	62%	30%			172	4		
ACQM 7 - NQF 0027 a Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit	27%	25%	0	0%	142	0		
ACQM 7 - NQF 0027 b Smoking and Tobacco Use Cessation, Medical assistance: b. Discussing Smoking and Tobacco Use Cessation Medications or c. Discussing Smoking and Tobacco Use Cessation Strategies	8%	18%	0	0%	142	1		
ACQM 8 - NQF 0031 Breast Cancer Screening	57%	30%			94	3		
ACQM 9 - NQF 0032 Cervical Cancer Screening	37%	29%			131	9		
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 1	28%	26%	12	11%	105	9		
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 2	26%	29%	5	5%	105	18		
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 3	27%	36%	4	4%	105	27		
ACQM 11 - NQF 0034 Colorectal Cancer Screening	50%	16%	15	18%	84	1		
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 1	63%	24%	18	12%	145	3		
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 2	57%	27%	15	10%	145	5		
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 3	61%	22%	28	19%	145	0		
ACQM 13 - NQF 0043 Pneumonia Vaccination Status for Older Adults	59%	27%			91	0		
ACQM 14 - NQF 0047 Asthma Pharmacologic Therapy	78%	31%	14	9%	164	9		
ACQM 15 - NQF 0052 Low Back Pain: Use of Imaging Studies	97%	8%			40	0		
ACQM 16 - NQF 0055 Diabetes: Eye Exam	29%	37%	1	14%	7	0		
ACQM 17 - NQF 0056 Diabetes: Foot Exam	15%	20%	3	43%	7	0		
ACQM 18 - NQF 0059 Diabetes: Hemoglobin A1c Poor Control	26%	35%	102	32%	319	9		

ACQM 19 - NQF 0061 Diabetes: Blood Pressure Management	59%	33%	35	23%	152	4		
ACQM 20 - NQF 0062 Diabetes: Urine Screening	56%	46%	24	18%	134	5		
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 1	48%	41%	28	25%	113	6		
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 2	26%	27%	28	25%	113	6		
ACQM 22 - NQF 0067 Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	0%	0%	0	0%	0	0		
ACQM 23 - NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0%	0%			0	0		
ACQM 24 - NQF 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	0%	0%	0	0%	0	0		
ACQM 25 - NQF 0073 Ischemic Vascular Disease (IVD): Blood Pressure Management	83%	24%			2	0		
ACQM 26 - NQF 0074 Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	83%	0%	0	0%	1	0		
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 1	38%	0%			1	0		
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 2	28%	0%			1	0		
ACQM 28 - NQF 0081 Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0%	0%	0	0%	0	0		
ACQM 29 - NQF 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0%	0%	0	0%	0	0		
ACQM 30 - NQF 0084 Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	0%	0%	0	0%	0	0		
ACQM 31 - NQF 0086 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0%	0%	0	0%	1	0		
ACQM 32 - NQF 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	56%	0%	0	0%	1	0		

ACQM 33 - NQF 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	0%	0%	0	0%	0	0
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 1	70%	39%			8	1
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 2	62%	43%	0	0%	8	1
ACQM 35 - NQF 0385 Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	0%	0%	0	0%	0	0
ACQM 36 - NQF 0387 Oncology Breast Cancer: Hormonal Therapy for Stage IC-III C Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0%	0%	0	0%	0	0
ACQM 37 - NQF 0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0%	0%	0	0%	0	0
ACQM 38 - NQF 0575 Diabetes: Hemoglobin A1c Control (<8.0%)	68%	28%	4	27%	15	0

INSTRUCTIONS: Please describe in the space below a description and quantitative data on how the incentive program addressed individuals with unique needs such as children.

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Clinical Quality Measure (CQM) Aggregate Data for EPs using the 2014-2016 CQM Definitions

INSTRUCTIONS: Enter the total number of providers who received payment for 2014 CQM definitions since the inception of the program through March 31st of the current year.

State/ Territory/ District	VT
Report As Of Date	03/31/18
Total Unduplicated Providers(EPs) to ever receive payment for 2014-2016 CQM definitions	650

INSTRUCTIONS: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Clinical Quality Measure selected by a provider during attestation. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold. Please note that Exclusion or Exception count and percentage represents the providers who entered data for an exclusion or exception on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Section 3.1: CQMs

Clinical Quality Measures	Average	Standard Deviation	# of Exclusions	Exclusion %	# of Exceptions	Exception %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
CMS 146 - Appropriate Testing for Children with Pharyngitis	43%	40%	87	42%			207	54
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 1	0%	0%	1	8%			12	7
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 2	0%	0%	1	8%			12	7
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 1	16%	37%	7	58%			12	3
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 2	8%	28%	7	58%			12	3
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 1	17%	37%	8	67%			12	2
CMS 137 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 2	8%	28%	8	67%			12	2
CMS 165 - Controlling High Blood Pressure	51%	38%	93	29%			319	57
CMS 156 - Use of High-Risk Medications in the Elderly - Numerator 1	21%	23%					221	49
CMS 156 - Use of High-Risk Medications in the Elderly - Numerator 2	8%	13%					221	51
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 1	69%	40%	38	13%			294	56
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 2	8%	16%	37	13%			294	59
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 3	6%	15%	34	12%			294	59
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 1	77%	35%	28	10%			294	30

CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 2	9%	16%	25	9%			294	32
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 3	6%	16%	26	9%			294	34
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 1	80%	30%	48	16%			294	15
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 2	10%	18%	47	16%			294	18
CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 3	7%	17%	48	16%			294	19
CMS 138 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	73%	45%			0	0%	558	46
CMS 125 - Breast Cancer Screening	37%	34%	13	7%			195	19
CMS 124 - Cervical Cancer Screening	39%	38%	73	32%			227	43
CMS 153 - Chlamydia Screening for Women - Stratum 1	48%	30%	27	11%			237	31
CMS 153 - Chlamydia Screening for Women - Stratum 2	24%	33%	11	5%			237	86
CMS 153 - Chlamydia Screening for Women - Stratum 3	29%	29%	0	0%			237	15
CMS 130 - Colorectal Cancer Screening	37%	28%	107	45%			237	18
CMS 126 - Use of Appropriate Medications for Asthma - Stratum 1	27%	34%	4	4%			114	52
CMS 126 - Use of Appropriate Medications for Asthma - Stratum 2	28%	35%	6	5%			114	49
CMS 126 - Use of Appropriate Medications for Asthma - Stratum 3	14%	32%	3	3%			114	80
CMS 126 - Use of Appropriate Medications for Asthma - Stratum 4	1%	9%	0	0%			114	111
CMS 126 - Use of Appropriate Medications for Asthma - Stratum 5	34%	33%	10	9%			114	38
CMS 117 - Childhood Immunization Status	25%	27%					68	0
CMS 147 - Preventive Care and Screening: Influenza Immunization	24%	27%			0	0%	242	12
CMS 127 - Pneumonia Vaccination Status for Older Adults	58%	30%					222	11
CMS 166 - Use of Imaging Studies for Low Back Pain	79%	37%	65	60%			108	8
CMS 131 - Diabetes: Eye Exam	12%	26%	0	0%			24	3
CMS 123 - Diabetes: Foot Exam	17%	35%	2	2%			124	49
CMS 122 - Diabetes: Hemoglobin A1c Poor Control	45%	42%	3	1%			310	77
CMS 148 - Hemoglobin A1c Test for Pediatric Patients	49%	42%	0	0%			68	7

CMS 134 - Diabetes: Urine Protein Screening	60%	36%	2	2%			114	9
CMS 163 - Diabetes: Low Density Lipoprotein (LDL) Management	13%	20%	0	0%			39	2
CMS 164 - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	61%	36%					57	5
CMS 154 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)	65%	37%	158	66%			238	43
CMS 145 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 1	100%	0%			0	0	2	0
CMS 145 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 2	100%	0%			0	0	2	0
CMS 182 - Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 1	24%	33%					28	3
CMS 182 - Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 2	21%	30%					28	3
CMS 135 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	100%	0%			0	0	1	0
CMS 144 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	100%	0%			0	0	1	0
CMS 143 - Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0%	0%			0	0	1	1
CMS 167 - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0%	0%			0	0	0	0
CMS 142 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	0%	0%			0	0	2	2
CMS 139 - Falls: Screening for Future Fall Risk	28%	33%			0	0	121	41
CMS 161 - Major Depressive Disorder (MDD): Suicide Risk Assessment	43%	39%					43	0
CMS 128 - Anti-depressant Medication Management - Numerator 1	60%	51%			42	71%	59	16
CMS 128 - Anti-depressant Medication Management - Numerator 2	54%	52%			42	71%	59	16
CMS 136 - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 1	19%	28%	53	75%			71	13
CMS 136 - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 2	19%	28%	46	65%			71	33

CMS 169 - Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	34%	44%					8	0
CMS 157 - Oncology: Medical and Radiation – Pain Intensity Quantified	0%	0%					0	0
CMS 141 - Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	0%	0%			0	0	1	0
CMS 140 - Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0%	0%			0	0	0	0
CMS 129 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0%	0%			0	0	4	4
CMS 62 - HIV/AIDS: Medical Visit	38%	49%					13	7
CMS 52 - HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 1	0%	0%			0	0	0	0
CMS 52 - HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 2	0%	0%			0	0	0	0
CMS 52 - HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 3	0%	0%					0	0
CMS 77 - HIV/AIDS: RNA control for Patients with HIV	0%	0%					16	12
CMS 2 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	17%	86%	174	58%	0	0	301	17
CMS 68 - Documentation of Current Medications in the Medical Record	84%	27%			0	0	528	30
CMS 69 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Population 1	36%	29%	236	55%			429	65
CMS 69 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Population 2	28%	29%	115	27%			429	188
CMS 132 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	0%	0%	0	0%			2	2
CMS 133 - Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	0%	0%	0	0%			0	0
CMS 158 - Pregnant women that had HBsAg testing	0%	0%			0	0	34	30
CMS 159 - Depression Remission at Twelve Months	3%	7%	7	58%			12	6
CMS 160 - Depression Utilization of the PHQ-9 Tool - Population 1	8%	15%	5	18%			28	13
CMS 160 - Depression Utilization of the PHQ-9 Tool - Population 2	32%	34%	6	21%			28	6
CMS 160 - Depression Utilization of the PHQ-9 Tool - Population 3	26%	32%	0	0%			28	8
CMS 75 - Children who have dental decay or cavities	3%	8%					129	5

CMS 177 - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	15%	23%						28	12
CMS 82 - Maternal depression screening	0%	0%						5	0
CMS 74 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 1	4%	17%						71	2
CMS 74 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 2	4%	17%						71	5
CMS 74 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 3	4%	24%						71	4
CMS 61 - Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 1	14%	41%	17	15%	0	0		115	68
CMS 61 - Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 2	7%	44%	13	11%	0	0		115	79
CMS 61 - Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 3	24%	30%	32	28%	0	0		115	12
CMS 64 - Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 1	40%	44%	2	14%	0	0		14	7
CMS 64 - Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 2	46%	47%	1	7%	0	0		14	7
CMS 64 - Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 3	70%	37%	6	43%	0	0		14	2
CMS 149 - Dementia: Cognitive Assessment	0%	0%			0	0		5	2
CMS 65 - Hypertension: Improvement in blood pressure	71%	43%	2	20%				10	1
CMS 50 - Closing the referral loop: receipt of specialist report	25%	32%						130	137
CMS 66 - Functional status assessment for knee replacement	0%	0%	0	0%				12	12
CMS 56 - Functional status assessment for hip replacement	0%	0%	0	0%				13	13
CMS 90 - Functional status assessment for complex chronic conditions	0%	0%	6	19%				31	25
CMS 179 - ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	0%	0%						4	0
CMS 22 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	40%	29%	67	63%	0	0		107	4

INSTRUCTIONS: Please describe in the space below a description and quantitative data on how the incentive program addressed individuals with unique needs such as children.

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CMS 155 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 3								
CMS 138 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention								
CMS 125 - Breast Cancer Screening								
CMS 124 - Cervical Cancer Screening								
CMS 153 - Chlamydia Screening for Women - Stratum 1								
CMS 153 - Chlamydia Screening for Women - Stratum 2								
CMS 153 - Chlamydia Screening for Women - Stratum 3								
CMS 130 - Colorectal Cancer Screening								
CMS 117 - Childhood Immunization Status								
CMS 147 - Preventive Care and Screening: Influenza Immunization								
CMS 127 - Pneumonia Vaccination Status for Older Adults								
CMS 166 - Use of Imaging Studies for Low Back Pain								
CMS 131 - Diabetes: Eye Exam								
CMS 123 - Diabetes: Foot Exam								
CMS 122 - Diabetes: Hemoglobin A1c Poor Control								
CMS 134 - Diabetes: Urine Protein Screening								
CMS 164 - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic								
CMS 154 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)								
CMS 145 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 1								
CMS 145 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 2								
CMS 135 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)								
CMS 144 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)								
CMS 143 - Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation								
CMS 167 - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy								
CMS 142 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care								
CMS 139 - Falls: Screening for Future Fall Risk								
CMS 128 - Anti-depressant Medication Management - Numerator 1								
CMS 128 - Anti-depressant Medication Management - Numerator 2								
CMS 136 - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 1								
CMS 136 - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 2								

CMS 169 - Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use								
CMS 157 - Oncology: Medical and Radiation – Pain Intensity Quantified								
CMS 129 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients								
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CMS 52 - HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 3								
CMS 2 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan								
CMS 68 - Documentation of Current Medications in the Medical Record								
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CMS 50 - Closing the referral loop: receipt of specialist report								
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CMS 22 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented								