



North Dakota EHR Incentive Payment Program

Eligible Professionals

User Guide – Meaningful Use Stage 1

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North Dakota Medicaid EHR Incentive Payment Program

Registration Steps for Eligible Professionals

***NOTE – All EPs must first be registered with the CMS EHR Registration and Attestation System at:**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Each EP will receive a CMS EHR Confirmation number that will be needed to start the ND attestation. Please allow 24 hours after registering with CMS for the number to be valid in the ND Portal.

Access ND Registration and Attestation Portal

<https://apps.nd.gov/dhs/mmis/hitech/login.htm>

Login

Enter the login information – Refer to the account creation document if you have not created a User ID and Password

North Dakota
login

Already Registered - [Not sure?](#)

North Dakota Login:

[Forgot Login](#)

Password:

[Forgot Password](#)

Login

[Update your account](#)

New to North Dakota Online Services?

Register Now!

Benefits of North Dakota Login

- One North Dakota Login and password to access multiple [ND Online Services](#)
- Register once for secure access to State services

Need help? Read through the [FAQ](#).

For assistance with this North Dakota Login, contact the [Service Desk](#).

User Profile

The first time a user logs in, a profile must be completed

This should be the person that is attesting on behalf of a provider or the provider if they are self-attesting

User Information

***Required**

*Name: John Doe

*Organization Name: Good Medical Center

*EIN/TIN: 123456789

*Title: Administrator

*SSN: 111223333

*Phone: 7015555555

*Email Address: JDOE@nd.gov

*Address 1: 123 Street Name

Address 2:

*City: Anytown

*State: ND

*Zip: 55555

*Preferred Communication: Email or Phone

Save

To edit this information at any time, you can access this information from the "Your Profile" tab on the main menu.

Main Menu

Meaningful Use **Your Profile** Program Details

Eligible Professionals or Hospitals Meaningful Use

Register an Eligible Hospital or Professional

* CMS Confirmation Number: Select Year

Add an EP to the profile

*** If attesting as a group of EP's using the Group Proxy patient volume method, all EPs must be added to the profile before proceeding.**

Enter the CMS confirmation number that was issued when the provider was registered for the incentive program with CMS and select the attestation year for each EP that will be attesting.

The screenshot shows a web application interface. At the top is a blue bar labeled "Main Menu" with three tabs: "Meaningful Use", "Your Profile", and "Program Details". Below this is a section titled "Eligible Professionals or Hospitals Meaningful Use". Underneath that is a sub-section titled "Register an Eligible Hospital or Professional". A red oval highlights the following elements: a text input field for "CMS Confirmation Number", a dropdown menu labeled "Select Year", and a blue button labeled "Add Provider".

Once all the providers are added to the profile, you are ready to begin the attestation process. This will need to be completed each year an individual attests.

Meaningful Use Attestation Process

Beginning and Patient Volume

1. Under Action, Click Begin or Continue if you have previously started an attestation. Delete will clear all information that was previously entered. The Status column will indicate the status of the attestation.

Meaningful Use **Your Profile** Program Details

Eligible Professionals or Hospitals Meaningful Use

Legend: Submitted Approved Denied Incomplete

| Name | NPI | TIN | CCN | Status | Action |
|---------------------------------------|-----|---------------|-----|--------|---|
| Program Year 2013 | | | | | |
| Lutheran Charity Association | | | | | Continue Delete |
| FERDINAND | | | | | Begin |
| Program Year 2014 | | | | | |
| Test Hospital | | SSN:299999999 | | | Begin |
| FERDINAND | | | | | Begin |
| Paul | | | | | Begin |
| St Josephs Hospital and Health Center | | | | | Begin |

[View Previous Years](#)

Register an Eligible Hospital or Professional

* CMS Confirmation Number: Select Year

2. Is this Attestation for a group of provider → If Yes, refer to the Group Proxy Methodology user guide
3. Is this attestation for a pediatrician → Must select yes if the provider is a pediatrician
4. Professional Provider Selection will indicate who the attestation is for, the program year, and the participation year.
5. 90 day Medicaid Patient Volume → Enter Begin Date (system calculates End Date) Must be from the previous calendar year or within the previous 12 months prior to the attestation date
6. Medicaid Volume Calculation → Volume must be equal to or greater than 30% or equal to or greater than 20% for pediatricians

Medicaid Encounters = All encounters the EP had that were from patients that were enrolled with Medicaid at the time of the encounter

Total Encounters = All patient encounters during the 90 day period. Medicaid Encounters + Non-Medicaid encounters

Meaningful Use

*Required

Group or Individual

*Is this Attestation for a group of providers? Yes No

Pediatrician

*Is this Attestation for a Pediatrician? Yes No

Professional Provider Selection

| Name | NPI | TIN | CCN | Program Year | Participation Year |
|-----------|-----|-----|-----|--------------|--------------------|
| FERDINAND | 8 | | | 2014 | 4 |

90 day Medicaid Patient Volume

*Begin Date: (mm/dd/yyyy)

End Date:

Medicaid Volume Calculation

*Paid Medicaid Encounters:

*Total Encounters:

[Return to Menu](#)

[Continue](#)

7. Continue navigates to the MU section, Return to Menu navigates to the main menu.

Meaningful Use Main Menu

Meaningful Use Information

Name: ----- N

Medicaid Volume 90 Day Period - [Edit](#)

Begin Date: 01/01/2014
End Date: 03/31/2014

Medicaid Volume Calculation - [Edit](#)

Paid Medicaid Encounters: 97
Total Encounters: 212
Medicaid Volume: 45.75%

Medicaid Number - [Add](#)

Medicaid Number: _____

EHR Certification Information - [Add](#)

CMS EHR Certification ID: _____

Attestation Reporting Period - [Add](#)

Begin Date: _____
End Date: _____

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

| Measure Name | Status | Status | Action |
|--|------------------|--------|-----------------------|
| Register and Attest | 0 of 9 complete | ✗ | Begin |
| Core Measures | 0 of 13 complete | ✗ | Begin |
| Menu Measures | 0 of 9 complete | ✗ | Begin |
| Clinical Quality Measures | 0 of 64 complete | ✗ | Begin |
| Remove Core, Menu, and Clinical Measures | | | |

Upload Documents

Legend: ✓ Complete ✗ Required Optional

| Document Name | Status | Action |
|--|--------|------------------------|
| Legal Authorization to attest on behalf of the facility/provider | ✗ | Upload |
| Volume Calculation | ✗ | Upload |
| Signed Legal Contract or EHR Certification Number | ✗ | Upload |
| EHR MU Dashboard Report | - | Upload |
| W-9 | ✗ | Upload |
| Add Additional Documents | | |

Selecting the EDIT or ADD functions will allow the user to edit or enter the required information

Enter the EP's ND Medicaid Number

Enter the CMS EHR Certification ID

Enter the MU Reporting Period

[Return to Menu](#) [Submit](#)

Select the Add/Edit links to enter or change information

EHR Certification Information

1. Click "Add" to enter the EHR certification number. The EHR certification number can be obtained from the ONC CHPL website: <http://oncchpl.force.com/ehrcert/CHPLHome>

Medicaid Volume 90 Day Period - [Edit](#)

Begin Date: 01/01/2014
End Date: 03/31/2014

Medicaid Volume Calculation - [Edit](#)

Paid Medicaid Encounters: 97
Total Encounters: 212
Medicaid Volume: 45.75%

EHR Certification Information - [Add](#)

CMS EHR Certification ID:

2. A Valid certification must be entered – A valid number will show green, invalid red.

EHR Certification Information - [Add](#)

EHR Certification Information

***Required**

*CMS EHR Certification ID:

| Measure Name | Status | Status | Action |
|--------------|--------|--------|--------|
|--------------|--------|--------|--------|

Attestation Reporting Period

3. Enter the Attestation Reporting Period by selecting "Add"

Attestation Reporting Period - [Add](#)

Begin Date:
End Date:

4. Select the length of reporting period → If this is the providers first year of reporting MU or program year 2014, a 90 day period can be used. If the attestation is not for program year 2014 and this is the second year and beyond of reporting MU, one year reporting is required. Reporting dates must be within the program year the attestation is for.

Attestation Reporting Period

***Required**

*Is this attestation period for 90 days or for 1 Year.

90 day attestation reporting period.

1 year attestation reporting period.

*Begin Date:  (mmddyyyy)

End Date: 12/31/2014

Register and Attest questions

1. Click on Begin or Continue to answer the Register and Attest questionnaire

All of these questions will be verified and if found to be falsely answered the attestation will be flagged for further Audit.

| Attestation Selection | | | |
|--|------------------|--------|--------------------------|
| Measure Name | Status | Status | Action |
| Register and Attest | 9 of 9 complete | ✓ | Continue |
| Core Measures | 0 of 13 complete | ✗ | Begin |
| Menu Measures | 0 of 9 complete | ✗ | Begin |
| Clinical Quality Measures | 0 of 64 complete | ✗ | Begin |
| Remove Core, Menu, and Clinical Measures | | | |

2. Question #1 – Is the provider currently sanctioned

Question #1

*Are you currently sanctioned by Medicaid or Medicare?

- Yes.
 No.

3. Question #2 – Has the provider or Organization ever been sanctioned

Question #2

*Has your organization ever been sanctioned by Medicaid or Medicare in North Dakota or any other state?

- Yes.
 No.

4. Question #3 – Have you applied or received an EHR incentive payment in any other state? If Yes, select the other state from the drop down list.

Question #3

*Have you applied for EHR Incentive payment in any other state?

- Yes.
 No.

5. Question #4 – Does the provider practice in more than 1 location. If yes, enter the other facility information and then select "ADD"

Question #4

*Do you practice at more than one location?

- Yes
 No

| Location | Address | City | Action |
|------------|-------------|----------|---------------------|
| XYZ Clinic | 100 Main St | Bismarck | Add |

6. Question #5 – Is the provider non-hospital based – The provider must not see more than 90% of patients in POS 21 or 23

Question #5

*Are you non-hospital based (90% or more of your encounters are NOT performed in an inpatient setting (site of service code 21) or in the emergency department (site of service code 23)?

- Yes
 No

7. Q #6 – Do you practice in an FQHC, RHC, or Tribal Clinic? If Yes, Do you practice predominantly Are you a Physician's Assistant → If YES, is the facility PA led? → Choose the PA type

Question #7

*Do you practice in a FQHC, RHC or Tribal Clinic?

- Yes
 No

*Do you practice predominantly at a FQHC, RHC or Tribal Clinic? (Practicing predominantly means that the FQHC/RHC is the clinical location for over 50 percent of total encounters over a period of six months in the most recent calendar year or 12 months preceding the attestation.)

- Yes
 No

*Are you a Physician's Assistant?

- Yes
 No

*Is your FQHC/RHC "so led" by a Physician's Assistant?

- Yes
 No

* Choose one of the following three options:

- PA is the primary provider in a clinic
 PA is a clinical or medical director at a clinical site of practice
 PA is an owner of a RHC

8. Question #7 – Payer Mix – from the same 90 day period of Medicaid Patient Volume – Total must equal 100%

Question #7

Percentage of Payer Mix

*Percentage of Paid Medicaid Encounters:

*Percentage of Paid Medicare Encounters:

*Percentage of Paid BCBSND Encounters:

*Percentage of Other Paid Commercial Encounters: Name:

*Percentage of Other Paid Encounters: Name:

9. Question #8 – Do you wish to assign Payment to an Organization
If No, Payment will be issued to the provider using the Social Security Number Provided
If Yes, Payment will be issued to the facility indicated

Question #8

*Do you wish to assign Payment to an Organization/Individual?

Yes

No

*Organization/Individual Name:

*Address to which payment should be sent:

*TIN or EIN:

*Phone Number for assignee:

*Email Address for assignee:

10. Select Save & Return to return to the Menu

Core Measures

Select Begin on the core measures to begin entering data for all core measures.

| Attestation Selection | | | |
|--|------------------|--------|-----------------------|
| Measure Name | Status | Status | Action |
| Register and Attest | 0 of 9 complete | X | Begin |
| Core Measures | 0 of 13 complete | X | Begin |
| Menu Measures | 0 of 9 complete | X | Begin |
| Clinical Quality Measures | 0 of 64 complete | X | Begin |
| Remove Core, Menu, and Clinical Measures | | | |

Core Measure 1

Core Measures - Question 1 of 13

***Required**

Objective Details

Objective: Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. NOTE: The revised interpretation allows a credentialed medical assistant (CMA) to be considered a licensed health care professional for the purpose of computerized provider order entry (CPOE). The CMA must still adhere to State, local and professional guidelines re order entry. Their credentialing would have to be obtained from an organization other than the employing organization.

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

Measure: More than 30 percent of the medication orders created by the provider during the EHR period are recorded using CPOE.

Exclusion

Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Continue](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP should be allowed to Save & Continue to the next measure. The following details other requirements of this screen.

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >30% threshold
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note, Save & Return will take you to the main menu and Save & Continue will take you to the next Core measure.

Core Measure 2

Core Measures - Question 2 of 13

***Required**

Objective Details

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

Measure 1

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

Complete the following information:

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

Yes No

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

Select Yes or No to complete the measure.

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 3

Core Measures - Question 3 of 13

***Required**

Objective Details

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

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

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

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >80% threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 4

Core Measures - Question 4 of 13

*Required

Objective Details

Objective: Generate and transmit permissible prescriptions electronically (eRx)

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

Measure: More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology

Exclusion

Any EP that meets one or more of the following criteria may be excluded from this objective.

If there is no pharmacy within organization and no pharmacy within 10 miles who accept electronic submissions.

*Does this exclusion apply? Yes No

Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of prescriptions in the denominator generated and transmitted electronically

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Additional Information

List which eRx is used most often and one pharmacy that you transmitted an eRx:

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP should be allowed to Save & Continue to the next measure. Entering additional information should be entered for eRx. The following details other requirements of this screen.

- An EP only needs to meet one exclusion (YES) to be excluded from the entire measure, but both must still be answered
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >40% threshold

Core Measure 5

Core Measures - Question 5 of 13

***Required**

Objective Details

Objective: Maintain active medication list

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

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

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >80% threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 6

Core Measures - Question 6 of 13

***Required**

Objective Details

Objective: Maintain active medication allergy list

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

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

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >80% threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 7

Core Measures - Question 7 of 13

***Required**

Objective Details

Objective: Record all of the following demographics: preferred language, gender, race, ethnicity, and date of birth

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

Measure: More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data

Complete the following information:

Numerator: Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >50% threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 8

Core Measures - Question 8 of 13

*Required

Objective Details

Objective: Record and chart changes in vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), plot and display growth charts for children 3 and over, including BMI.

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

Measure: More than 50 percent of all unique patients seen by the provider during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

Exclusion

Any EP that meets one or more of the following criteria may be excluded from this objective.

Any provider who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them. NOTE: Only this exclusion will exclude you from entering a numerator and denominator.

*Does this exclusion apply? Yes No

Any provider who believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure.

*Does this exclusion apply? Yes No

Any provider who believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.

*Does this exclusion apply? Yes No

Any EP who does not see patients 3 years or older would be excluded from recording blood pressure.

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. [BMI and growth charts will be automatically calculated by certified EHR and do not need to be included in the numerator calculation.]

Denominator: Number of unique patients age 3 or over seen by the EP

Calculation

*Numerator: *Denominator:

Actual: 95.24%

All fields must be completed unless the first exclusion was responded to as "YES", then the measure was met, but all other exclusions must still be answered. All other exclusions still require a numerator and denominator. The following details are other requirements of this measure:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold

Please note that selecting Save & Continue will take you to the next measure.

Core Measure 9

Core Measures - Question 9 of 13

***Required**

Objective Details

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

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

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

Exclusion

An EP who did not see patients 13 years or older would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual:

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed unless the exclusion was responded to with "Yes", in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold
- If an EP responds Yes to the exclusion then they have met the measure

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 10

Core Measures - Question 10 of 13

***Required**

Objective Details

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

Measure 1

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

Complete the following information:

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

Yes No

Additional Information

Enter a clinical decision support rule that was implemented:

List the clinical decision support rule that was implemented

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this measure:

- Select Yes or No
- Answer the Additional Information question

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 11

Core Measures - Question 11 of 13

***Required**

Objective Details

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.

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

Measure: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information, subject to the EP's discretion to withhold certain information.

Exclusion

Any EP who neither orders nor creates any of the information listed for inclusion as part of the measure, except for "Patient name" and Providers name and office contact information" would be excluded from this requirement.

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of patients in the denominator who were provided timely (within 4 business days after the information is available to the EP) online access to their health information

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 12

Core Measures - Question 12 of 13

***Required**

Objective Details

Objective: Provide clinical summaries for patients for each office visit

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

Measure: Clinical summaries provided to patients for more than 50 percent of all office visits within three business days

Exclusion

Any EP who has no office visits during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of office visits in the denominator for which the patient is provided a clinical summary within three business days

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

[Save & Return](#) [Save & Previous](#) [Save & Continue](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this measure:

- Patient Records must be selected on how the data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting Save & Return will take you back to the main menu, Save & Previous will take you to the previous core measure, and Save & Continue will take you to the next core measure.

Core Measure 13

Core Measures - Question 13 of 13

***Required**

Objective Details

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

Measure 1

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

Complete the following information:

*Have you conducted or reviewed a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?

Yes No

[Save & Return](#) [Save & Previous](#)

All fields must be completed before the EP will be allowed to save and return. The following details other requirements of this measure:

- Select Yes or No to the measure

Please note that selecting Save & Return will take you to the main menu and Save and Previous will take you to the previous measure.

Core Main Menu

| Core Measures | | |
|---|---|-------------------------|
| Legend:  Complete  Attention Required  Required - Incomplete | | 13 of 13 Complet |
| Requirements: | | |
| All 13 of the core measures must be completed. | | |
| Objective | Status | Action |
| Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. NOTE: The revised interpretation allows a credentialed medical assistant (CMA) to be considered a licensed health care professional for the purpose of computerized provider order entry (CPOE). The CMA must still adhere to State, local and professional guidelines re order entry. Their credentialing would have to be obtained from an organization other than the employing organization. |  | Edit |
| Implement drug-drug and drug-allergy interaction checks |  | Edit |
| Maintain an up-to-date problem list of current and active diagnoses |  | Edit |
| Generate and transmit permissible prescriptions electronically (eRx) |  | Edit |
| Maintain active medication list |  | Edit |
| Maintain active medication allergy list |  | Edit |
| Record all of the following demographics: preferred language, gender, race, ethnicity, and date of birth |  | Edit |
| Record and chart changes in vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), plot and display growth charts for children 3 and over, including BMI. |  | Edit |
| Record smoking status for patients 13 years old or older |  | Edit |
| Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule |  | Edit |
| 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. |  | Edit |
| Provide clinical summaries for patients for each office visit |  | Edit |
| Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities |  | Edit |

Save & Return

- The status column indicates if the measure has been met or not. A GREEN check indicates the measure is met and a RED X indicates the measure is incomplete or not met
- Selecting Edit allows the user to edit the response to the measure
- Save & Return will return the user to the Main Menu

Menu Measures

Select Begin on the Menu Measure:

Attestation Reporting Period - [Edit](#)

Begin Date: 04/01/2014
End Date: 06/29/2014

Attestation Selection

Legend: Complete Incomplete

| Measure Name | Status | Status | Action |
|---------------------------|-------------------|--------|--------------------------|
| Register and Attest | 0 of 9 complete | | Begin |
| Core Measures | 13 of 13 complete | | Continue |
| Menu Measures | 0 of 9 complete | | Begin |
| Clinical Quality Measures | 0 of 64 complete | | Begin |

[Remove Core, Menu, and Clinical Measures](#)

Menu Measures

0 of 5 Complete

Legend: Complete Attention Required Incomplete

Requirements:

5 out of 9 of the menu measures must be completed.

At least 1 public health measure must be selected as part of the 5.

| Objective | Status | Action |
|--|--------|------------------------|
| Public Health Menu Measures | | |
| Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice | | Answer |
| Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice | | Answer |
| Additional Menu Measures | | |
| Implement drug formulary checks | | Answer |
| Incorporate clinical lab test results into EHR as structured data | | Answer |
| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach | | Answer |
| Send reminders to patients per patient preference for preventive/follow-up care | | Answer |
| Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate | | Answer |
| 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 | | Answer |
| The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral | | Answer |

- EP's are required to complete five Menu measures with one being a Public Health measure
- Selecting an Exclusion will not count as meeting a measure.
- If an EP is excluded from both public measures, they must both be answered with the exclusion

Menu Measure 1 – Immunization (Public Health)

Menu Measures - Question 1 of 9

***Required**

Objective Details

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

Measure 1

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

Exclusion

Any EP that meets one or more of the following criteria may be excluded from this objective.

An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

Yes No

Additional Information

To which Immunization Registry was data sent:

North Dakota Immunization Registry
Date - 04/01/2014

Save & Return

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and return.

- Answer the Exclusion
 - Selecting Yes to the Exclusion no longer meets the objective of the measure
- Answer Yes or No if exclusion 1 and 2 has not been marked as yes
- Enter information into the Additional Information text box

One public health measure must be met unless the EP can claim exclusions for both measures; in this case, both public health measures (Immunization and Syndromic Surveillance) must be answered with the exclusion answered as Yes.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 2 – Syndromic Surveillance (Public Health)

Menu Measures – Question 2 of 9

*Required

Objective Details

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

Measure 1

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

Exclusion

Any EP that meets one or more of the following criteria may be excluded from this objective.

If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement

*Does this exclusion apply? Yes No

If there is no public health agency that has the capability to receive the information electronically, then the EP is excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

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

Yes No

Additional Information

To which Public Health Agency was data sent:

ND Department of Health Syndromic Surveillance Registry
Test sent - 04/01/2014

Save & Return

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and return.

- Answer the Exclusion
 - Selecting Yes to the Exclusion no longer meets the objective of the measure
- Answer Yes or No if exclusion 1 and 2 has not been marked as yes
- Enter information into the Additional Information text box

One public health measure must be met unless the EP can claim exclusions for both measures; in this case, both public health measures (Immunization and Syndromic Surveillance) must be answered with the exclusion answered as Yes.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 3 – Drug Formula Check

Menu Measures – Question 3 of 9

***Required**

Objective Details

Objective: Implement drug formulary checks

Measure 1

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

Exclusion

Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

*Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?

Yes No

Save & Return

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and return.

- Answer the Exclusion
 - Selecting Yes to the Exclusion no longer meets the objective of the measure
- Answer Yes or No if exclusion 1 has not been marked as yes

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 4 – Clinical Lab Test

Menu Measures - Question 4 of 9

***Required**

Objective Details

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

Patient Records

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

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

Measure 1

Measure: More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

Exclusion

Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Save & Return

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to Save & Return.

- Patient Records is required on how the data was extracted
- The Numerator and Denominator must be a whole number
- The numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >40% threshold

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 5 – List of patients with specific condition

Menu Measures - Question 5 of 9

***Required**

Objective Details

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

Measure 1

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

Complete the following information:

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

Yes No

Additional Information

Specify a condition for which the list was created:

List Created for X|

Save & Return

All fields must be completed before EP will be allowed to save and return.

- Response of yes or no required
- EP must answer what list is being generated

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 6 – Patient Reminders

Menu Measures – Question 6 of 9

***Required**

Objective Details

Objective: Send reminders to patients per patient preference for preventive/follow-up care

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

Measure: More than 20 percent of all patients 65 years or older or 5 years old or younger were sent appropriate reminders during the EHR reporting period

Exclusion

Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement

*Does this exclusion apply? Yes No

Complete the following information:

Numerator: Number of patients in the denominator who were sent the appropriate reminder

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Save & Return

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to Save & Return.

- Patient Records is required on how the data was extracted
- The Numerator and Denominator must be a whole number
- The numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >20% threshold

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 7 – Patient Specific Education Resources

Menu Measures – Question 7 of 9

***Required**

Objective Details

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

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

Measure: More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Save & Return

All fields must be completed before EP will be allowed to save and continue to the next measure. The following details other requirements of this measure:

- Select how the Patient Records data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >10% threshold

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 8 – Medication Reconciliation

Menu Measures - Question 8 of 9

***Required**

Objective Details

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

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

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

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Save & Return

All fields must be completed before EP will be allowed to save and continue to the next measure. The following details other requirements of this measure:

- Select how the Patient Records data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the > 50% threshold

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure 9 – Summary of Care on Referral

Menu Measures - Question 9 of 9

***Required**

Objective Details

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

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

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

Complete the following information:

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

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

Calculation

*Numerator: *Denominator:

Actual: 95.24%

Save & Return

All fields must be completed before EP will be allowed to save and continue to the next measure. The following details other requirements of this measure:

- Select how the Patient Records data was extracted
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the > 50% threshold

Please note, an EP must meet the measure criteria (without exclusions) for 5 objectives in Stage 1 or report on all the menu set objectives (all 9) through a combination of meeting exclusion and meeting the measure.

Select Save & Return to return to the Menu Measures to select another Menu Measure to answer.

Menu Measure Main Menu

| Menu Measures | | | 5 of 5 Complete |
|--|--------|------------------------|-----------------|
| Legend: ✓ Complete ⚠ Attention Required — Incomplete | | | |
| Requirements: 5 out of 9 of the menu measures must be completed. At least 1 public health measure must be selected as part of the 5. | | | |
| Objective | Status | Action | |
| Public Health Menu Measures | | | |
| Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice | ✓ | Edit | |
| Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice | — | Answer | |
| Additional Menu Measures | | | |
| Implement drug formulary checks | ✓ | Edit | |
| Incorporate clinical lab test results into EHR as structured data | — | Answer | |
| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach | — | Answer | |
| Send reminders to patients per patient preference for preventive/follow-up care | — | Answer | |
| Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate | ✓ | Edit | |
| 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 | ✓ | Edit | |
| The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral | ✓ | Edit | |

[Save & Return](#)

- EP's are required to meet the measure requirements for 5 of the 9 menu measures
- Green checks indicate the data entered meets the measure requirements
- The Black line indicates the measure was not met or an exclusion was selected
- Select the Edit option to edit a measure previously answered

Clinical Quality Measures

Select Begin on Clinical Quality Measures to access the CQM main menu

Attestation Reporting Period - [Edit](#)

Begin Date: 04/01/2014

End Date: 06/29/2014

Attestation Selection

Legend:  Complete  Incomplete

| Measure Name | Status | Status | Action |
|--|-------------------|---|--------------------------|
| Register and Attest | 0 of 9 complete |  | Begin |
| Core Measures | 13 of 13 complete |  | Continue |
| Menu Measures | 5 of 9 complete |  | Continue |
| Clinical Quality Measures | 0 of 64 complete |  | Begin |
| Remove Core, Menu, and Clinical Measures | | | |

CQM Main Menu

| Clinical Quality Measures | | | |
|---|--|----------|------------------------|
| Legend:  Complete  Incomplete | | | 0 of 9 Complete |
| Requirements: | | | |
| EPs must report on 9 of the 64 approved CQMs | | | |
| Recommended core CQMs - Encouraged but not required | | | |
| Selected CQMs must cover at least 3 of the National Quality Strategy domains | | | |
| CMS Measure ID | Objective | Status | Action |
| Domain - Care Coordination | | | |
| 50 | Closing the referral loop: receipt of specialist report | X | Answer |
| Domain - Clinical Process/Effectiveness | | | |
| 137 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | X | Answer |
| 165 | Controlling High Blood Pressure | X | Answer |
| 125 | Breast Cancer Screening | X | Answer |
| 124 | Cervical Cancer Screening | X | Answer |
| 130 | Colorectal Cancer Screening | X | Answer |
| 126 | Use of Appropriate Medications for Asthma | X | Answer |
| 127 | Pneumonia Vaccination Status for Older Adults | X | Answer |
| 131 | Diabetes: Eye Exam | X | Answer |
| 123 | Diabetes: Foot Exam | X | Answer |
| 122 | Diabetes: HbA1c Poor Control | X | Answer |
| 148 | Hemoglobin A1c Test for Pediatric Patients | X | Answer |
| 134 | Diabetes: Urine Protein Screening | X | Answer |
| 163 | Diabetes: Low Density Lipoprotein (LDL) Management | X | Answer |
| 164 | Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic | X | Answer |
| 145 | Coronary Artery Disease (CAD): Beta-Blocker Therapyâ€™Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) | X | Answer |
| 182 | Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control | X | Answer |
| 135 | Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) | X | Answer |
| 144 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | X | Answer |
| 143 | Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation | X | Answer |

CQM Requirements

The following are the requirements for the CQMs:

- EP's are only required to report on 9 out of the 64 CQM's
- CQMs must cover 3 of the 6 National Quality Strategy domains: Care Coordination, Clinical Process/Effectiveness, Efficient Use of Healthcare Resources, Patient Safety, Patient and Family Engagement, or Population/Public Health
- Only answer the CQMs that you are attesting for

To attest to the 9 required CQM's, locate the CQM from the main menu list and select Answer

| CMS Measure ID | Objective | Status | Action |
|--|---|--------|------------------------|
| Domain - Care Coordination | | | |
| 50 | Closing the referral loop: receipt of specialist report | X | Answer |
| Domain - Clinical Process/Effectiveness | | | |

Clinical Measures - Question 1 of 64

*Required

Measure Details

CMS Measure ID: 50
 Domain: Care Coordination
 Title: Closing the referral loop: receipt of specialist report

Complete the following information

Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

*Numerator: *Denominator:

[Save & Return](#)

All fields must be entered to Save & Return to the CQM selection screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements for all CQMs:

- Enter a Numerator, 0 is acceptable if that was reported by the EHR technology
- Enter a Denominator, 0 is acceptable if there is no measure population
- All numbers must be a whole number
- The Numerator must be less than or equal to the Denominator
- If the measure has an exclusion, a number must be entered and must be greater than or equal to 0.

Save & Return will return to the CQM main menu so another CQM can be selected to answer.

Clinical Quality Measures

9 of 9 Complete

Legend:  Complete  Incomplete

Requirements:

EPs must report on 9 of the 64 approved CQMs

[Recommended core CQMs](#) - Encouraged but not required

Selected CQMs must cover at least 3 of the National Quality Strategy domains

| CMS Measure ID | Objective | Status | Action |
|--|--|--|------------------------|
| Domain - Care Coordination | | | |
| 50 | Closing the referral loop: receipt of specialist report |  | Edit |
| Domain - Clinical Process/Effectiveness | | | |
| 137 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment |  | Edit |
| 165 | Controlling High Blood Pressure |  | Edit |
| 125 | Breast Cancer Screening |  | Edit |
| 124 | Cervical Cancer Screening |  | Edit |
| 130 | Colorectal Cancer Screening |  | Answer |
| 126 | Use of Appropriate Medications for Asthma |  | Answer |
| 127 | Pneumonia Vaccination Status for Older Adults |  | Answer |
| 131 | Diabetes: Eye Exam |  | Answer |
| 123 | Diabetes: Foot Exam |  | Edit |
| 122 | Diabetes: HbA1c Poor Control |  | Answer |

- Once the 9 CQM's have been met it will be indicated on the top of the screen.
- A green check indicates the measure was answered
- A red X indicates a measure has not been answered
- If all 9 measures have been completed and they covered at least 3 domains, the main menu will indicate the CQMs have been met by a green check. If 9 CQMs have been completed but did not cover 3 domains, the CQMs will indicate not completed.

Attestation Selection

Legend:  Complete  Incomplete

| Measure Name | Status | Status | Action |
|--|-------------------|---|--------------------------|
| Register and Attest | 0 of 9 complete |  | Begin |
| Core Measures | 13 of 13 complete |  | Continue |
| Menu Measures | 5 of 9 complete |  | Continue |
| Clinical Quality Measures | 9 of 64 complete |  | Continue |
| Remove Core, Menu, and Clinical Measures | | | |

Required Documents to Upload

-  indicates the document is required
-  indicates the document is optional and can be uploaded
-  indicates the document has been uploaded successfully

If any additional documents need to be updated to provide any explanations or assist with verification, select the Add Additional Documents link. The more verifying documents uploaded will help speed up the verification and payment process.

Upload Documents

Legend:  Complete  Required  Optional

| Document Name | Status | Action |
|--|---|------------------------|
| Legal Authorization to attest on behalf of the facility/provider |  | Upload |
| Volume Calculation |  | Upload |
| Signed Legal Contract or EHR Certification Number |  | Upload |
| EHR MU Dashboard Report |  | Upload |
| W-9 |  | Upload |
| Add Additional Documents | | |

[Return to Menu](#)

[Submit](#)

- 1.1. Legal Authorization to attest → Must be a current dated letter from the CEO/CIO of the facility granting permission to the person attesting on behalf of the facility
- 1.2. Volume Calculation → **MUST** Use the calculation Template located at: <http://www.healthit.nd.gov/medicaid/>
- 1.3. Signed Legal Contract → Legal binding contract of the EHR system used at the facility
- 1.4. W-9 → Current W-9 to whom the payment is being made (usually the facility)
- 1.5. MU Dashboard → If attesting to MU, the Core, Menu, and CQM dashboard from the EHR must be provided to verify the MU data

Attestation Submission

1. If complete, select "Submit" to complete the Attestation.
2. The user must agree to the terms/disclaimer

Please note that all documentation for each attestation must be kept for a minimum of six (6) years and the attestation can be subject to audit for up to six (6) years. If the documentation cannot be provided, the payment could be recouped.

Attestation Disclaimer

General Notice

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

Signature of Hospital Representative

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

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

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

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

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

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of EHR Incentive Payment. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on the requested information or document will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 11283, provides penalties for withholding this information.

Agree*

I understand that submitting this form and attesting to the information requested constitutes my understanding of the legal and regulatory requirements necessary to apply for this program and that hitting the "submit" button holds the same force under North Dakota law as a written legal signature.