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# Medical Assistance Provider Incentive Repository



## User Guide For Eligible Professionals MAPIR 5.7

Part 2A – Program Year 2015  
*Attestation Phase*  
to  
*CQMs*

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May 2016

**Revision Log:**

**MAPIR User Guide for Eligible Professionals- Part 2B**

<b>Version</b>	<b>Revision Date</b>	<b>Revision</b>
V1.0	04/08/2016	Initial Version – Split the original User Guide into 4 separate parts (Part 1, 2A, 2B, 3 and 4) to be updated on an ongoing, or as needed basis.

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# Table of Contents: EP User Guide Part 2A

<b>Introduction</b> .....	<b>5</b>
<b>EP User Guide Files: Parts 1, 2A, 2B, 3 and 4</b> .....	<b>6</b>
<b>Step 5 – Attestation</b> .....	<b>7</b>
<b>Attestation Phase (Part 1 of 3)</b> .....	<b>8</b>
Adoption Phase .....	9
Implementation Phase .....	10
Upgrade Phase.....	12
Meaningful Use Phase .....	15
<b>2015 Scheduled for Stage 2 (MU 2.2)</b> .....	<b>17</b>
2015 Stage 2.2 Objectives and Measures .....	17
MU 2.2 Meaningful Use General Requirements .....	18
Meaningful Use Stage 2.2 Objectives (1 – 9) .....	20
Meaningful Use Stage 2.2 Objective List Table .....	21
MU 2.2 Objective 1 – Protect Patient Health Information .....	22
MU 2.2 Objective 2 – Clinical Decision Support (CDS) .....	23
MU 2.2 Objective 3 – Computerized Provider Order Entry (CPOE) .....	24
MU 2.2 Objective 4 – Electronic Prescribing .....	25
MU 2.2 Objective 5 – Health Information Exchange .....	26
MU 2.2 Objective 6 – Patient-Specific Education.....	27
MU 2.2 Objective 7 – Medication Reconciliation .....	28
MU 2.2 Objective 8 – Patient Electronic Access.....	29
MU 2.2 Objective 9 – Secure Electronic Messaging .....	30
Return to Main: Back to the Measures Topic List .....	31
<b>2015 MU 2.2 Required Public Health Objective</b> .....	<b>33</b>
MU 2.2 Required Public Health Objective List Table.....	34
MU 2.2 Objective 10 Option 1 – Immunization Registry Reporting .....	36
MU 2.2 Objective 10 Option 2 – Syndromic Surveillance Reporting .....	37
MU 2.2 Objective 10 Option 3A – Specialized Registry Reporting .....	38
MU 2.2 Objective 10 Option 3B – Specialized Registry Reporting .....	39
Review PH Measures and Return to Main .....	40
<b>2015 Scheduled for Stage 1 (MU 1.4)</b> .....	<b>43</b>
2015 Stage 1.4 – Objectives and Measures .....	43
Stage 1.4 Meaningful Use General Requirements.....	44
Meaningful Use Stage 1.4 Objectives (1 – 9) .....	46
Meaningful Use Stage 1.4 Objective List Table .....	47
MU 1.4 Objective 1 – Protect Patient Health Information .....	48
MU 1.4 Objective 2 – Clinical Decision Support (CDS) Selection Screen.....	49
MU 1.4 Objective 2 – Clinical Decision Support (CDS) .....	50
MU 1.4 Objective 2 Alternate – Clinical Decision Support (CDS) .....	51
MU 1.4 Objective 3 – CPOE Selection Screen .....	52
MU 1.4 Objective 3 – Computerized Provider Order Entry (CPOE) .....	53

MU 1.4 Objective 3 Alternate 1 – Computerized Provider Order Entry (CPOE) .....	54
MU 1.4 Objective 3 Alternate 2 – Computerized Provider Order Entry (CPOE) .....	55
MU 1.4 Objective 4 - Electronic Prescribing Selection Screen .....	56
MU 1.4 Objective 4 - Electronic Prescribing.....	57
MU 1.4 Objective 4 Alternate – Electronic Prescribing .....	58
MU 1.4 Objective 5 – Health Information Exchange Selection Screen .....	59
MU 1.4 Objective 5 – Health Information Exchange .....	60
MU 1.4 Objective 5 Alternate – Health Information Exchange .....	61
MU 1.4 Objective 6 – Patient Specific Education Selection Screen .....	62
MU 1.4 Objective 6 – Patient Specific Education .....	63
MU 1.4 Objective 6 Alternate – Patient Specific Education .....	64
MU 1.4 Objective 7 – Medication Reconciliation Selection Screen.....	65
MU 1.4 Objective 7 – Medication Reconciliation .....	66
MU 1.4 Objective 7 Alternate – Medication Reconciliation .....	67
MU 1.4 Objective 8 – Patient Electronic Access Selection Screen .....	68
MU 1.4 Objective 8 – Patient Electronic Access.....	69
MU 1.4 Objective 8 Alternate – Patient Electronic Access.....	70
MU 1.4 Objective 9 – Secure Electronic Messaging Selection Screen .....	71
MU 1.4 Objective 9 – Secure Electronic Messaging .....	72
MU 1.4 Objective 9 Alternate – Secure Electronic Messaging.....	73
Return to Main: Back to Measures Topic List.....	74
<b>2015 MU 1.4 Required Public Health Objective (10).....</b>	<b>76</b>
2015 MU 1.4 Required Public Health Objective Reporting Options .....	77
MU 1.4 Required Public Health Objective Selection .....	78
MU 1.4 Required Public Health Objective Table.....	79
MU 1.4 Objective 10 Option 1 – Immunization Registry Reporting .....	80
MU 1.4 Objective 10 Alternate Option 1 – Immunization Registry Reporting .....	81
MU 1.4 Objective 10 Option 2 – Syndromic Surveillance Reporting .....	82
MU 1.4 Objective 10 Alternate Option 2 – Syndromic Surveillance Reporting .....	83
MU 1.4 Objective 10 Option 3A – Specialized Registry Reporting .....	84
MU 1.4 Objective 10 Alternate Option 3A – Specialized Registry Reporting .....	85
MU 1.4 Objective 10 Option 3B – Specialized Registry Reporting .....	86
Review PH Measures and Return to Main .....	87
<b>Clinical Quality Measures (CQMs).....</b>	<b>90</b>
Clinical Quality Measures – General .....	91
Clinical Quality Measures – Adult Set .....	92
Clinical Quality Measures – Pediatric Set .....	93
Meaningful Use Clinical Quality Measure Worklist Table .....	94
<b>Meaningful Use Measures Summary .....</b>	<b>109</b>
Meaningful Use Measures Summary Sample Screen.....	109
<b>Attestation Phase (Part 3 of 3) .....</b>	<b>113</b>
Assignment of Payment and Confirmation of Payment Address .....	113

## Introduction

For Program Year 2015, if you are scheduled to attest to Stage 1 of Meaningful Use, you have the option of attesting to **2015 Modified Stage 2 Objectives and Alternates** (referred to in the MAPIR User Guides as “**2015 MU 1.4**”).

If you have already attested to two years of Stage 1, you are scheduled to meet Stage 2, and must attest to **2015 Modified Stage 2 Objectives** (referred to in the MAPIR User Guides as “**2015 MU 2.2**”).

## EP User Guide Files: Parts 1, 2A, 2B, 3 and 4

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the EHRIP website.

### Part 1: For All EPs

- Getting Started
- Confirm R&A and Contact Info
- Eligibility
- Patient Volumes

### Part 2A: For EPs Attesting for **Program Year 2015**

- PY2015 Attestation Phase: Adopt/Implement/Upgrade or Meaningful Use
- Meaningful Use General Requirements
- Stage 1 MU Objectives
- Stage 2 MU Objectives
- Program Year 2015 CQMs

### Part 2B: For EPs Attesting for **Program Year 2016**

- PY2016 Attestation Phase: Adopt/Implement/Upgrade or Meaningful Use
- Meaningful Use General Requirements
- Stage 1 MU Objectives
- Stage 2 MU Objectives
- Program Year 2016 CQMs

### Part 3: For all EPs

- Review Application
- Application Questionnaire
- File Uploads, Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment
- 

### Part 4: For All EPs

- Additional User Information
- Appendices

## Step 5 – Attestation

This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption, Implementation, Upgrade, and Meaningful Use**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase.

For the first year of participation in the Medicaid EHR Incentive program, Eligible Professionals will have the option to attest to **Adoption, Implementation, Upgrade, or Meaningful Use**. After the first year of participation, the Eligible Professionals are required to attest to **Meaningful Use**.

This initial Attestation screen provides information about this section.

Click **Begin** to continue to the **Attestation** section.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit



In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including your EHR system adoption phase, payment designation, and provider liability.

[EHR System Adoption Phase](#)  
 You will be asked to confirm whether you are adopting, implementing, or upgrading (A/I/U) federally-certified EHR technology. For *Implement or Upgrade*, you will need to describe whether tasks are *Planned/In Progress* or *Complete*. Please refer to the *User Guide for Eligible Professionals* for additional guidance on Adopt, Implement and Upgrade:  
<http://healthdata.vermont.gov/ehrip/Apply>

[Payment Designations](#)  
 If you assigned your payment when you registered with the R&A, you will need to confirm that the assignment was voluntary. You will also need to confirm the payment address of the payee that you designated.

[Provider Liability](#)  
 The eligible professional for whom the payment is being requested is responsible and liable for any errors or falsifications submitted in this attestation process.  
 The eligible professional, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Once your attestation is complete, you will be directed to the *Review* tab. Please review all information for accuracy and completeness and revise your application as needed.

NOTE: Once you submit your application, you cannot make any changes, but you will be able to upload documents. MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the *Submit* tab.

**If you have completed your application and are ready to proceed, you MUST click the *Submit* tab.**

UI 75

Begin

UI 75

## Attestation Phase (Part 1 of 3)

The Attestation Phase (Part 1 of 3) screen asks for the **EHR System Adoption Phase**.

The screen shown below is the Attestation Phase (Part 1 of 3) screen you will see if it is your first year participating (Payment Year 1).

If it is not your first year participating (Payment Year 2 or beyond), go to the [Meaningful Use Phase](#) screenshot.

After making your selection, the next screen you see in MAPIR will depend on the phase you selected.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Adoption:** You are acquiring certified EHR Technology.
- Implementation:** You are installing certified EHR Technology.
- Upgrade:** You are expanding functionality of certified EHR Technology.
- Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset Save & Continue

For **Adoption** continue to the [next](#) page of this guide.

For **Implementation** go to [page 10](#).

For **Upgrade** go to [page 12](#).

For **Meaningful Use** click [page 15](#).

## Adoption Phase

For **Adoption**, select the Adoption button. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows a web interface for the 'Attestation Phase (Part 1 of 3)'. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit' (checked). Below the navigation bar, the main content area is titled 'Attestation Phase (Part 1 of 3)' and contains the instruction: 'Please select the appropriate EHR System Adoption Phase.' A light blue box provides guidance: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, there are four radio button options, each with a help icon (i):

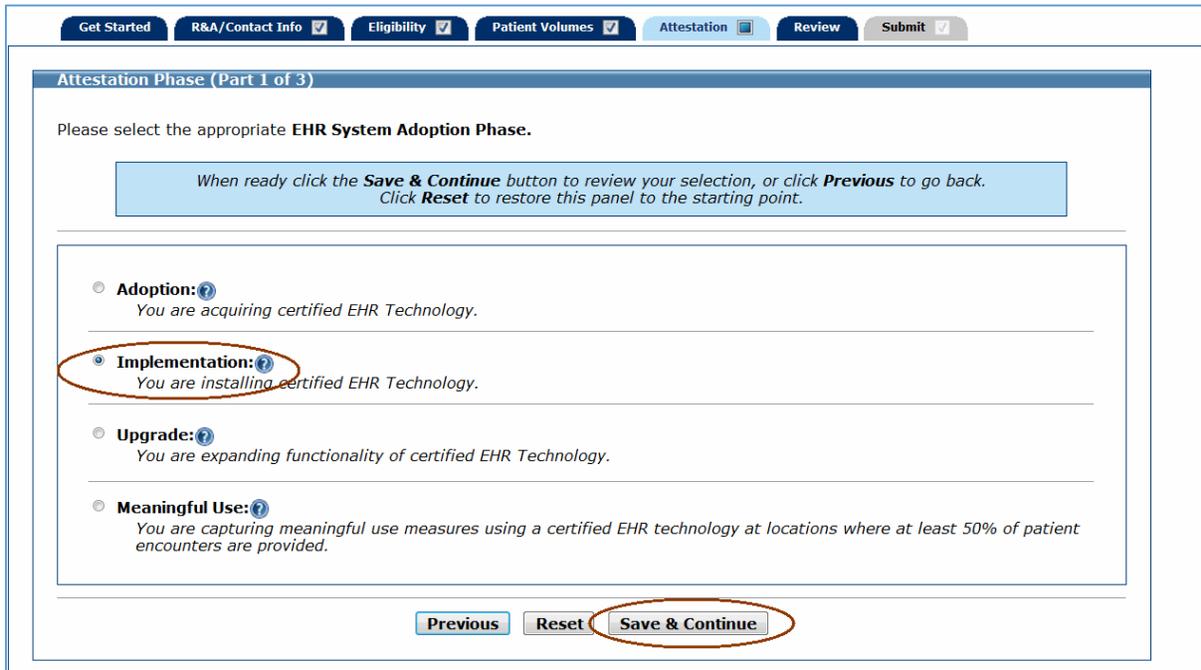
- Adoption:** You are acquiring certified EHR Technology. (This option is selected and circled in red.)
- Implementation:** You are installing certified EHR Technology.
- Upgrade:** You are expanding functionality of certified EHR Technology.
- Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

At the bottom of the form, there are three buttons: 'Previous', 'Reset', and 'Save & Continue' (circled in red).

## Implementation Phase

For **Implementation** select the Implementation button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.



Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Adoption:**  
You are acquiring certified EHR Technology.
- Implementation:**  
You are installing certified EHR Technology.
- Upgrade:**  
You are expanding functionality of certified EHR Technology.
- Meaningful Use:**  
You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset Save & Continue

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button.

Click **Other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data. This is an example of a completed screen.

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.  
After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input checked="" type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

Other (Click to Add)

Previous Reset Clear All **Save & Continue**

This screen shows an example of entering activities other than what was in the Implementation Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

Attestation Phase (Part 2 of 3)

Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.  
After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input checked="" type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input checked="" type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input checked="" type="radio"/>
Peripherals Installation	<input type="radio"/>	<input checked="" type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input checked="" type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input checked="" type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>
Other: Reviewed EHR Certification Information	<input type="radio"/>	<input checked="" type="radio"/>

Other (Click to Add) Delete

Previous Reset Clear All **Save & Continue**

Review the **Implementation Activity** you selected.

Click **Save & Continue** to continue, or click **Previous** to go back.

Proceed to the [next page](#) this guide to continue.

**Name** Dr. Medicaid Provider **Applicant NPI** 999999999

**Personal TIN/SSN** 999999999 **Payee TIN** 999999999

**Payment Year** 1 **Program Year** 2011

Get Started R&A/Contact Info  Eligibility  Patient Volumes  **Attestation**  Review Submit

**Attestation Phase (Part 2 of 3)**

Please review the list of the activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Implementation Activity	Planned	Complete
Workflow Analysis	<input checked="" type="checkbox"/>	
Workflow Redesign		<input checked="" type="checkbox"/>
Hardware Installation		<input checked="" type="checkbox"/>
Peripherals Installation		<input checked="" type="checkbox"/>
Uploading Patient Data	<input checked="" type="checkbox"/>	
Electronic Prescribing		<input checked="" type="checkbox"/>
(Other) Reviewed EHR Certification Information		<input checked="" type="checkbox"/>

Previous **Save & Continue**

## Upgrade Phase

For **Upgrade** select the Upgrade button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  **Attestation**  Review Submit

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Adoption:**  You are acquiring certified EHR Technology.
- Implementation:**  You are installing certified EHR Technology.
- Upgrade:**  You are expanding functionality of certified EHR Technology.
- Meaningful Use:**  You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset **Save & Continue**

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity. Click **Other** to add any additional **Upgrade Activities** you would like to supply. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>
<b>Other (Click to Add)</b>		

Buttons: Previous, Reset, Clear All, **Save & Continue**

This screen shows an example of entering activities other than what was in the Upgrade Activity listing.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data. After saving, click **Clear All** to remove standard activity selections.

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point. After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>
Other: Reviewed EHR Certification Information	<input checked="" type="radio"/>	<input type="radio"/>
<b>Other (Click to Add)</b>		

Buttons: Previous, Reset, Clear All, **Save & Continue**

Review the **Upgrade Activities** you selected.

Click **Save & Continue** to continue, or click **Previous** to go back.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	1	<b>Program Year</b>	2011

Get Started   R&A/Contact Info    Eligibility    Patient Volumes    **Attestation**    Review   Submit

**Attestation Phase (Part 2 of 3)**

Please review the list of activities where you have **planned** or **completed** an upgrade.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Upgrade Activity	Planned	Complete
Upgrading Software Version	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Decision Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Other) Reviewed EHR Certification Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Previous   **Save & Continue**

## Meaningful Use Phase

For **Meaningful Use** select the Meaningful Use button.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Adoption:** ?  
You are acquiring certified EHR Technology.
- Implementation:** ?  
You are installing certified EHR Technology.
- Upgrade:** ?  
You are expanding functionality of certified EHR Technology.
- Meaningful Use:** ?  
You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Select an EHR System Adoption Phase for reporting **Meaningful Use of certified EHR technology**. The selections available to you will depend on the Program Year you are in.

If you are in Program Year 2015 or higher and have previously attested to Adoption, Implementation, or Upgrade, you may attest to Meaningful Use (90 days) or Meaningful Use (Full Year).

If you are in Program Year 2015 or higher and you have previously attested to Meaningful Use, you must attest to Meaningful Use (Full Year); therefore, only this option will display.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

- Meaningful Use (90 days)** ?  
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

Depending on the selection made on the previous screen, the Attestation EHR Reporting Period (Part 1 of 3) screen will display with the 90-day period or the full year period. The example below displays the 90-day period for an incentive application in Program Year 2015.

Enter a **Start Date** or use the calendar located to the right of the Start Date field.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

This screen displays an example of a **Start Date** of January 1, 2014 and a system-calculated **End Date** of March 31, 2014.

Click **Save & Continue** to review your selection, or click **Previous** to go back.

**It is important to SAVE all documentation and reports that support your Meaningful Use attestation. If you see patients at multiple out-patient practice locations, please save your Meaningful Use documentation from all sites in case of audit.**

If you are scheduled to meet **MU Stage 1 in Program Year 2015**, proceed to [page 43](#). The MAPIR User Guide refers to this as **MU Stage 1.4**.

If you are in scheduled to meet **MU Stage 2 in Program Year 2015**, proceed to the [next page](#). The MAPIR User Guide refers to this as **MU Stage 2.2**.

## 2015 Scheduled for Stage 2 (MU 2.2)

### 2015 Stage 2.2 Objectives and Measures

If you are scheduled to meet MU Stage 2 in Program Year 2015, MAPIR refers to this as **MU Stage 2.2**.

The screen on the following page displays the Measures Topic List for. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Manual Clinical Quality Measures are further divided into 3 topics, of which one must be selected: Clinical Quality Measure – General, Clinical Quality Measure – Adult Set, and Clinical Quality Measure – Pediatric Set.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

The screenshot shows a software interface with a navigation bar at the top containing buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is divided into two sections:

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements		Begin
	Meaningful Use Objectives (1-9)		Begin
	Required Public Health Objective (10)		Begin

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

## MU 2.2 Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

**Note the addition of two questions assessing certification of MU measures and the reporting period of CQM measures compared to MU measures.**

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Meaningful Use General Requirements**

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(\*) Red asterisk indicates a required field.

---

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.

**\* Numerator:**

**\* Denominator:**

---

\* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period

**\* Numerator:**

**\* Denominator:**

---

\* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?

Yes  No

---

\* Is your CQM reporting period the same as your Meaningful Use reporting period? Please be sure to upload your Meaningful Use and CQM documentation into the application.

Yes  No

---

Previous
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives, Required Public Health Objectives, and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to Meaningful Use Objectives. You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	1/1	<div style="display: flex; justify-content: center; gap: 5px;"> <span>EDIT</span> <span>Clear All</span> </div>
	Meaningful Use Objectives		<div style="display: flex; justify-content: center; gap: 5px;"> <span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Begin</span> </div>
	Required Public Health Objectives		<div style="display: flex; justify-content: center; gap: 5px;"> <span>Begin</span> </div>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Clinical Quality Measure - General	<div style="display: flex; justify-content: center; gap: 5px;"> <span>EDIT</span> <span>Clear All</span> </div>
Clinical Quality Measure - Adult Set	
Clinical Quality Measure - Pediatric Set	
Cancel and Choose Electronic	<div style="display: flex; justify-content: center; gap: 5px;"> <span>Cancel</span> </div>

**Note:**  
 When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous
Save & Continue

## Meaningful Use Stage 2.2 Objectives (1 – 9)

This screen provides information about the Meaningful Use Objectives for EPs Scheduled to meet Stage 2 in Program Year 2015. (MU 2.2).

Click **Begin** to continue to the Meaningful Use Objectives List Table.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Program Year 2015 Scheduled to Meet Stage 2: Meaningful Use Objectives 1 - 9**

**Meaningful Use Objectives 1 - 9:** The following section includes 9 of the 10 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, EPs are required to complete all 10 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EP meets the criteria for the Exclusion or Alternate Exclusion, then the EP can claim that Exclusion during Attestation.

**Helpful Hints:**

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each Objective, select the '**CLICK HERE**' link at the top left of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY** displayed in whole numbers.
4. Objectives that require a result of greater than a given percentage must be **MORE THAN** that percentage. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass, but a result of exactly 80% will **NOT** pass.
5. The white checkmark in the green circle means the section is completed, but does not mean you passed or failed the Objectives.
6. You may review the completed Objectives by selecting the 'EDIT' button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have the opportunity to change and electronically sign again.

**Instructions:**

- Users must adequately answer each measure they intend to meet by either correctly completing the numerator and denominator, answering yes or no, or choosing an exclusion if they meet the requirements for that exclusion.
- Use the data obtained from you EHR system for the attestation period.
- When completing your application, you will be prompted to upload copies of your EHR report(s) and supporting documentation into your application.

It is important to **SAVE** all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with values of zero. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

UI 504

Begin

UI 504

## Meaningful Use Stage 2.2 Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Main** to return to the Measures Topic List.

Get Started
RPA/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		<input type="button" value="EDIT"/>
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		<input type="button" value="EDIT"/>
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.		<input type="button" value="EDIT"/>
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.		<input type="button" value="EDIT"/>
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		<input type="button" value="EDIT"/>
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.		<input type="button" value="EDIT"/>
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		<input type="button" value="EDIT"/>
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.		<input type="button" value="EDIT"/>
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?		<input type="button" value="EDIT"/>

## MU 2.2 Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

**PLEASE NOTE: All providers attesting to Meaningful Use must upload a copy of the Security Risk Analysis documentation at the time of attestation.**

The screenshot displays a web-based attestation interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and features a sub-header for 'Objective 1 - Protect Patient Health Information'. Below this, there is an informational link and a blue instruction box. A red asterisk indicates a required field. The objective and measure text are provided, followed by a radio button selection for 'Yes' or 'No'. If 'Yes' is selected, there are two text input fields for 'Date (MM/DD/YYYY)' and 'Name and Title (Person who conducted or reviewed the security risk analysis)'. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

## MU 2.2 Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows a web-based attestation form for 'Objective 2 – Clinical Decision Support (CDS)'. At the top, there is a progress bar with buttons for 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit'. Below the progress bar is a header 'Attestation Meaningful Use Objectives' and a sub-header 'Objective 2 – Clinical Decision Support (CDS)'. A blue box contains instructions: 'Click [HERE](#) to review CMS Guidelines for this measure.' and 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk note states: '(\*) Red asterisk indicates a required field.' The form content includes: 'Objective: Use clinical decision support to improve performance on high-priority health conditions.'; 'Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.'; '\*Did you meet this measure?' with radio buttons for 'Yes' and 'No'; 'Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.'; '\*Does this exclusion apply to you? If 'No', complete Measure 2.' with radio buttons for 'Yes' and 'No'; 'Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.'; 'Did you meet this measure?' with radio buttons for 'Yes' and 'No'. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

## MU 2.2 Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 3 – Computerized Provider Order Entry (CPOE)**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**\* 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.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 1:** The number of orders in the denominator recorded using CPOE.  
**Denominator 1:** Number of medication orders created by the EP during the EHR reporting period.  
**Exclusion 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 2:** The number of orders in the denominator recorded using CPOE.  
**Denominator 2:** Number of laboratory orders created by the EP during the EHR reporting period.  
**Exclusion 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 3:** The number of orders in the denominator recorded using CPOE.  
**Denominator 3:** Number of radiology orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 3:**  **Denominator 3:**

Previous
Reset
Save & Continue

## MU 2.2 Objective 4 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Objective 4 - Electronic Prescribing

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

Measure:        More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

**\* PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

**EXCLUSION 1:** Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

**EXCLUSION 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

If the exclusions do not apply to you, complete the following information:

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

**Numerator:**       **Denominator:**

Previous
Reset
Save & Continue

## MU 2.2 Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

<b>Name</b>	Dr. Medicaid Provider	<b>Applicant NPI</b>	9999999999
<b>Personal TIN/SSN</b>	999999999	<b>Payee TIN</b>	999999999
<b>Payment Year</b>	3	<b>Program Year</b>	2015

**Attestation Meaningful Use Objectives**

**Objective 5 - Health Information Exchange**

*Click [HERE](#) to review CMS Guidelines for this measure.*

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

**(\*) Red asterisk indicates a required field.**

**Objective:** The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.

**EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the measure below. If 'No', complete entries in the measure below.

Yes  No

**Measure:** The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

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

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

## MU 2.2 Objective 6 – Patient-Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 6 - Patient-Specific Education**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes  No

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.  
**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

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

Previous
Reset
Save & Continue

## MU 2.2 Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Meaningful Use Objectives**

**Objective 7 - Medication Reconciliation**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

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

**Measure:** The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes  No

**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

Previous Reset Save & Continue

## MU 2.2 Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info ✔
Eligibility ✔
Patient Volumes ✔
Attestation □
Review
Submit ▶

Attestation Meaningful Use Objectives

Objective 8 – Patient Electronic Access

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.

**Exclusion Measure 1 and 2:** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

\* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes  No

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Numerator 1:** The number of patients in the denominator who have timely (within four business days after the information is available to the EP) online access to their health information.

**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:**  **Denominator 1:**

**Exclusion Measure 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2.

Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.

Yes  No

**Measure 2:** At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

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

**Numerator 2:**  **Denominator 2:**

Previous
Reset
Save & Continue

## MU 2.2 Objective 9 – Secure Electronic Messaging

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 9 - Secure Electronic Messaging**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

\*Does this exclusion apply to you? If 'Yes', do not complete the measure. If 'No', complete the measure.  
 Yes  No

Measure: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

Did you meet this measure?  
 Yes  No

Previous
Reset
Save & Continue

## Return to Main: Back to the Measures Topic List

Once you have attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

Get Started | RBA/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

**Meaningful Use Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 10/01/2014 Name and Title = Dr. Medicaid - Provider	<input type="button" value="EDIT"/>
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	<input type="button" value="EDIT"/>
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 50 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = Only EHR Measure 1 Exclusion 1 = No Numerator 1 = 8 Denominator 1 = 10 Measure 2 Exclusion 2 = No Numerator 2 = 5 Denominator 2 = 10 Measure 3 Exclusion 3 = No Numerator 3 = 4 Denominator 3 = 10	<input type="button" value="EDIT"/>
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Patient Records = Only EHR Exclusion 1 = No Exclusion 2 = No Numerator = 7 Denominator = 10	<input type="button" value="EDIT"/>
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Exclusion = No Numerator = 5 Denominator = 10	<input type="button" value="EDIT"/>
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 5 Denominator = 10	<input type="button" value="EDIT"/>
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 7 Denominator = 10	<input type="button" value="EDIT"/>
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = No Numerator 1 = 7 Denominator 1 = 10 Measure 2 Exclusion Measure 2 = No Numerator 2 = 6 Denominator 2 = 10	<input type="button" value="EDIT"/>
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?	Exclusion = No Measure = Yes	<input type="button" value="EDIT"/>

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives, Required Public Health Objectives, and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to Meaningful Use Objectives. You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	1/1	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives	9/9	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objectives		<div style="border: 1px solid #ccc; padding: 2px; display: inline-block; border-radius: 50%;"><b>Begin</b></div>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Clinical Quality Measure - General	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Adult Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Pediatric Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Cancel and Choose Electronic	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Cancel</div>

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

## 2015 MU 2.2 Required Public Health Objective

For EPs scheduled to be in Stage 2 in Program Year 2015 (MU 2.2), this initial screen provides information about the Required Public Health Objective.

A **Public Health Objective Documentation Aid** is available at the Vermont Medicaid EHRIP website to assist EPs in providing documentation for the Public Health Measures they attest to, as well as documentation for the exclusions they qualify for. It is strongly recommended that the Public Health Objective Documentation Aid is completed and uploaded when your application is submitted. It lists suggested documentation artifacts, which, when provided at the time of attestation, will facilitate the application review process. The information will also help furnish the information that would be requested in the event of an audit.

Download the **Program Year 2015 Public Health Objective Documentation Aid for EPs Scheduled to be in Stage 2** here: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

Click **Begin** to continue to the Required Public Health Objective Selection screen.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Program Year 2015 Scheduled to Meet Stage 2: Required Public Health Objective (Objective 10)**

EPs scheduled to be in Stage 2 must attest to at least two measures from the Public Health Reporting Objective Measures 1-3.

**Measure 1: Immunization Registry Reporting.** The EP is in Active Engagement with a public health agency to submit immunization data.  
**Measure 2: Syndromic Surveillance Reporting.** The EP is in Active Engagement with a public health agency to submit Syndromic surveillance data.  
**Measure 3: Specialized Registry Reporting.** The EP is in Active Engagement to submit data to a specialized registry. EPs may report to more than one specialized registry, and may count specialized registry reporting more than once to meet the required number of measures for the Objective.

For EPs who are scheduled to be in Stage 2, an exclusion for a measure does not count toward the total of two measures. If an EP excludes from a measure, they must meet or exclude from the remaining measures in order to meet the objective. If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the one remaining measure available to them. If no measures remain available, the EP can meet the objective by meeting the requirements for exclusion from all three measures. They may claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure).

A **Public Health Objective Documentation Aid** is available at the Vermont Medicaid EHRIP website to assist EPs in providing documentation for the Public Health Measures they attest to, as well as documentation for the exclusions they qualify for. It is strongly recommended that the Public Health Objective Documentation Aid is completed and uploaded when your application is submitted. It lists suggested documentation artifacts, which, when provided at the time of attestation, will facilitate the application review process. The information will also help furnish the information that would be requested in the event of an audit.

Download the **Program Year 2015 Public Health Objective Documentation Aid for EPs Scheduled to be in Stage 2** here: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

**Helpful Hints:**

1. For more details on each measure option, select the '**CLICK HERE**' link at the top left of each screen.
2. You may review the completed option by selecting the '**EDIT**' button.
3. After completing the Public Health Objective, you will receive a white checkmark in the green circle. The checkmark means the section is completed, but does not mean you passed or failed the Objective.
4. Evaluation of Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. If any Objectives are not met, you will have the opportunity to change and electronically sign again.

UI 515

UI 515

## MU 2.2 Required Public Health Objective List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Objectives to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Attestation Meaningful Use Objectives**

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select the two Options for attestation without taking an exclusion. Option 3 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, and 3A. You cannot exclude both Option 3A and Option 3B. Note, selecting all exclusions does not mean the Objective fails.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

Return to Main    Reset    **Save & Continue**

The measures you selected to attest to will display on the Required Public Health Objective List Table. The example on the following page displays the four measures selected from the above screen example.

You must complete all the measures selected.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return to Selection List** to return to the Required Public Health Objective List Selection screen.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the public health objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health objectives have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main attestation topic list.

---

**Required Public Health Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		<input type="button" value="EDIT"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		<input type="button" value="EDIT"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		<input type="button" value="EDIT"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		<input type="button" value="EDIT"/>

There are a total of 4 Meaningful Use Menu Measure screens. As you proceed through the Required Public Health Objective section of MAPIR, you may see up to 4 different screens, depending on your selection. Instructions for each measure are provided on the screen. For additional help with a specific Required Public Health Objective, click on the link provided above the blue instruction box.

## MU 2.2 Objective 10 Option 1 – Immunization Registry Reporting

The following Required Public Health Objective 10 Option 1 – Immunization Registry Reporting uses this screen layout:

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows a web application interface for 'Attestation Meaningful Use Objectives'. At the top, there is a navigation bar with buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Objective 10 Option 1 - Immunization Registry Reporting'. It includes a link to review CMS Guidelines and a blue instruction box: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk indicates a required field. The form contains the following sections:

- Objective:** The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- Measure:** Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.
  - \*Does this option apply to you?
    - Yes  No
  - Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.
    - Completed registration to submit data
    - Testing and validation
    - Production
  - EXCLUSION:** If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.
    - Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
      - Yes  No
    - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
      - Yes  No
    - Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
      - Yes  No

At the bottom of the form are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

## MU 2.2 Objective 10 Option 2 – Syndromic Surveillance Reporting

The Required Public Health Objective 10 Option 2 – Syndromic Surveillance Reporting uses this screen layout.

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Option 2 - Syndromic Surveillance Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

\*Does this option apply to you?  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 2 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.  
 Yes  No

The EP did not plan to report on syndromic surveillance data, therefore the EP is able to claim an exclusion.  
 Yes  No

Previous Reset Save & Continue

## MU 2.2 Objective 10 Option 3A – Specialized Registry Reporting

The Required Public Health Objective 10 Option 3A – Specialized Registry Reporting uses this screen layout.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review 
Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Option 3A - Specialized Registry Reporting**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

**\*Does this option apply to you?**  
 Yes  No

If 'Yes', enter the name of the specialized registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.  
 Yes  No

The EP did not plan to report on special registry data, therefore the EP is able to claim an exclusion.  
 Yes  No

Previous
Reset
Save & Continue

## MU 2.2 Objective 10 Option 3B – Specialized Registry Reporting

The Required Public Health Objective 10 Option 3B – Specialized Registry Reporting uses this screen layout.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows a web application interface for 'Attestation Meaningful Use Objectives'. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit'. Below this is a header 'Attestation Meaningful Use Objectives' and a sub-header 'Objective 10 Option 3B - Specialized Registry Reporting'. A blue box contains instructions: 'Click [HERE](#) to review CMS Guidelines for this measure.' and 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk note states: '(\*) Red asterisk indicates a required field.' The 'Objective' is: 'The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.' The 'Measure' is: 'Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.' A required field is labeled: '\*Enter the name of the specialized registry used below.' followed by an empty text input box. Below this, '\*Active Engagement Options:' are listed with three checkboxes: 'Completed registration to submit data', 'Testing and validation', and 'Production'. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

## Review PH Measures and Return to Main

After you enter information for a measure and click **Save & Continue**, you will return to the MU 2.2 Required Public Health Objective List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the public health objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health objectives have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main attestation topic list.

**Required Public Health Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	Measure Option 1 = Yes Active Engagement Option = Testing and validation	<input type="button" value="EDIT"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	Measure Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No	<input type="button" value="EDIT"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Measure Option 3A = Yes Specialized Registry = Specialized Registry designated by provider Active Engagement Option = Completed registration to submit data	<input type="button" value="EDIT"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	Specialized Registry = 2nd Specialized Registry designated by provider Active Engagement Option = Completed registration to submit data	<input type="button" value="EDIT"/>

Once you have attested to all the selected measures for Public Health reporting, click **Return to Selection List** to return to the Meaningful Use Menu Measure Selection screen.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Meaningful Use Objectives**

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select the two Options for attestation without taking an exclusion. Option 3 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, and 3A. Option 3A cannot be excluded twice. Note, selecting all exclusions does not mean the Objective fails.

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

Click **Return to Main** to return to the Measure Topic List. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all measures were entered and saved, a check mark will display under the Completed column for the Required Public Health Objectives. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives, Required Public Health Objectives, and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to Meaningful Use Objectives. You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "**Begin**" button. To modify a topic where entries have been made, select the "**EDIT**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	General Requirements	1/1	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives	9/9	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objectives	4/4	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "**Clear All**" button on the previously selected CQM set to enable the "**Begin**" button on a different CQM set. *Please note that the previously entered information will be cleared once the "**Clear All**" button is selected.*

Clinical Quality Measure - General	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Adult Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Pediatric Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Cancel and Choose Electronic	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Cancel</div>

**Note:**  
 When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

Previous

Save & Continue

Proceed to the section of this User Guide for the **Meaningful Use Clinical Quality Measures, [page 90.](#)**

## 2015 Scheduled for Stage 1 (MU 1.4)

### 2015 Stage 1.4 – Objectives and Measures

If you are scheduled to meet Meaningful Use Stage 1 in Program Year 2015, MAPIR refers to this as **MU Stage 1.4**.

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Manual Clinical Quality Measures are further divided into 3 topics, of which one must be selected: Clinical Quality Measure – General, Clinical Quality Measure – Adult Set, and Clinical Quality Measure – Pediatric Set.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements		Begin
	Meaningful Use Objectives (1-9)		Begin
	Required Public Health Objective (10)		Begin

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

## Stage 1.4 Meaningful Use General Requirements

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

**Note the addition of two questions assessing certification of MU measures and the reporting period of CQM measures compared to MU measures.**

Get Started RAA/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

### Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. \* Numerator:  \* Denominator:

\* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. \* Numerator:  \* Denominator:

\* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?  Yes  No

\* Is your CQM reporting period the same as your Meaningful Use reporting period? Please be sure to upload your Meaningful Use and CQM documentation into the application.  Yes  No

Previous Reset Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the General Requirements topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)		<input type="button" value="Begin"/>
	Required Public Health Objective (10)		<input type="button" value="Begin"/>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Clinical Quality Measure - General	<input type="button" value="Begin"/>
Clinical Quality Measure - Adult Set	<input type="button" value="Begin"/>
Clinical Quality Measure - Pediatric Set	<input type="button" value="Begin"/>
Cancel and Choose Electronic	<input type="button" value="Cancel"/>

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

## Meaningful Use Stage 1.4 Objectives (1 – 9)

This screen provides information about the Meaningful Use Objectives for EPs Scheduled to meet Stage 1 in Program Year 2015. (MU 1.4).

This screen provides information about the Meaningful Use Objectives for Stage 1.4.

Click **Begin** to continue to the Meaningful Use Objectives List Table.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Program Year 2015 Scheduled to Meet Stage 1: Meaningful Use Objectives 1 - 9**

**As a provider scheduled to meet MU Stage 1 in Program Year 2015, you will be presented with the option to select Alternate Measures and Alternate Exclusions within certain Objectives.**

The following section includes 9 of the 10 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, EPs are required to complete all 10 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EP meets the criteria for the Exclusion or Alternate Exclusion, then the EP can claim that Exclusion during Attestation.

**Helpful Hints:**

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each Objective, select the '**CLICK HERE**' link at the top left of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY** displayed in whole numbers.
4. Objectives that require a result of greater than a given percentage must be **MORE THAN** that percentage. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass, but a result of exactly 80% will **NOT** pass.
5. The white checkmark in the green circle means the section is completed, but does not mean you passed or failed the Objectives.
6. You may review the completed Objectives by selecting the 'EDIT' button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have the opportunity to change and electronically sign again.

**Instructions:**

- Users must adequately answer each measure they intend to meet by either correctly completing the numerator and denominator, answering yes or no, or choosing an exclusion if they meet the requirements for that exclusion.
- Use the data obtained from you EHR system for the attestation period.
- When completing your application, you will be prompted to upload copies of your EHR report(s) and supporting documentation into your application.

It is important to **SAVE** all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with values of zero. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

UI 522

Begin

UI 522

## Meaningful Use Stage 1.4 Objective List Table

The following screen displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return to Main** to return to the Measures Topic List.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

**Meaningful Use Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		<span style="border: 2px solid red; border-radius: 50%; padding: 2px;">EDIT</span>
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 4	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 5	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 6	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 7	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 8	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>
Objective 9	You must choose an option for this objective. Select the EDIT button to continue.			<span style="border: 1px solid gray; border-radius: 3px; padding: 2px;">EDIT</span>

Return to Main

## MU 1.4 Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

**PLEASE NOTE: All providers attesting to Meaningful Use must upload a copy of the Security Risk Analysis documentation at the time of attestation.**

The screenshot shows a web application interface for attesting to Meaningful Use Objectives. At the top, there is a navigation bar with buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and contains a sub-section for 'Objective 1 - Protect Patient Health Information'. An information icon and text link to CMS Guidelines. A blue box contains instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk indicates a required field. The objective and measure text are provided. A question asks if the user meets the measure, with 'Yes' and 'No' radio buttons. Below, it asks for the date and the name and title of the person who conducted or reviewed the security risk analysis, with corresponding input fields. At the bottom, there are 'Previous', 'Reset', and 'Save & Continue' buttons.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Objectives

Objective 1 - Protect Patient Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306 (d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

\*Did you meet this measure?  
 Yes  No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Previous Reset Save & Continue

## MU 1.4 Objective 2 – Clinical Decision Support (CDS) Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 2 - Clinical Decision Support (CDS)**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

**(\*) Red asterisk indicates a required field.**

\*Select from the following options:

Modified Stage 2  
**Measure 1** - Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.  
**Measure 2** - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Modified Stage 2 Alternate Measure 1  
**Measure 1** - Implement one clinical decision support rule.  
**Measure 2** - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Previous Continue

## MU 1.4 Objective 2 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows a web-based attestation form for 'Objective 2 - Clinical Decision Support (CDS)'. At the top, there is a navigation bar with buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and contains the following text:

**Objective 2 - Clinical Decision Support (CDS)**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Use clinical decision support to improve performance on high-priority health conditions.

**Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

\*Did you meet this measure?  
 Yes  No

**Measure 2 Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

\*Does this exclusion apply to you? If 'No', complete Measure 2.  
 Yes  No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?  
 Yes  No

At the bottom of the form, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

## MU 1.4 Objective 2 Alternate – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 2 Alternate – Clinical Decision Support (CDS)**

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**Measure 1:** Implement one clinical decision support rule.

\*Did you meet this measure?  
 Yes  No

**Measure 2 Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

\*Does this exclusion apply to you? If 'No', complete Measure 2.  
 Yes  No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?  
 Yes  No

Previous Reset Save & Continue

## MU 1.4 Objective 3 – CPOE Selection Screen

Enter information in all required fields.

Click **Continue** to proceed to the appropriate core measure screen for the option you selected or click **Previous** to go back

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 3 - Computerized Provider Order Entry (CPOE)**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

---

\*Select from the following options:

Modified Stage 2  
**Measure 1** - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

---

Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3  
**Measure 1** - More than 30 PERCENT OF ALL MEDICATION ORDERS created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 2** - Any EP who did not plan to report on this measure may select an exclusion.  
**Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 3** - Any EP who did not plan to report on this measure may select an exclusion.

---

Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3  
**Measure 1** - More than 30 PERCENT OF ALL UNIQUE PATIENTS with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.  
**Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 2** - Any EP who did not plan to report on this measure may select an exclusion.  
**Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 3** - Any EP who did not plan to report on this measure may select an exclusion.

---

Previous
Continue

## MU 1.4 Objective 3 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review 
Submit

**Attestation Meaningful Use Objectives**

**Objective 3 – Computerized Provider Order Entry (CPOE)**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**\* 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.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 1:** The number of orders in the denominator recorded using CPOE.  
**Denominator 1:** Number of medication orders created by the EP during the EHR reporting period.  
**Exclusion 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 2:** The number of orders in the denominator recorded using CPOE.  
**Denominator 2:** Number of laboratory orders created by the EP during the EHR reporting period.  
**Exclusion 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 3:** The number of orders in the denominator recorded using CPOE.  
**Denominator 3:** Number of radiology orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 3:**  **Denominator 3:**

Previous
Reset
Save & Continue

## MU 1.4 Objective 3 Alternate 1 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 3 Alternate 1 - Computerized Provider Order Entry (CPOE)**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**\* 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.

**Measure 1:** More than 30 percent of all medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 1:** The number of orders in the denominator recorded using CPOE.  
**Denominator 1:** Number of medication orders created by the EP during the EHR reporting period.  
**Exclusion 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 2:** The number of orders in the denominator recorded using CPOE.  
**Denominator 2:** Number of laboratory orders created by the EP during the EHR reporting period.  
**Exclusion 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

**Alternate Exclusion 2:** Any EP who did not plan to report on this measure may select an exclusion.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 3:** The number of orders in the denominator recorded using CPOE.  
**Denominator 3:** Number of radiology orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**

Yes  No

**Alternate Exclusion 3:** Any EP who did not plan to report on this measure may select an exclusion.  
**\* Does this exclusion apply to you?**

Yes  No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 3:**  **Denominator 3:**

Previous
Reset
Save & Continue

## MU 1.4 Objective 3 Alternate 2 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 3 Alternate 2 – Computerized Provider Order Entry (CPOE)**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**\* 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.

**Measure 1:** More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.

**Numerator 1:** Number of patients in the denominator that have at least one medication order entered using CPOE.  
**Denominator 1:** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.  
**Exclusion 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**  
 Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 2:** The number of orders in the denominator recorded using CPOE.  
**Denominator 2:** Number of laboratory orders created by the EP during the EHR reporting period.  
**Exclusion 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**  
 Yes  No  
**Alternate Exclusion 2:** Any EP who did not plan to report on this measure may select an exclusion.  
**\* Does this exclusion apply to you?**  
 Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 3:** The number of orders in the denominator recorded using CPOE.  
**Denominator 3:** Number of radiology orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  
**\* Does this exclusion apply to you?**  
 Yes  No  
**Alternate Exclusion 3:** Any EP who did not plan to report on this measure may select an exclusion.  
**\* Does this exclusion apply to you?**  
 Yes  No  
 If 'No', complete entries in the Numerator and Denominator.

**Numerator 3:**  **Denominator 3:**

Previous Reset Save & Continue

## MU 1.4 Objective 4 - Electronic Prescribing Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or click **Previous** to go back.

**Get Started** **R&A/Contact Info**  **Eligibility**  **Patient Volumes**  **Attestation**  **Review** **Submit**

---

**Attestation Meaningful Use Objectives**

---

**Objective 4 - Electronic Prescribing**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

**(\*) Red asterisk indicates a required field.**

\*Select from the following options:

- Modified Stage 2**  
**Measure** - More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

---

- Modified Stage 2 Alternate Measure**  
**Measure** - More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

---

## MU 1.4 Objective 4 - Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started RBA/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 4 - Electronic Prescribing**

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

Measure:        More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

**\* PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

This data was extracted only from patient records maintained using Certified EHR Technology.

**EXCLUSION 1:** Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

**EXCLUSION 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

If the exclusions do not apply to you, complete the following information:

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

**Numerator:**       **Denominator:**

Previous   Reset   Save & Continue

## MU 1.4 Objective 4 Alternate – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 4 Alternate – Electronic Prescribing**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

Measure:        More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

**\* PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.  
 This data was extracted only from patient records maintained using Certified EHR Technology.

**EXCLUSION 1:** Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

**EXCLUSION 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

**\* Does this exclusion apply to you?**

Yes  No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.  
**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

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

Previous Reset Save & Continue

## MU 1.4 Objective 5 – Health Information Exchange Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 5 - Health Information Exchange**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

---

\*Select from the following options:

Modified Stage 2  
**Measure** - The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

---

Modified Stage 2 Alternate Exclusion  
**Alternate Exclusion** - Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

---

Previous
Continue

## MU 1.4 Objective 5 – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 5 – Health Information Exchange**

**i** Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.

**EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the measure below. If 'No', complete entries in the measure below.

Yes  No

**Measure:** The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

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

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

Previous Reset Save & Continue

## MU 1.4 Objective 5 Alternate – Health Information Exchange

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

**Attestation Meaningful Use Objectives**

**Objective 5 Alternate - Health Information Exchange**

**i** Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.

**EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

\* Does this exclusion apply to you?  
 Yes  No

**ALTERNATE EXCLUSION:** Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

\* Does this exclusion apply to you?  
 Yes  No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

**Measure:** The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

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

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

Previous | Reset | Save & Continue

## MU 1.4 Objective 6 – Patient Specific Education Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 6 - Patient-Specific Education**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

\*Select from the following options:

Modified Stage 2  
**Measure** - Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

---

Modified Stage 2 Alternate Exclusion  
**Alternate Exclusion** - Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

---

Previous
Continue

## MU 1.4 Objective 6 – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation Review Submit

**Attestation Meaningful Use Objectives**

**Objective 6 – Patient-Specific Education**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes  No

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.  
**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

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

Previous Reset Save & Continue

## MU 1.4 Objective 6 Alternate – Patient Specific Education

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 6 Alternate - Patient-Specific Education**

Click [HERE](#) to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

**(\*) Red asterisk indicates a required field.**

**Objective:** Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

**Measure:** Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period.

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

**ALTERNATE EXCLUSION:** Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

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

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.  
**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

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

Previous
Reset
Save & Continue

## MU 1.4 Objective 7 – Medication Reconciliation Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 7 – Medication Reconciliation**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

---

\*Select from the following options:

Modified Stage 2  
**Measure** - The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

---

Modified Stage 2 Alternate Exclusion  
**Alternate Exclusion** - Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

---

Previous
Continue

## MU 1.4 Objective 7 – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 7 - Medication Reconciliation**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

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

**EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

\* Does this exclusion apply to you? If 'Yes', do not complete the Numerator or Denominator. If 'No', complete entries in the Numerator and Denominator.

Yes  No

**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

Previous Reset Save & Continue

## MU 1.4 Objective 7 Alternate – Medication Reconciliation

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 7 Alternate - Medication Reconciliation**

**i** Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

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

**EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

\* Does this exclusion apply to you?  
 Yes  No

**ALTERNATE EXCLUSION:** Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

\* Does this exclusion apply to you?  
 Yes  No

If neither of the exclusions apply to you, complete entries in the Numerator and Denominator.

**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

Previous Reset Save & Continue

## MU 1.4 Objective 8 – Patient Electronic Access Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 8 - Patient Electronic Access**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

*When ready click the **Continue** button to review your selection, or click **Previous** to go back.*

(\*) Red asterisk indicates a required field.

---

\*Select from the following options:

Modified Stage 2  
**Measure 1** - More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.  
**Measure 2** - At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

---

Modified Stage 2 Alternate Exclusion  
**Alternate Exclusion** - Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

---

Previous
Continue

## MU 1.4 Objective 8 – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Attestation Meaningful Use Objectives**

**Objective 8 – Patient Electronic Access**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.

**Exclusion Measure 1 and 2:** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

\* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes  No

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Numerator 1:** The number of patients in the denominator who have timely (within four business days after the information is available to the EP) online access to their health information.

**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:**  **Denominator 1:**

**Exclusion Measure 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2

Does the exclusion apply to you? If 'Yes', do not complete Measure 2. If 'No', complete entries for Measure 2.

Yes  No

**Measure 2:** At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

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

**Numerator 2:**  **Denominator 2:**

Previous Reset Save & Continue

## MU 1.4 Objective 8 Alternate – Patient Electronic Access

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

**Objective 8 Alternate- Patient Electronic Access**

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.

**Exclusion Measure 1 and 2:** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures. This will exclude both measures.

\* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and Measure 2. If 'No', complete entries for Measure 1.

Yes  No

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Numerator 1:** The number of patients in the denominator who have timely (within four business days after the information is available to the EP) online access to their health information.

**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:**  **Denominator 1:**

**Exclusion Measure 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. This will only exclude Measure 2.

Does the exclusion apply to you?

Yes  No

**Alternate Exclusion Measure 2:** Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure. This will only exclude Measure 2.

Does the exclusion apply to you?

Yes  No

If neither of the exclusions apply to you, complete entries for Measure 2.

**Measure 2:** At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

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

**Numerator 2:**  **Denominator 2:**

## MU 1.4 Objective 9 – Secure Electronic Messaging Selection Screen

Enter information in all required fields.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 9 - Secure Electronic Messaging**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

---

\*Select from the following options:

Modified Stage 2  
**Measure** - The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

---

Modified Stage 2 Alternate Exclusion  
**Alternate Exclusion** - An EP may claim an exclusion from the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

---

Previous
Continue

## MU 1.4 Objective 9 – Secure Electronic Messaging

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 9 - Secure Electronic Messaging**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective:      Use secure electronic messaging to communicate with patients on relevant health information.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

\*Does this exclusion apply to you? If 'Yes', do not complete the measure. If 'No', complete the measure.  
 Yes  No

Measure:      The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

Did you meet this measure?  
 Yes  No

Previous
Reset
Save & Continue

## MU 1.4 Objective 9 Alternate – Secure Electronic Messaging

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 9 Alternate – Secure Electronic Messaging**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective:      Use secure electronic messaging to communicate with patients on relevant health information.

**EXCLUSION:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

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

**ALTERNATE EXCLUSION:** An EP may claim an exclusion from the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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

If neither of the exclusions apply to you, complete the measure.

Measure:      The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?

Did you meet this measure?  
 Yes  No

## Return to Main: Back to Measures Topic List

Once you have attested to all the measures for this topic, click **Return to Main** to return to the Measures Topic List.

Get Started | RIA/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

**Meaningful Use Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 10/01/2014 Name and Title = Dr. Medicaid - Provider	EDIT
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	EDIT
Objective 3	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Patient Records = Only EHR Measure 1 Exclusion 1 = No Numerator 1 = 8 Denominator 1 = 10 Measure 2 Exclusion 2 = No Numerator 2 = 5 Denominator 2 = 10 Measure 3 Exclusion 3 = No Numerator 3 = 4 Denominator 3 = 10	EDIT
Objective 4	Generate and transmit permissible prescriptions electronically (eRx).	More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Patient Records = Only EHR Exclusion 1 = No Exclusion 2 = No Numerator = 7 Denominator = 10	EDIT
Objective 5	The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Exclusion = No Numerator = 5 Denominator = 10	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 5 Denominator = 10	EDIT
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 7 Denominator = 10	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = No Numerator 1 = 7 Denominator 1 = 10 Measure 2 Exclusion Measure 2 = No Numerator 2 = 6 Denominator 2 = 10	EDIT
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?	Exclusion = No Measure = Yes	EDIT

**Return to Main**

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="display: flex; gap: 5px;"> <span>EDIT</span> <span>Clear All</span> </div>
	Meaningful Use Objectives (1-9)	9/9	<div style="display: flex; gap: 5px;"> <span>EDIT</span> <span>Clear All</span> </div>
	Required Public Health Objective (10)		<div style="display: flex; gap: 5px;"> <span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Begin</span> </div>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Clinical Quality Measure - General	<span>Begin</span>
Clinical Quality Measure - Adult Set	<span>Begin</span>
Clinical Quality Measure - Pediatric Set	<span>Begin</span>
Cancel and Choose Electronic	<span>Cancel</span>

**Note:**  
 When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous
Save & Continue

## 2015 MU 1.4 Required Public Health Objective (10)

For EPs scheduled to be in Stage 1 in Program Year 2015 (MU 1.4), this initial screen provides information about the Required Public Health Objective.

A **Public Health Objective Documentation Aid** is available at the Vermont Medicaid EHRIP website to assist EPs in providing documentation for the Public Health Measures they attest to, as well as documentation for the exclusions they qualify for. It is strongly recommended that the Public Health Objective Documentation Aid is completed and uploaded when your application is submitted. It lists suggested documentation artifacts, which, when provided at the time of attestation, will facilitate the application review process. The information will also help furnish the information that would be requested in the event of an audit.

Download the Program Year 2015 Public Health Objective Documentation Aid for EPs Scheduled to be in Stage 1 here: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

Click **Begin** to continue to the Meaningful Use Objectives List Table.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Program Year 2015 Scheduled to Meet Stage 1: Required Public Health Objective 10**

**As a provider scheduled to meet MU Stage 1 in Program Year 2015, you will be presented with the option to select "Modified Stage 2" Public Health criteria, or "Modified Stage 2 Alternate Exclusion" Public Health criteria. Your selection will then determine which Public Health Objective Measures you can attest to.**

As part of the Meaningful Use Attestation, an EP who is scheduled to be in Stage 1 in Program Year 2015 must report at least one (1) Public Health Option unless the EP can claim an exclusion from Options 1, 2 and 3A.

**EPs choosing Modified Stage 2:**

- Must attest to at least 2 Options from the Public Health Reporting Options 1 - 3. Option 3 (Specialized Registry) may be reported twice.
- May claim an Alternate Exclusion for Option 2 (Syndromic Surveillance), Option 3 (Specialized Registry), or both.
- There is no Alternate Exclusion in Modified Stage 2 for Option 1 (Immunization). However, the provider may still claim the standard exclusion.

**EPs Scheduled for Stage 1 and choosing Modified Stage 2 with Alternate Exclusions:**

- Must attest to at least 1 Option from the Public Health Reporting Options 1 - 3.
- May claim up to two (2) Alternate Exclusions for Option 1 (Immunization), Option 2 (Syndromic Surveillance), and Option 3 (Specialized Registry).
- If you cannot successfully attest to any Option, then you must qualify for an exclusion or Alternate Exclusion for all Options to pass the Public Health Objective.

A **Public Health Objective Documentation Aid** is available at the Vermont Medicaid EHRIP website to assist EPs in providing documentation for the Public Health Measures they attest to, as well as documentation for the exclusions they qualify for. It is strongly recommended that the Public Health Objective Documentation Aid is completed and uploaded when your application is submitted. It lists suggested documentation artifacts, which, when provided at the time of attestation, will facilitate the application review process. The information will also help furnish the information that would be requested in the event of an audit.

Download the **Program Year 2015 Public Health Objective Documentation Aid for EPs Scheduled to be in Stage 1** here: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

**Helpful Hints:**

1. For more details on each measure option, select the '**CLICK HERE**' link at the top left of each screen.
2. You may review the completed option by selecting the '**EDIT**' button.
3. After completing the Public Health Objective, you will receive a white checkmark in the green circle. The checkmark means the section is completed, but does not mean you passed or failed the Objective.
4. Evaluation of Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. If any Objectives are not met, you will have the opportunity to change and electronically sign again.

UI 549

UI 549

## 2015 MU 1.4 Required Public Health Objective Reporting Options

As a provider scheduled to meet MU Stage 1 in Program Year 2015, you will be presented with the option to select "Modified Stage 2" Public Health criteria, or "Modified Stage 2 Alternate Exclusion" Public Health criteria. Your selection will then determine which Public Health Objective Measures you can attest to.

Click **Continue** to review your selection, or **Previous** to go back.

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

### Attestation Meaningful Use Objectives

#### Required Public Health Objectives Reporting Options

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

**(\*) Red asterisk indicates a required field.**

\*Select from the following options:

Modified Stage 2  
Select 2 Options and attest without taking an exclusion or Select 1 Option without taking an exclusion and taking an exclusion on the remaining Options or take an exclusion on each Option. Option 3 may be used twice.

Modified Stage 2 Alternate Exclusion  
Select 1 Option without taking an exclusion or take an exclusion on each option. Alternate exclusions are available for EPs scheduled for Stage 1 in Program Year 2015.

Previous Continue

## MU 1.4 Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select the two Options for attestation without taking an exclusion. Option 3 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, and 3A. Option 3A cannot be excluded twice. Note, selecting all exclusions does not mean the Objective fails.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

**Required Public Health Objective List Table**

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

## MU 1.4 Required Public Health Objective Table

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the **"EDIT"** button next to the public health objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health objectives have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

**Required Public Health Objective List Table**

Objective Number	Objective	Measure	Entered	Select
Objective 10 Alternate Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		<input type="button" value="EDIT"/>
Objective 10 Alternate Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		<input type="button" value="EDIT"/>
Objective 10 Alternate Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		<input type="button" value="EDIT"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		<input type="button" value="EDIT"/>

## MU 1.4 Objective 10 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Option 1 - Immunization Registry Reporting**

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

**Objective:** The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Measure:** Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

**\*Does this option apply to you?**  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Previous
Reset
Save & Continue

## MU 1.4 Objective 10 Alternate Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Alternate Option 1 – Immunization Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

**\*Does this option apply to you?**  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

**EXCLUSION:** If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Provider may claim an exclusion for the measure of the Stage 2 Immunization Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting menu objective.  
 Yes  No

Previous Reset Save & Continue

## MU 1.4 Objective 10 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Option 2 - Syndromic Surveillance Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

**\*Does this option apply to you?**  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

**EXCLUSION:** If Option 2 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.  
 Yes  No

The EP did not plan to report on syndromic surveillance data, therefore the EP is able to claim an exclusion.  
 Yes  No

Previous Reset Save & Continue

## MU 1.4 Objective 10 Alternate Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Alternate Option 2 – Syndromic Surveillance Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

**\*Does this option apply to you?**  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 2 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.  
 Yes  No

The EP did not plan to report on syndromic surveillance data, therefore the EP is able to claim an exclusion.  
 Yes  No

Provider may claim an exclusion for the measure of the Stage 2 Syndromic Surveillance Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Syndromic Surveillance menu objective.  
 Yes  No

Previous Reset Save & Continue

## MU 1.4 Objective 10 Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

Attestation Meaningful Use Objectives

**Objective 10 Option 3A - Specialized Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

**\*Does this option apply to you?**  
 Yes  No

If 'Yes', enter the name of the specialized registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.  
 Yes  No

The EP did not plan to report on specialized registry data, therefore the EP is able to claim an exclusion.  
 Yes  No

Previous
Reset
Save & Continue

## MU 1.4 Objective 10 Alternate Option 3A – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Alternate Option 3A – Specialized Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the specialized registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.  
 Yes  No

The EP did not plan to report on specialized registry data, therefore the EP is able to claim an exclusion.  
 Yes  No

Provider may claim an exclusion for the measure of the Stage 2 Specialized Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Specialized Registry menu objective.  
 Yes  No

Previous
Reset
Save & Continue

## MU 1.4 Objective 10 Option 3B – Specialized Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Objective 10 Option 3B - Specialized Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

**\*Enter the name of the specialized registry used below.**

**\*Active Engagement Options:** Select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

Previous
Reset
Save & Continue

## Review PH Measures and Return to Main

After you enter information for a measure and click **Save & Continue**, you will return to the MU 1.4 Required Public Health Objective List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

**Attestation Meaningful Use Objectives**

To edit information, select the "EDIT" button next to the public health objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health objectives have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main attestation topic list.

Objective Number	Objective	Measure	Entered	Select
Objective 10 Alternate Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		EDIT
Objective 10 Alternate Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		EDIT
Objective 10 Alternate Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		EDIT
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		EDIT

**Return to Selection List**

Once you have attested to all the measures for this topic, click **Return to Selection List** to return to the Required Public Health Objective List Table.

**(Note: The above screenshot does not display the measures attested do, but is illustrating the button to use once finished).**

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

### Attestation Meaningful Use Objectives

Providers are required to successfully attest to two Public Health Options without taking an exclusion. Select the two Options for attestation without taking an exclusion. Option 3 may be used twice to attest. If you cannot successfully attest to any Option, or can only successfully attest to one Option, then select Options 1, 2, and 3A. Option 3A cannot be excluded twice. Note, selecting all exclusions does not mean the Objective fails.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

#### Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>

Return to Main Reset Save & Continue

Click **Return to Main** to return to the Measure Topic List. Click **Save & Continue** to review your selection, or click **Reset** to restore this panel to the starting point, or last saved data.

If all measures were entered and saved, a check mark will display under the Completed column for the Required Public Health Objectives topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

### Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives, Required Public Health Objectives, and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to Meaningful Use Objectives. You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "**Begin**" button. To modify a topic where entries have been made, select the "**EDIT**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	General Requirements	1/1	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives	9/9	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objectives	4/4	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

### Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "**Clear All**" button on the previously selected CQM set to enable the "**Begin**" button on a different CQM set. *Please note that the previously entered information will be cleared once the "**Clear All**" button is selected.*

Clinical Quality Measure - General	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Adult Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Clinical Quality Measure - Pediatric Set	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Begin</div>
Cancel and Choose Electronic	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Cancel</div>

**Note:**  
 When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

Previous

Save & Continue

## Clinical Quality Measures (CQMs)

For EPs attesting in Program Year 2015, the Clinical Quality Measures will be the same whether you are scheduled to meet Stage 1 (MU 1.4) or Stage 2 (MU 2.2).

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete. Click the **Begin** button to continue to the Clinical Quality Measures table of your choosing.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "**Begin**" button. To modify a topic where entries have been made, select the "**EDIT**" button for a topic to modify any previously entered information. Select "**Previous**" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (1-9)	9/9	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (10)	4/4	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "**Clear All**" button on the previously selected CQM set to enable the "**Begin**" button on a different CQM set. *Please note that the previously entered information will be cleared once the "**Clear All**" button is selected.*

Clinical Quality Measure - General	<input type="button" value="Begin"/>
Clinical Quality Measure - Adult Set	<input type="button" value="Begin"/>
Clinical Quality Measure - Pediatric Set	<input type="button" value="Begin"/>
Cancel and Choose Electronic	<input type="button" value="Cancel"/>

**Note:**  
When all topics are marked as completed, select the "**Save & Continue**" button to complete the attestation process.

## Clinical Quality Measures – General

This initial screen provides information about the Manual Clinical Quality Measures – General set. Click **Begin** to continue to the Meaningful Use Core Clinical Quality Measure Worklist Table.

<b>Get Started</b>	<b>R&amp;A/Contact Info</b> ✓	<b>Eligibility</b> ✓	<b>Patient Volumes</b> ✓	<b>Attestation</b> ✓	<b>Review</b>	<b>Submit</b> ✓
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**MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES**

As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

*Please note, CQMs are listed first by domain name and then by CMS number.*

**YOU HAVE CHOSEN THE GENERAL SET OF ALL 64 AVAILABLE CQMs FROM WHICH TO SELECT YOUR MEASURES.**

If you would like to switch to either the Recommended Adult set or the Recommended Pediatric set after you have already started the General set, click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

You will not be able to proceed with your attestation without selecting a minimum set. You must select nine (9) CQMs from three (3) different domains.

**It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.**

UI 556

**Begin**

UI 556  
UI 559  
UI 565  
UI 570

## Clinical Quality Measures – Adult Set

This initial screen provides information about the Manual Clinical Quality Measures – Adult Set. Click **Begin** to continue to the Meaningful Use Core Clinical Quality Measure Worklist Table.

<b>Get Started</b>	<b>R&amp;A/Contact Info</b> <input checked="" type="checkbox"/>	<b>Eligibility</b> <input checked="" type="checkbox"/>	<b>Patient Volumes</b> <input checked="" type="checkbox"/>	<b>Attestation</b> <input checked="" type="checkbox"/>	<b>Review</b>	<b>Submit</b> <input type="checkbox"/>
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MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) ADULT RECOMMENDED SET MEASURES  
As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

*Please note, CQMs are listed first by domain name and then by CMS number.*

**YOU HAVE CHOSEN THE ADULT RECOMMENDED SET OF CQMs FROM WHICH TO SELECT YOUR MEASURES.**  
For the Adult Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) adult recommended CQMs preselected. You are not able to de-select any of the measures. If you do not want to complete these 9 preselected measures, then click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Note, the minimum **nine (9) CQMs from three (3) different domains** have been pre-selected for you. You may select additional CQMs.

**It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.**

UI 560

**Begin**

UI 560  
UI 557

## Clinical Quality Measures – Pediatric Set

This initial screen provides information about the Manual Clinical Quality Measures – Pediatric Set. Click **Begin** to continue to the Meaningful Use Core Clinical Quality Measure Worklist Table.

<b>Get Started</b>	<b>R&amp;A/Contact Info</b> <input checked="" type="checkbox"/>	<b>Eligibility</b> <input checked="" type="checkbox"/>	<b>Patient Volumes</b> <input checked="" type="checkbox"/>	<b>Attestation</b> <input type="checkbox"/>	<b>Review</b>	<b>Submit</b> <input type="checkbox"/>
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MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) PEDIATRIC RECOMMENDED SET MEASURES

As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

*Please note, CQMs are listed first by domain name and then by CMS number.*

**YOU HAVE CHOSEN THE PEDIATRIC RECOMMENDED SET OF CQMs FROM WHICH TO SELECT YOUR MEASURES.**

For the Pediatric Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected. You are not able to de-select any of the measures. If you do not want to complete these 9 preselected measures, then click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Note, the minimum **nine (9) CQMs from three (3) different domains** have been pre-selected for you. You may select additional CQMs.

**It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.**

**Begin**

UI 558  
UI 561  
UI 567  
UI 572

## Meaningful Use Clinical Quality Measure Worklist Table

There are a total of 64 Meaningful Use Clinical Quality Measures available for you to attest to. To simplify the selection process for EPs with an adult population and EPs with a pediatric population, the Clinical Quality Measures are grouped into sets that contain the recommended measures for these two populations. You may also choose from all 64 measures by selecting the General set. The following are the three available Clinical Quality Measures sets to choose from:

- General: Lists all 64 available Clinical Quality Measures
- Adult Set: Lists the Clinical Quality Measures recommended for EPs with an adult population
- Pediatric Set: Lists the Clinical Quality Measures recommended for EPs with a pediatric population

Only one Clinical Quality Measure set can be completed. If you would like to switch to a different set after one is started, select the Clear All button on the previously selected set.

Select the set that you would like to use to pick at least nine Meaningful Use Clinical Quality Measures from.

The screen shot below shows the instructional text for the General set with part of the table.

**Meaningful Use Clinical Quality Measure Worklist Table**

You have chosen the general Clinical Quality Measure (CQM) set. Select a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. If you wish to select the adult recommended CQMs or the pediatric recommended CQMs select the **"Return to Main"** button and then choose the recommended CQM option you wish to answer. Please note, as a minimum you must select nine (9) CQMs from three (3) different domains before proceeding to the next screen.

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure General set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected. When all CQMs have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

*Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.*

Clinical Quality Measure list Table			
Measure#	Title	Domain	Selection
CMS50 v4.0.000	Closing the Referral Loop: Receipt of Specialist Report	Care Coordination	<input type="checkbox"/>
CMS52 v4.1.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS61 v5.1.000	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS62 v4.0.000	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS64 v5.1.000	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS65 v5.1.000	Hypertension: Improvement in Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS74 v5.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	Clinical Process/Effectiveness	<input type="checkbox"/>

The screen below displays the Meaningful Use Clinical Quality Measure Worklist Table. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Click **Edit** to enter or edit information for the measure, or click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Meaningful Use Clinical Quality Measures**

To edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

**Meaningful Use Clinical Quality Measure List Table**

Measure#	Title	Domain	Entered	Select
CMS50 v4.0.000	Closing the Referral Loop: Receipt of Specialist Report	Care Coordination		<input type="button" value="EDIT"/>
CMS52 v4.1.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS61 v5.1.000	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS62 v4.0.000	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS129 v5.0.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS146 v4.0.000	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS154 v4.0.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS166 v5.0.000	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS68 v5.0.000	Documentation of Current Medications in the Medical Record	Patient Safety		<input type="button" value="EDIT"/>
CMS132 v4.0.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety		<input type="button" value="EDIT"/>
CMS139 v4.0.000	Falls: Screening for Future Fall Risk	Patient Safety		<input type="button" value="EDIT"/>
CMS156 v4.1.000	Use of High-Risk Medications in the Elderly	Patient Safety		<input type="button" value="EDIT"/>
CMS117 v4.0.000	Childhood Immunization Status	Population/Public Health		<input type="button" value="EDIT"/>
CMS138 v4.0.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health		<input type="button" value="EDIT"/>
CMS147 v5.0.000	Preventive Care and Screening: Influenza Immunization	Population/Public Health		<input type="button" value="EDIT"/>
CMS153 v4.0.000	Chlamydia Screening for Women	Population/Public Health		<input type="button" value="EDIT"/>

The following is a list of the 64 Clinical Quality Measures available for you to attest to:

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS137v3	Clinical Quality Measure 2	Clinical Process/Effectiveness	<a href="#">Screen 2</a>
CMS165v3	Clinical Quality Measure 3		<a href="#">Screen 1</a>
CMS125v3	Clinical Quality Measure 7		<a href="#">Screen 1</a>
CMS124v3	Clinical Quality Measure 8		<a href="#">Screen 1</a>
CMS130v3	Clinical Quality Measure 10		<a href="#">Screen 1</a>
CMS126v3	Clinical Quality Measure 11		<a href="#">Screen 2</a>
CMS127v3	Clinical Quality Measure 14		<a href="#">Screen 3</a>
CMS131v3	Clinical Quality Measure 16		<a href="#">Screen 3</a>
CMS123v3	Clinical Quality Measure 17		<a href="#">Screen 3</a>
CMS122v3	Clinical Quality Measure 18		<a href="#">Screen 3</a>
CMS148v3	Clinical Quality Measure 19		<a href="#">Screen 3</a>
CMS134v3	Clinical Quality Measure 20		<a href="#">Screen 3</a>
CMS163v3	Clinical Quality Measure 21		<a href="#">Screen 3</a>
CMS164v3	Clinical Quality Measure 22		<a href="#">Screen 3</a>
CMS145v3	Clinical Quality Measure 24		<a href="#">Screen 4</a>
CMS182v4	Clinical Quality Measure 25		<a href="#">Screen 3</a>
CMS135v3	Clinical Quality Measure 26		<a href="#">Screen 1</a>
CMS144v3	Clinical Quality Measure 27		<a href="#">Screen 1</a>
CMS143v3	Clinical Quality Measure 28		<a href="#">Screen 1</a>
CMS167v3	Clinical Quality Measure 29		<a href="#">Screen 1</a>
CMS142v3	Clinical Quality Measure 30		<a href="#">Screen 1</a>
CMS161v3	Clinical Quality Measure 32		<a href="#">Screen 3</a>
CMS128v3	Clinical Quality Measure 33		<a href="#">Screen 1</a>
CMS136v3	Clinical Quality Measure 34	<a href="#">Screen 3</a>	
CMS169v3	Clinical Quality Measure 35	<a href="#">Screen 3</a>	

Measure Number	Clinical Quality Measure	Domain	Screen Example
CMS141v4	Clinical Quality Measure 37		<a href="#">Screen 1</a>
CMS140v3	Clinical Quality Measure 38		<a href="#">Screen 1</a>
CMS62v3	Clinical Quality Measure 40		<a href="#">Screen 3</a>
CMS52v3	Clinical Quality Measure 41		<a href="#">Screen 4</a>
CMS77v3	Clinical Quality Measure 42		<a href="#">Screen 3</a>
CMS133v3	Clinical Quality Measure 47		<a href="#">Screen 1</a>
CMS158v3	Clinical Quality Measure 48		<a href="#">Screen 1</a>
CMS159v3	Clinical Quality Measure 49		<a href="#">Screen 1</a>
CMS160v3	Clinical Quality Measure 50		<a href="#">Screen 4</a>
CMS75v3	Clinical Quality Measure 51		<a href="#">Screen 3</a>
CMS74v4	Clinical Quality Measure 54		<a href="#">Screen 2</a>
CMS61v4	Clinical Quality Measure 55		<a href="#">Screen 4</a>
CMS64v4	Clinical Quality Measure 56		<a href="#">Screen 4</a>
CMS149v3	Clinical Quality Measure 57		<a href="#">Screen 1</a>
CMS65v4	Clinical Quality Measure 58		<a href="#">Screen 1</a>
CMS146v3	Clinical Quality Measure 1	Efficient Use of Healthcare Resources	<a href="#">Screen 1</a>
CMS166v4	Clinical Quality Measure 15		<a href="#">Screen 1</a>
CMS154v3	Clinical Quality Measure 23		<a href="#">Screen 1</a>
CMS129v4	Clinical Quality Measure 39		<a href="#">Screen 1</a>
CMS157v3	Clinical Quality Measure 36	Patient and Family Engagement	<a href="#">Screen 3</a>
CMS66v3	Clinical Quality Measure 60		<a href="#">Screen 1</a>
CMS56v3	Clinical Quality Measure 61		<a href="#">Screen 1</a>
CMS90v3	Clinical Quality Measure 62		<a href="#">Screen 1</a>
CMS156v3	Clinical Quality Measure 4	Patient Safety	<a href="#">Screen 3</a>
CMS139v3	Clinical Quality Measure 31		<a href="#">Screen 1</a>

Measure Number	Clinical Quality Measure	Domain	Screen Example	
CMS68v4	Clinical Quality Measure 44		<a href="#">Screen 1</a>	
CMS132v3	Clinical Quality Measure 46		<a href="#">Screen 1</a>	
CMS177v3	Clinical Quality Measure 52		<a href="#">Screen 3</a>	
CMS179v3	Clinical Quality Measure 63		<a href="#">Screen 6</a>	
CMS155v3	Clinical Quality Measure 5	Population/P ublic Health	<a href="#">Screen 2</a>	
CMS138v3	Clinical Quality Measure 6		<a href="#">Screen 1</a>	
CMS153v3	Clinical Quality Measure 9		<a href="#">Screen 2</a>	
CMS117v3	Clinical Quality Measure 12		<a href="#">Screen 3</a>	
CMS147v3	Clinical Quality Measure 13		<a href="#">Screen 1</a>	
CMS2v4	Clinical Quality Measure 43		<a href="#">Screen 5</a>	
CMS69v3	Clinical Quality Measure 45		<a href="#">Screen 4</a>	
CMS82v2	Clinical Quality Measure 53		<a href="#">Screen 3</a>	
CMS22v3	Clinical Quality Measure 64		<a href="#">Screen 5</a>	
CMS50v3	Clinical Quality Measure 59		Care Coordination	<a href="#">Screen 3</a>

There are 64 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see six different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box. Screen layout examples are shown below.

### Screen 1

The following Measure Numbers use this screen layout:

CQM 1, 3, 6, 7, 8, 10, 13, 15, 23, 26, 27, 28, 29, 30, 31, 33, 37, 38, 39, 44, 46, 47, 48, 49, 57, 58, 60, 61, and 62

**Attestation Meaningful Use Measures**

**Clinical Quality Measure 1**

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**Domain:** Efficient Use of Healthcare Resources  
**Measure Number:** CMS146 v3  
**Measure Title:** Appropriate Testing for Children with Pharyngitis  
**Measure Description:** Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:       \* Denominator:       \* Performance Rate (%):       \* Exclusion:

**Previous**   **Reset**   **Save & Continue**

## Screen 2

The following Measure Numbers use this screen layout:

CQM 2, 5, 9, 11, and 54

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Measures**

**Clinical Quality Measure 2**

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

**Domain:** Clinical Process/Effectiveness  
**Measure Number:** CMS137 v3  
**Measure Title:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
**Measure Description:** Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.

- a. Percentage of patients who initiated treatment within 14 days of the diagnosis.
- b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1 Patient ages 13 -17**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Stratum 2 Patient ages >=18**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

\* Numerator 4:  \* Denominator 4:  \* Performance Rate 4(%):  \* Exclusion 4:

**Stratum 3 Total Patient ages >=13**

\* Numerator 5:  \* Denominator 5:  \* Performance Rate 5(%):  \* Exclusion 5:

\* Numerator 6:  \* Denominator 6:  \* Performance Rate 6(%):  \* Exclusion 6:

Previous Reset Save & Continue

### Screen 3

The following Measure Numbers use this screen layout:

CQM 4, 12, 14, 16, 17, 18, 19, 20, 21, 22, 25, 32, 34, 35, 36, 40, 42, 51, 52, 53, and 59

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 12

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

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

<b>Domain:</b>	Population/Public Health
<b>Measure Number:</b>	CMS117 v3
<b>Measure Title:</b>	Childhood Immunization Status
<b>Measure Description:</b>	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

\* Numerator:       \* Denominator:       \* Performance Rate (%):

Previous   Reset   Save & Continue

### Screen 4

The following Measure Numbers use this screen layout:

CQM 24, 41, 45, 50, 55, and 56

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

Attestation Meaningful Use Measures

Clinical Quality Measure 24

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

---

**(\*) Red asterisk indicates a required field.**

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

<b>Domain:</b>	Clinical Process/Effectiveness
<b>Measure Number:</b>	CMS145 v3
<b>Measure Title:</b>	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<b>Measure Description:</b>	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Population Criteria 1: Patients with left ventricular systolic dysfunction (LVEF<40%)**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exception 1:

**Population Criteria 2: Patients with a prior (resolved) myocardial infarction**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exception 2:

Previous Reset Save & Continue

### Screen 5

The following Measure Numbers use this screen layout:

CQM 43 and 64

Attestation Meaningful Use Measures

**Clinical Quality Measure 43**

[Click HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

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

**Domain:** Population/Public Health  
**Measure Number:** CMS2 v4  
**Measure Title:** Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan  
**Measure Description:** Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate(%):  \* Exclusion:  \* Exception:

**Previous** **Reset** **Save & Continue**

### Screen 6

The following Measure Numbers use this screen layout:

CQM 63

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation Meaningful Use Measures**

**Clinical Quality Measure 63**

[Click HERE](#) to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

**(\*) Red asterisk indicates a required field.**

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

**Domain:** Patient Safety  
**Measure Number:** CMS179 v3  
**Measure Title:** ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range  
**Measure Description:** Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

**Population:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Observation (%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

\* Population:  \* Observation (%):

Previous Reset Save & Continue

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Clinical Quality Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Meaningful Use Clinical Quality Measures**

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

**Meaningful Use Clinical Quality Measure List Table**

Measure#	Title	Domain	Entered	Select
CMS50 v3	Closing the referral loop: receipt of specialist report	Care Coordination	Numerator = 25 Denominator = 100 Performance Rate (%) = 10.0	<input type="button" value="EDIT"/>
CMS52 v3	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS61 v4	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS125 v3	Breast Cancer Screening	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS126 v3	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS127 v3	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness		<input type="button" value="EDIT"/>
CMS129 v4	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS146 v3	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources		<input type="button" value="EDIT"/>
CMS179 v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety		<input type="button" value="EDIT"/>

The screen below displays the Meaningful Use Quality Measures List Table with data entered for every measure selected to attest to.

Once you have attested to and reviewed the selected CQMs, click **Return** to return to the CQM Worklist Table.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Meaningful Use Clinical Quality Measures**

To edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

**Meaningful Use Clinical Quality Measure List Table**

Measure#	Title	Domain	Entered	Select
CMS65 v4	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
CMS74 v4	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness	Stratum 1 Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0  Stratum 2 Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0  Stratum 3 Numerator 3 = 1 Denominator 3 = 1 Performance Rate 3 (%) = 100.0	<input type="button" value="EDIT"/>
CMS75 v3	Children who have dental decay or cavities	Clinical Process/Effectiveness	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0	<input type="button" value="EDIT"/>
CMS132 v3	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
CMS139 v3	Falls: Screening for Future Fall Risk	Patient Safety	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exception = 0	<input type="button" value="EDIT"/>
CMS156 v3	Use of High-Risk Medications in the Elderly	Patient Safety	Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0  Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0	<input type="button" value="EDIT"/>
CMS69 v3	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0 Exclusion 1 = 0  Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0 Exclusion 2 = 0	<input type="button" value="EDIT"/>
CMS82 v2	Maternal depression screening	Population/Public Health	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0	<input type="button" value="EDIT"/>
CMS117 v3	Childhood Immunization Status	Population/Public Health	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0	<input type="button" value="EDIT"/>

You will return to the CQM Worklist Table, with the selected measures you have completed showing checkmarks in the boxes.

Click **Return to Main** at the bottom of the CQM Worklist Table to go back to the Measures Topic List.

**Meaningful Use Clinical Quality Measure Worklist Table**

You have chosen the general Clinical Quality Measure (CQM) set. Select a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. If you wish to select the adult recommended CQMs or the pediatric recommended CQMs select the **Return to Main** button and then choose the recommended CQM option you wish to answer. Please note, as a minimum you must select nine (9) CQMs from three (3) different domains before proceeding to the next screen.

If you do not want to complete these nine measures then select the **Return to Main** button below and use the **Clear All** button on the previously selected Clinical Quality Measure General set line to enable the **Begin** button on a different CQM set. The previously entered information will be cleared once the **Clear All** button is selected. When all CQMs have been edited and you are satisfied with the entries, select the **Return to Main** button to access the main attestation topic list.

*Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.*

Measure#	Title	Domain	Selection
CMS50 v4.0.000	Closing the Referral Loop: Receipt of Specialist Report	Care Coordination	<input type="checkbox"/>
CMS52 v4.1.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS61 v5.1.000	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS62 v4.0.000	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS64 v5.1.000	Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS65 v5.1.000	Hypertension: Improvement in Blood Pressure	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS74 v5.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	Clinical Process/Effectiveness	<input type="checkbox"/>
CMS155 v3	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health	<input type="checkbox"/>

**Return to Main**
Reset
Save & Continue

At the bottom of the screen, click **Return to Main** to return to the Meaningful Use Measure Topic List.

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Meaningful Use Objectives (1-9)	9/9	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (10)	4/4	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>

**Manual Clinical Quality Measures**

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

	Clinical Quality Measure - General	9/9	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div>
	Clinical Quality Measure - Adult Set		
	Clinical Quality Measure - Pediatric Set		
	Cancel and Choose Electronic		<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Cancel</div>

**Note:** When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

## Meaningful Use Measures Summary

### Meaningful Use Measures Summary Sample Screen

This screen is an example of a summary of all entered meaningful use attestation information. (Depending on what Program Year and Meaningful Use phase you attested to, the measures will be different.)

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Measures**

*The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.*

**Meaningful Use General Requirements Review**

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	Numerator = 600 Denominator = 600 Percentage = 100%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 600 Denominator = 600 Percentage = 100%
Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	Yes
Is your CQM reporting period the same as your Meaningful Use reporting period? Please be sure to upload your Meaningful Use and CQM documentation into the application.	Yes

**Meaningful Use Objective Review**

Objective Number	Objective	Entered
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Measure = Yes Date = 01/01/2015 Name and Title = tESTER
Objective 2 Alternate	Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes

This is screen 2 of 4 of the Meaningful Use Measures Summary sample.

<p>Objective 3 Alternate 2</p>	<p>Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</p>	<p>Patient Records = Only EHR</p> <p>Measure 1                      Exclusion 1 = No                      Numerator 1 = 4                      Denominator 1 = 10                      Percentage = 40%</p> <p>Measure 2                      Exclusion 2 = No                      Alternate Exclusion 2 = No                      Numerator 2 = 4                      Denominator 2 = 5                      Percentage = 80%</p> <p>Measure 3                      Exclusion 3 = No                      Alternate Exclusion 3 = No                      Numerator 3 = 4                      Denominator 3 = 5                      Percentage = 80%</p>
<p>Objective 4</p>	<p>Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>Patient Records = Only EHR</p> <p>Exclusion 1 = No                      Exclusion 2 = No                      Numerator = 5                      Denominator = 6                      Percentage = 83%</p>
<p>Objective 5 Alternate</p>	<p>The EP who transitions their patients to another setting of care or provider of care or refers their patients to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>Exclusion = No                      Alternate Exclusion = No                      Numerator = 5                      Denominator = 6                      Percentage = 83%</p>
<p>Objective 6</p>	<p>Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Exclusion = No                      Numerator = 3                      Denominator = 4                      Percentage = 75%</p>
<p>Objective 7 Alternate</p>	<p>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</p>	<p>Exclusion = No                      Alternate Exclusion = No                      Numerator = 3                      Denominator = 4                      Percentage = 75%</p>
<p>Objective 8</p>	<p>Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.</p>	<p>Measure 1                      Exclusion Measure 1 and 2 = No                      Numerator 1 = 3                      Denominator 1 = 4                      Percentage = 75%</p> <p>Measure 2                      Exclusion Measure 2 = No                      Numerator 2 = 3                      Denominator 2 = 4</p>
<p>Objective 9</p>	<p>Use secure electronic messaging to communicate with patients on relevant health information.</p>	<p>Exclusion = No                      Measure = Yes</p>

This is screen 3 of 4 of the Meaningful Use Measures Summary sample.

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 10 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = Yes Active Engagement Option = Completed registration to submit data
Objective 10 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No Exclusion 4 = No
Objective 10 Option 3A	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure Option 3A = Yes Specialized Registry = Specialized Registry Name Active Engagement Option = Completed registration to submit data
Objective 10 Option 3B	The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Specialized Registry = Specialized Registry Name Active Engagement Option = Completed registration to submit data

Meaningful Use Clinical Quality Measure Review			
Measure Code	Domain	Title	Entered
CMS65 v4	Clinical Process/Effectiveness	Hypertension: Improvement in blood pressure	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exclusion = 0
CMS74 v4	Clinical Process/Effectiveness	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Stratum 1 Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0  Stratum 2 Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0  Stratum 3 Numerator 3 = 1 Denominator 3 = 1 Performance Rate 3 (%) = 100.0
CMS75 v3	Clinical Process/Effectiveness	Children who have dental decay or cavities	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0
CMS132 v3	Patient Safety	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exclusion = 0
CMS139 v3	Patient Safety	Falls: Screening for Future Fall Risk	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0 Exception = 0

This is screen 4 of 4 of the Meaningful Use Measures Summary sample.

CMS156 v3	Patient Safety	Use of High-Risk Medications in the Elderly	Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0  Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0
CMS69 v3	Population/Public Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Numerator 1 = 1 Denominator 1 = 1 Performance Rate 1 (%) = 100.0 Exclusion 1 = 0  Numerator 2 = 1 Denominator 2 = 1 Performance Rate 2 (%) = 100.0 Exclusion 2 = 0
CMS82 v2	Population/Public Health	Maternal depression screening	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0
CMS117 v3	Population/Public Health	Childhood Immunization Status	Numerator = 1 Denominator = 1 Performance Rate (%) = 100.0

Previous **Save & Continue**

**Proceed to the Attestation Phase (Part 3 of 3) screen on the next page.**

## Attestation Phase (Part 3 of 3)

### Assignment of Payment and Confirmation of Payment Address

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click Yes to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the Payment Address from the list below to be used for your Incentive Payment.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Phase (Part 3 of 3)**

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

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\* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes    No

**NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.**

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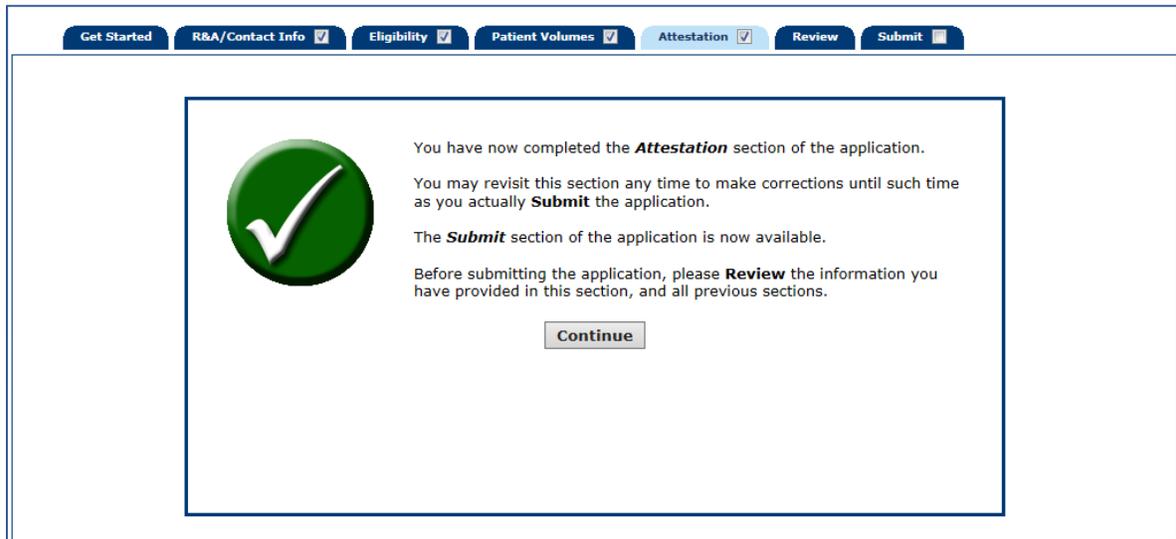
Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact State Medicaid Program.

*Payment Address <i>(Must Select One)</i>	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	999999999, 9999999999	Dr. Medicaid Provider	2821 Coal Street Bedford, PA 15522-9422	Rel5.2

This screen confirms you successfully completed the **Attestation** section.

Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.



Proceed to **EP User Guide Part 3** for guidance on the MAPIR screens for the following:

- Review Application
- Application Questionnaire
- File Uploads: Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

User Guides can be found at the Vermont Medicaid EHRIP website:

<http://healthdata.vermont.gov/ehrip/Apply>