Meaningful Use Screenshots

EH

EHR Reporting Period

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EHR Reporting Period

EHR Reporting Period

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

- 80% of patients must have records in the certified EHR technology
- Eligible Professionals who work at multiple locations but don't have certified EHR technology available at all locations must:
  - Have 50% of their total patient encounters at locations where certified EHR technology is available
  - Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

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

90-Day Reporting Period: Start Date _____ End Date _____

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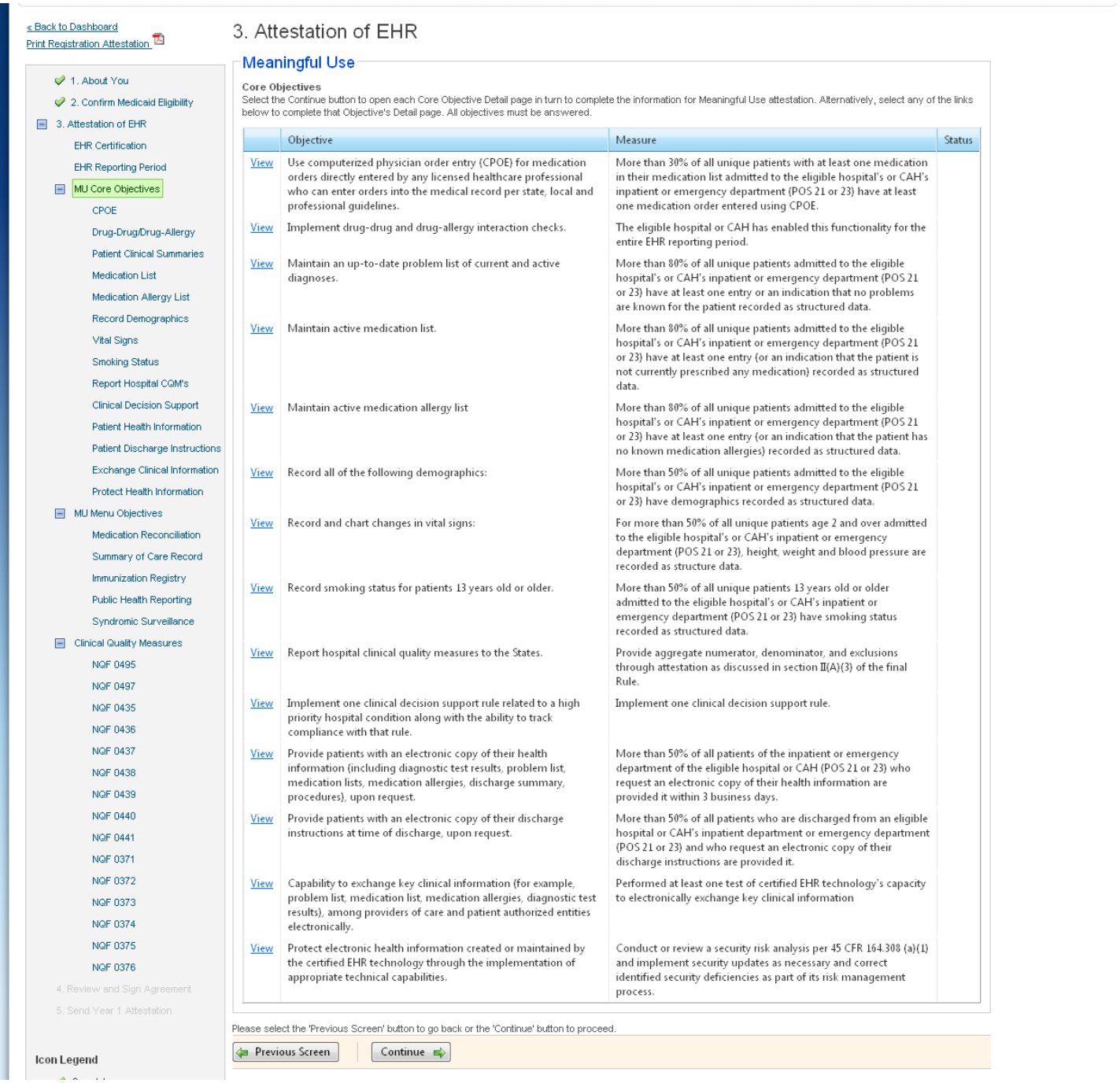
MU Core Objectives



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- 4. Review and Sign Agreement
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Icon Legend

3. Attestation of EHR

Meaningful Use

Core Objectives

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

	Objective	Measure	Status
View	Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	
View	Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	
View	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	
View	Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	
View	Maintain active medication allergy list	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	
View	Record all of the following demographics:	More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	
View	Record and chart changes in vital signs:	For more than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	
View	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	
View	Report hospital clinical quality measures to the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	
View	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	
View	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request.	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.	
View	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	
View	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	
View	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	

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Core Objective #1

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3. Attestation of EHR

Questionnaire (1 of 14)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

Denominator = Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

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

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Core Objective #2

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3. Attestation of EHR

Questionnaire (2 of 14)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

○ Yes ○ No

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Core Objective #3

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3. Attestation of EHR

Questionnaire (3 of 14)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

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

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #4

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3. Attestation of EHR

Questionnaire (4 of 14)

* Red asterisk indicates a required field.

Objective: Maintain active medication list.

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

Complete the following information:

Numerator 1 = Number of patients in the denominator who have a medication recorded as structured data.

Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication.

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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3. Attestation of EHR

Questionnaire (5 of 14)

* Red asterisk indicates a required field.

Objective: Maintain active medication allergy list

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

Complete the following information:

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

Numerator 2 = Number of unique patients in the denominator who have an indication that the patient has no known medication allergies recorded as structured data in their medication allergy list.

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #6

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3. Attestation of EHR

Questionnaire (6 of 14)

* Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth
- Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH

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

Complete the following information:

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

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

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #7

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3. Attestation of EHR

Questionnaire (7 of 14)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

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

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

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

Complete the following information:

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

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

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

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Core Objective #8

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3. Attestation of EHR

Questionnaire (8 of 14)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ○ No

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Core Objective #9

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3. Attestation of EHR

Questionnaire (9 of 14)

* Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to the States.

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

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

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

Complete the following information:

*I will submit Clinical Quality Measures.

Yes No

***Please enter the name of one CQM you have or will enter:** Required Field

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Core Objective #10

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3. Attestation of EHR

Questionnaire (10 of 14)

* Red asterisk indicates a required field.

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

Measure: Implement one clinical decision support rule.

Complete the following information:

*Did you implement one clinical decision support rule?

Yes No

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

Required Field

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Core Objective #11

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3. Attestation of EHR

Questionnaire (11 of 14)

* Red asterisk indicates a required field.

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

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

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

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

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

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

Denominator = Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

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

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Core Objective #12

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3. Attestation of EHR

Questionnaire (12 of 14)

* Red asterisk indicates a required field.

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

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

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

Denominator = Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

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

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

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Core Objective #13

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3. Attestation of EHR

Questionnaire (13 of 14)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

Yes No

*With what organization was the information exchanged?

Required Field

What were the results of the test?

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files | Remove Selected

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Core Objective #14

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     - Clinical Decision Support
     - Patient Health Information
     - Patient Discharge Instructions
     - Exchange Clinical Information

3. Attestation of EHR

Questionnaire (14 of 14)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

◉ Yes ○ No

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

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Menu Objective Selection

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- 4. Review and Sign Agreement
- 5. Send Year 1 Attestation

Icon Legend

- Complete
- Warning
- Hard Stop

Meaningful Use Menu Measures

Questionnaire

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

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

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

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

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

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

Objective	Measure	
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	☐
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	☐
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	☐
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	☐
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	☐
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	☐
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	☐

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Menu Objective #1

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3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Implemented drug-formulary checks.

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

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

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

Complete the following information:

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

Yes No

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

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Menu Objective #2

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    - Advanced Directives
    - Clinical Lab Results
    - Condition List
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    - NQF 0495

3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Exclusion - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

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

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

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

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Menu Objective #3

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    - Advanced Directives
    - Clinical Lab Results
    - Immunization Registry
    - Public Health Reporting

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

Denominator = Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.

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

* **How were the lab results incorporated as structured data?**
Select ...

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Menu Objective #4

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  - MU Menu Objectives
    - Drug-Formulary Checks
    - Advanced Directives

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

Yes No

Identify one condition for which a report was generated:

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Menu Objective #5

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    - Patient Discharge Instructions

3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

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

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

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.

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

* **Numerator:**

* **Denominator:**

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Menu Objective #6

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    - Medication Reconciliation

3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

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

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

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Menu Objective #7

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    - Summary of Care Record

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

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

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

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

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Menu Objective #8 with first exclusion selected

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3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

(•) Yes ( ) No

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

Select ...

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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

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Menu Objective 8 with second exclusion selected

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    - NQF 0439
    - NQF 0440

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

◉ Yes ○ No

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

Select ...

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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

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Menu Objective #8 with no Exclusion selected

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    - NQF 0374
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    - NQF 0376
- 4. Review and Sign Agreement
- 5. Send Year 1 Attestation

Icon Legend

- Complete
- Warning
- Hard Stop

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

◉ Yes ○ No

Was the test successful?

○ Yes ○ No

Please record the date and time of the test.

*** Immunization Register or Information System:**
Select ... Required Field

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

○ Yes ○ No

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files | Remove Selected

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

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Menu Objective #9 with exclusion selected

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  - Clinical Quality Measures
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    - NQF 0497
    - NQF 0435
    - NQF 0436

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

(•) Yes ( ) No

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

Select ...

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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

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Menu Objective #9 with no exclusion selected

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- 4. Review and Sign Agreement
- 5. Send Year 1 Attestation

Icon Legend

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

*Did you perform at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

◉ Yes ○ No

Was the test successful?

○ Yes ○ No

Please record the date and time of the test.

Public Health Agency:
Select ...

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

○ Yes ○ No

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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

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Menu Objective #10 with exclusion selected

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

(•) Yes ( ) No

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

Select ... Required Field

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

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Menu Objective #10 with no exclusion selected

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

◉ Yes ○ No

*** Was the test successful?**

○ Yes ○ No

Required Field

Please record the date and time of the test.

*** Syndromic Surveillance Agency**

Select ... Required Field

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

○ Yes ○ No

Required Field

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CQM

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3. Attestation of EHR

Clinical Quality Measures

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

	Title	Status
View	Emergency Department (ED)-1	
View	Emergency Department (ED)-2	
View	Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics	
View	Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter	
View	Stroke-4 Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset	
View	Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2	
View	Stroke-6 Title: Ischemic stroke -Discharge on statins	
View	Stroke-8 Title: Ischemic or hemorrhagic stroke -Stroke Education	
View	Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment	
View	VTE-1 Title: VTE prophylaxis within 24 hours of arrival	
View	VTE-2 Title: Intensive Care Unit VTE prophylaxis	
View	VTE-3 Title: Anticoagulation overlap therapy	
View	VTE-4 Title: Platelet monitoring on unfractionated heparin	
View	VTE-5 Title: VTE discharge instructions	
View	VTE-6 Title: Incidence of potentially preventable VTE	

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NQF 0495

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Clinical Qualilty Measures

Questionnaire (1 of 15)

* Red asterisk indicates a required field.

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

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

Title: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department

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

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≤D or N≥D.

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

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

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

Exclusion:

ED-1.2: Observation ED patient stratification

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≤D or N≥D.

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

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

ED-1.3: Dx stratification ED patients

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≤D or N≥D.

Denominator = ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

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

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NQF 0497

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Clinical Qualilty Measures

Questionnaire (2 of 15)

* Red asterisk indicates a required field.

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

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

Title: Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients.

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

ED-2.1: All ED patients admitted to inpatient status

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where N≤D or N≥D.

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

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

*Numerator: *Denominator: *

Exclusion:

ED-2.2: Observation ED patient stratification

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where N≤D or N≥D.

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

*Numerator: *Denominator:

ED-2.3: Dx stratification ED patients

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where N≤D or N≥D.

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

*Numerator: *Denominator:

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NQF 0435

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Clinical Qualilty Measures

Questionnaire (3 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0436

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Clinical Qualilty Measures

Questionnaire (4 of 15)

* Red asterisk indicates a required field.

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

Measure: **NQF 0436**, Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0437

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Clinical Qualilty Measures

Questionnaire (5 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0438

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Clinical Qualilty Measures

Questionnaire (6 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0439

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Clinical Qualilty Measures

Questionnaire (7 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0440

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Clinical Qualilty Measures

Questionnaire (8 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

*Numerator: *Denominator: *

Exclusion:

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NQF 0441

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Clinical Qualilty Measures

Questionnaire (9 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0371

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Clinical Qualilty Measures

Questionnaire (10 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0372

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Clinical Qualilty Measures

Questionnaire (11 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0373

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Clinical Qualilty Measures

Questionnaire (12 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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NQF 0374

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Clinical Qualilty Measures

Questionnaire (13 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

*Numerator: *Denominator: *

Exclusion:

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NQF 0375

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Clinical Qualilty Measures

Questionnaire (14 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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

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NQF 0376

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Clinical Qualilty Measures

Questionnaire (15 of 15)

* Red asterisk indicates a required field.

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

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

Numerator = a positive whole number where N≤D

Denominator = a positive whole number

Exclusion = a positive whole number

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

Exclusion:

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EP

EHR Reporting Period

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EHR Reporting Period

EHR Reporting Period

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

- 80% of unique patients must have records in the certified EHR technology
  Enter the percentage of unique patient records in your certified EHR technology:
- Eligible Professionals who work at multiple locations but don't have certified EHR technology available at all locations must:
  - Have 50% of their total patient encounters at locations where certified EHR technology is available
    Numerator = Number of patient encounters in the denominator conducted at locations where EHR technology is available.
    Denominator = Number of patient encounters in this State.

	State	*Numerator:	*Denominator:	Does this location have a certified EHR?
	AK			Yes ◉ No ○
	WA			Yes ◉ No ○

- Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

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

Calendar Year Reporting Period: Start Date 1/1/2010 End Date 12/31/2010

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

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Core Objectives Summary

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Icon Legend

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3. Attestation of EHR

Meaningful Use

Core Objectives

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

	Objective	Measure	Status
View	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	
View	Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	
View	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	
View	Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	
View	Maintain active medication list.	More than 80% 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.	
View	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	
View	Record all of the following demographics:	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	
View	Record and chart changes in vital signs:	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	
View	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	
View	Report ambulatory clinical quality measures to the State.	Successfully report to the State ambulatory clinical quality measures selected by the State in the manner specified by the State.	
View	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	
View	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	
View	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	
View	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	
View	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	

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Core Objective #1

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3. Attestation of EHR

Questionnaire (1 of 15)

* Red asterisk indicates a required field.

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

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

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

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

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

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

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

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

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

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Core Objective #2

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3. Attestation of EHR

Questionnaire (2 of 15)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

○ Yes ○ No

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Core Objective #3

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3. Attestation of EHR

Questionnaire (3 of 15)

* Red asterisk indicates a required field.

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

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

Complete the following information:

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

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

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #4

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- Complete
- Warning

3. Attestation of EHR

Questionnaire (4 of 15)

* Red asterisk indicates a required field.

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

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

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

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

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

*Does this exclusion apply to you?

- Yes
- No

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.

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

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

Name of the eRx Service: Required Field

* **Name of One Pharmacy that You Have Transmitted Prescriptions To:** Required Field

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

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Core Objective #5

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3. Attestation of EHR

Questionnaire (5 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% 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 1 = Number of patients in the denominator who have a medication recorded as structured data.

Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication.

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #6

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3. Attestation of EHR

Questionnaire (6 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication allergy list

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

Complete the following information:

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

Numerator 2 = Number of unique patients in the denominator who have an indication that the patient has no known medication allergies recorded as structured data in their medication allergy list.

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

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Core Objective #7

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3. Attestation of EHR

Questionnaire (7 of 15)

* Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

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

Complete the following information:

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

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

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

* **Numerator 1:** 100
* **Numerator 2:** 10
* **Denominator:**

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

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Core Objective #8 with first exclusion selected

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3. Attestation of EHR

Questionnaire (8 of 15)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

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

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

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

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

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

◉ Yes ○ No

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

Select ... Required Field

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Core Objective #8 with second exclusion selected

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- 5. Send Year 1 Attestation

Icon Legend
- Complete

3. Attestation of EHR

Questionnaire (8 of 15)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

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

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

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

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

◉ Yes ○ No

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

Select ... Required Field

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Core Objective #8 with no exclusion selected

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- Complete
- Warning
- Hard Stop

3. Attestation of EHR

Questionnaire (8 of 15)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

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

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

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

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

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

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

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Core Objective #9

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3. Attestation of EHR

Questionnaire (9 of 15)

* Red asterisk indicates a required field.

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

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

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

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

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

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

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

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

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

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Core Objective #10

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    - Clinical Decision Support

3. Attestation of EHR

Questionnaire (10 of 15)

* Red asterisk indicates a required field.

Objective: Report ambulatory clinical quality measures to the State.

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

Complete the following information:

*I will submit Clinical Quality Measures.

Yes No

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

Required Field

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

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Core Objective #11

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    - Smoking Status
    - Report Ambulatory CQM's
    - Clinical Decision Support

3. Attestation of EHR

Questionnaire (11 of 15)

* Red asterisk indicates a required field.

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

Measure: Implement one clinical decision support rule.

Complete the following information:

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

Yes No

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

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

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Core Objective #12

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    - NQF 0421 / PQRI 128
  - CQM - Additional
- 4. Review and Sign Agreement

3. Attestation of EHR

Questionnaire (12 of 15)

* Red asterisk indicates a required field.

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

Measure: More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

Numerator = Number of patients in the denominator who receive an electronic copy of their electronic heath information within three business days.

Denominator = Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

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

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

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

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Core Objective #13

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    - NQF 0028 / PQRI 114
    - NQF 0421 / PQRI 128

3. Attestation of EHR

Questionnaire (13 of 15)

* Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

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

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

Exclusion - Based on ALL patient records: An EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

Denominator = Number of office visits for the EP during the EHR reporting period.

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

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

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

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Core Objective #14

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    - Exchange Clinical Information
    - Protect Health Information

3. Attestation of EHR

Questionnaire (14 of 15)

* Red asterisk indicates a required field.

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

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Complete the following information:

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

(•) Yes ( ) No

* **With what organization was the information exchanged?**

Required Field

* **Was the test successful?**

(•) Yes ( ) No

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

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Core Objective #15

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3. Attestation of EHR

Questionnaire (15 of 15)

* Red asterisk indicates a required field.

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

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

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

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

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Menu Objective Summary

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    - NQF 0421 / PQRI 128
  - CQM - Additional
- 4. Review and Sign Agreement
- 5. Send Year 1 Attestation

Icon Legend

- Complete
- Warning
- Hard Stop

Meaningful Use Menu Measures

Questionnaire

Instructions:
EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the EP be able to successfully meet only one of these public health menu measures, the EP must select and report on that measure to CMS. Having met one public health menu measure, the EP must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the EP may select any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below.

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

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

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

Objective	Measure	
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	☐
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to 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).	☐

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

Objective	Measure	
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	☐
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	☐
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	☐
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	☐
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	☐
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	☐
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 performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	☐
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	☐

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Menu Objective #1

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    - Exchange Clinical Information

3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Implement drug formulary checks.

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

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

*Does this exclusion apply to you?

○ 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

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Menu Objective #2

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  - MU Menu Objectives
    - Drug-Formulary Checks
    - Clinical Lab Results
    - Condition List

3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

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

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

Exclusion - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

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

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

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

* **Were the results added through a Health Information Exchange or added manually?**
Select ... Required Field

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

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Menu Objective #3

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    - Protect Health Information
  - MU Menu Objectives

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Complete the following information:

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

Yes No

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

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Menu Objective #4

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  - MU Menu Objectives
    - Drug-Formulary Checks
    - Clinical Lab Results
    - Condition List
    - Patient Reminders
    - Immunization Registry

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

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

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

Exclusion - Based on ALL patient records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

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

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

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

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Menu Objective #5

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    - NQF 0028 / PQRI 114
    - NQF 0421 / PQRI 128
  - CQM - Additional

3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

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

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

Exclusion - Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

Numerator = Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

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

* **Numerator:** [ ] Please enter a numerator.

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

Does the provider have a patient Portal?

○ Yes ○ No

Required Field

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Menu Objective #6

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    - Clinical Decision Support
    - Patient Electronic Copy

3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

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

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.

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

* **Numerator:**

* **Denominator:**

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Menu Objective #7

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    - Syndromic Surveillance
  - CQM - Core

3. Attestation of EHR

Questionnaire (2 of 5)

* 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 performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

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

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

Exclusion - Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

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

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

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

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

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

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Menu Objective #8 with exclusion selected

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    - Patient Education Resources
    - Medication Reconciliation

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Exclusion - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes
- No

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

Select ... Required Field

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Menu Objective #8 with no exclusion selected

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  - CQM - Core

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

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

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

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

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

Exclusion - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

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.

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

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

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

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Menu Objective #9 with first exclusion selected

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3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

(•) Yes ( ) No

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

Select ... Required Field

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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

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Menu Objective #9 with second exclusion selected

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- 5. Send Year 1 Attestation

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

◉ Yes ○ No

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

Select ... Required Field

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files Remove Selected

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Icon Legend

- Complete
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3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

Was the test successful?

○ Yes ○ No

Please record the date and time of the test.

*** Immunization Register or Information System:**
Select ... Required Field

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

○ Yes ○ No
Required Field

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

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject	
No records to display.		

Add Files | Remove Selected

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

(•) Yes ( ) No

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

Select ... Required Field

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

◉ Yes ○ No

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

Select ... Required Field

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

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

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

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

*Does this exclusion apply to you?

○ Yes ◉ No

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

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

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

◉ Yes ○ No

*** Was the test successful?**

○ Yes ○ No

Required Field

*** Syndromic Surveillance Agency:**

Select ... Required Field

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

◉ Yes ○ No

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CQM Core Summary

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3. Attestation of EHR

Clinical Quality Measures

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

	Title	Description	Status
View	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	
View	Preventive Care and Screening Measure Pair	a. Tobacco Use Assessment: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months. b. Tobacco Cessation Intervention: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	
View	Adult Weight Screening and Follow-up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	

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NQF 0013

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Core Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

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

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

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

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NQF 0028

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Core Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

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

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

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

*Numerator: *Denominator:

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

*Numerator: *Denominator:

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NQF 0421

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Core Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0421 / PQRI 128

Title: Adult Weight Screening and Follow-up

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

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria 1:			
Population Criteria 2:			

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

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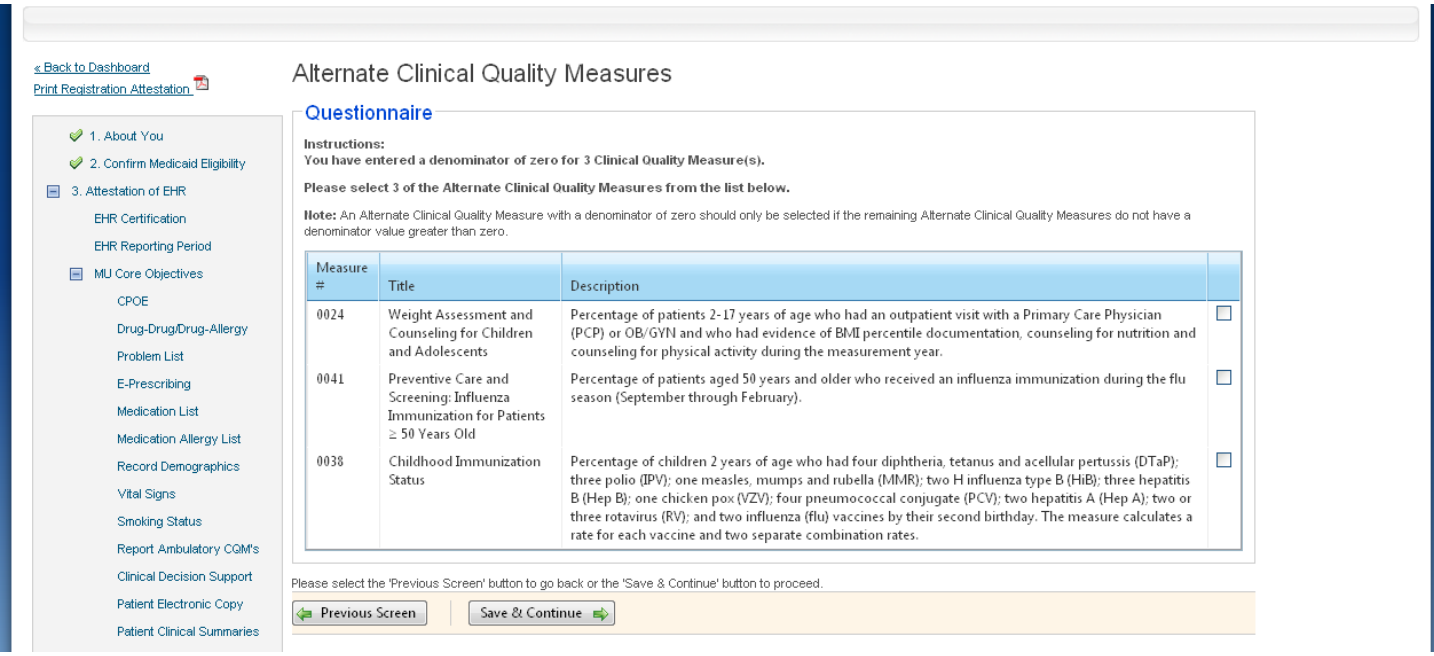
Alternate CQM Summary



NQF 0024

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Alternate Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0024

Title: Weight Assessment and Counseling for Children and Adolescents

Description: Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Complete the following information:

Population Criteria 1:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
Population Criteria 2:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
Population Criteria 3:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
	* Numerator:	* Denominator:

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NQF 0041

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Alternate Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0041 / PQRI 110

Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old

Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0038

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Alternate Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0038

Title: Childhood Immunization Status

Description: 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); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria 1:		
Population Criteria 2:		
Population Criteria 3:		
Population Criteria 4:		
Population Criteria 5:		
Population Criteria 6:		
Population Criteria 7:		
Population Criteria 8:		
Population Criteria 9:		
Population Criteria 10:		
Population Criteria 11:		
Population Criteria 12:		

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CQM – Additional Summary (1 of 3)

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Additional Clinical Quality Measures

Questionnaire

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

Measure #	Title	Description	
0001	Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	☐
0002	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	☐
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	☐
0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	☐
0014	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	☐
0018	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	☐
0027	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	☐
0031	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	☐
0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	☐
0033	Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	☐
0034	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	☐
0036	Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	☐

CQM – Additional Summary (2 of 3)

NQF 0038

CQM - Additional

4. Review and Sign Agreement

5. Send Year 1 Attestation

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0043	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	☐
0047	Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	☐
0052	Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	☐
0055	Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	☐
0056	Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	☐
0059	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	☐
0061	Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	☐
0062	Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	☐
0064	Diabetes Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	☐
0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	☐
0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	☐
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	☐
0073	Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	☐
0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	☐
0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	☐
0081	Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	☐
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	☐
0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	☐

CQM – Additional Summary (3 of 3)

0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	☐
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	☐
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	☐
0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	☐
0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.	☐
0387	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	☐
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging LowRisk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	☐
0575	Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	☐

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NQF 0001

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0001 / PQRI 64

Title: Asthma Assessment

Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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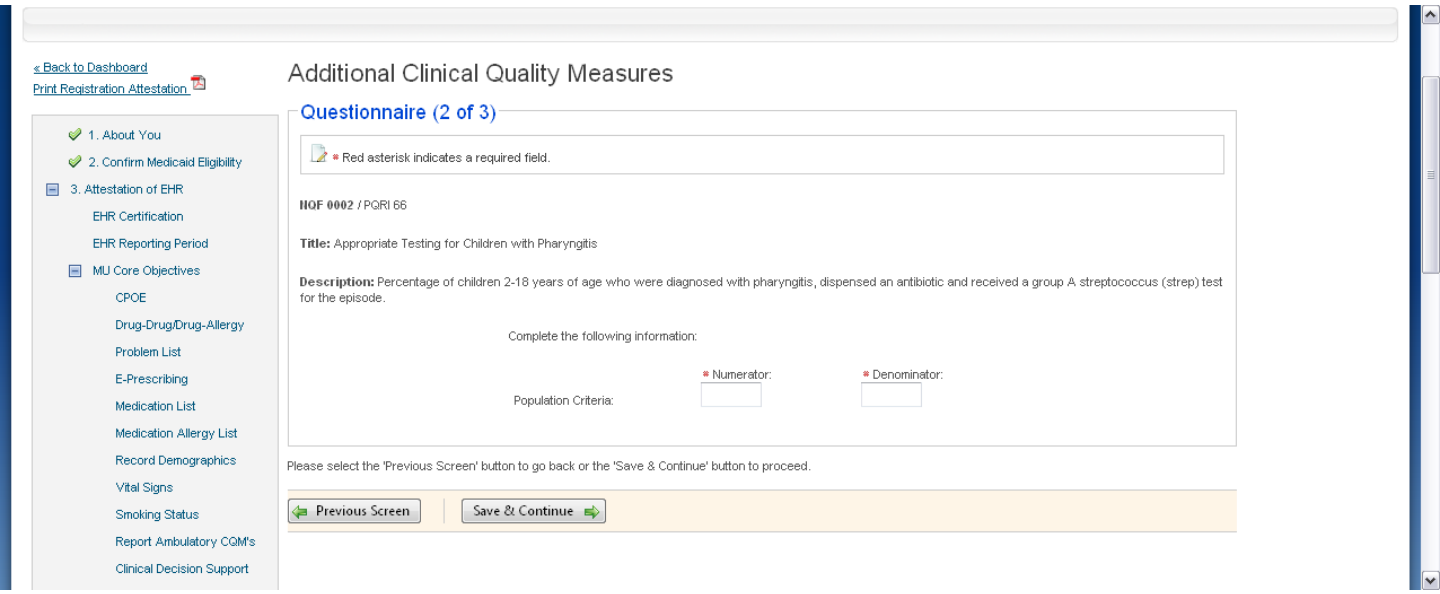
NQF 0002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* Red asterisk indicates a required field.
NQF 0002 / PQRI 66
Title: Appropriate Testing for Children with Pharyngitis
Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
Complete the following information:
* Numerator:
* Denominator:
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NQF 0003

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0004

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement

Description: Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Population Criteria 1:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
Population Criteria 2:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:
Population Criteria 3:	* Numerator:	* Denominator:
	* Numerator:	* Denominator:

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NQF 0012

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0012

Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

Description: Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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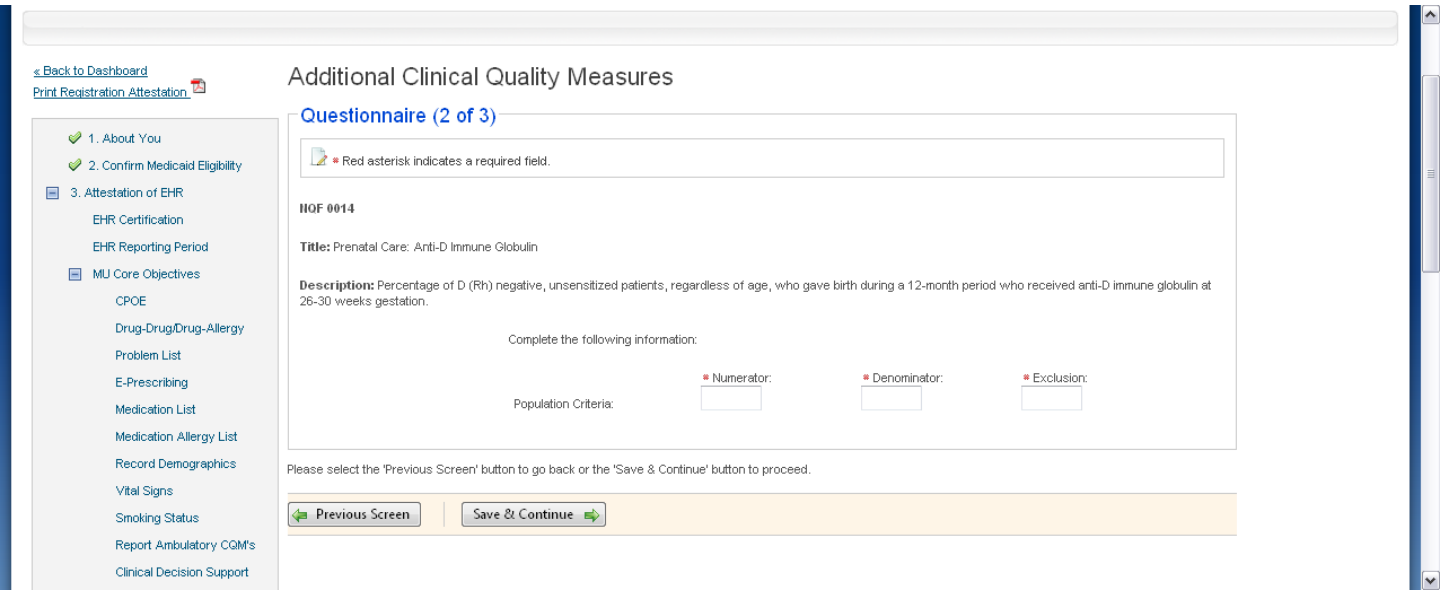
NQF 0014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Questionnaire (2 of 3)
* Red asterisk indicates a required field.
NQF 0014
Title: Prenatal Care: Anti-D Immune Globulin
Description: Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.
Complete the following information:
* Numerator:
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NQF 0018

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0018

Title: Controlling High Blood Pressure

Description: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0027

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0027 / PQRI 115

Title: Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies

Description: Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Complete the following information:

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

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NQF 0031

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0031 / PQRI 112

Title: Breast Cancer Screening

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

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0032

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0032

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0033

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0033

Title: Chlamydia Screening for Women

Description: Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria 1:			
Population Criteria 2:			
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NQF 0034

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0034 / PQRI 113

Title: Colorectal Cancer Screening

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

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0036

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0036

Title: Use of Appropriate Medications for Asthma

Description: Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria 1:			
Population Criteria 2:			
Population Criteria 3:			

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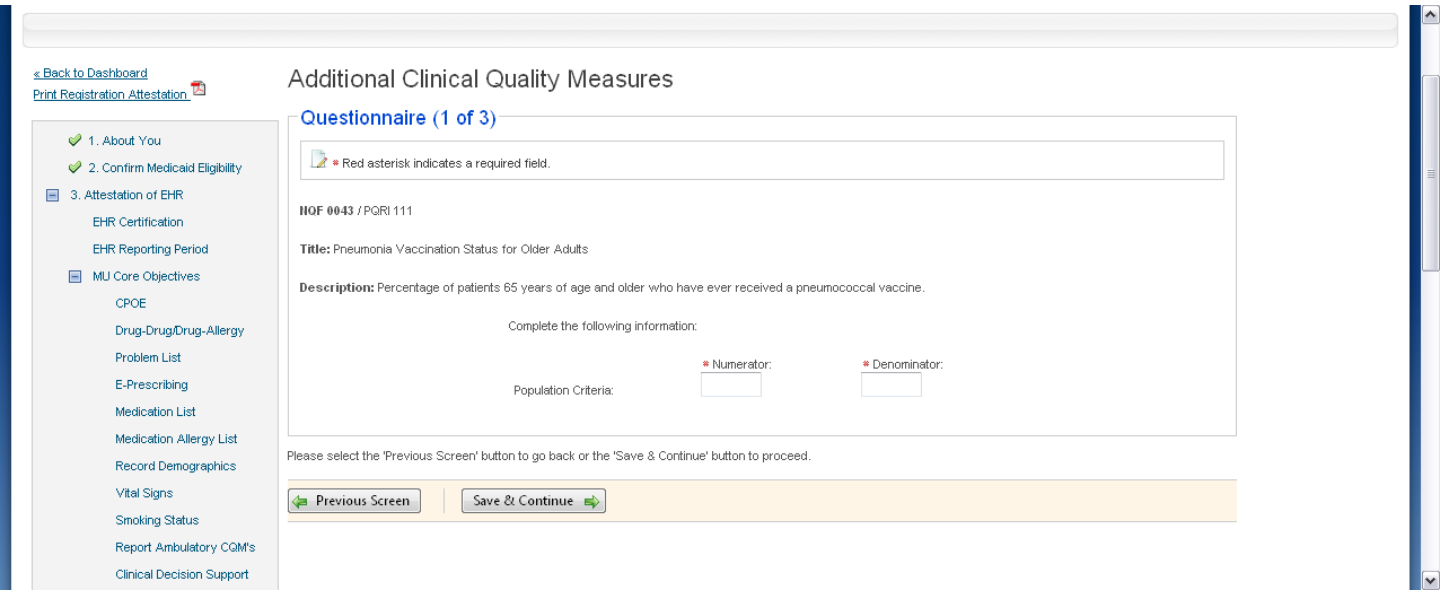
NQF 0043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Additional Clinical Quality Measures
Questionnaire (1 of 3)
* Red asterisk indicates a required field.
NQF 0043 / PQRI 111
Title: Pneumonia Vaccination Status for Older Adults
Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
Complete the following information:
* Numerator:
* Denominator:
Population Criteria:
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NQF 0047

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0047 / PQRI 53

Title: Asthma Pharmacologic Therapy

Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0052

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0052

Title: Low Back Pain: Use of Imaging Studies

Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0055

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0055 / PQRI 117

Title: Diabetes: Eye Exam

Description: Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0056

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    - Report Ambulatory CQM's
    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0056 / PQRI 163

Title: Diabetes: Foot Exam

Description: The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0059

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0059 / PQRI 1

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0061

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0061 / PQRI 3

Title: Diabetes: Blood Pressure Management

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0062

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0062 / PQRI 119

Title: Diabetes: Urine Screening

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0064

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0064 / PQRI 2

Title: Diabetes Low Density Lipoprotein (LDL) Management and Control

Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).

Complete the following information:

Population Criteria:

* Numerator: * Denominator: * Exclusion:

* Numerator: * Denominator:

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NQF 0067

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0067 / PQRI 6

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

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

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0068

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0068 / PQRI 204

Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0070

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0070 / PQRI 7

Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0073

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0073 / PQRI 201

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

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:		

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NQF 0074

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    - Clinical Decision Support

Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0074 / PQRI 197

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

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0075

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    - Clinical Decision Support
    - Patient Electronic Copy
    - Patient Clinical Summaries

Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0075

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

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.

Complete the following information:

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

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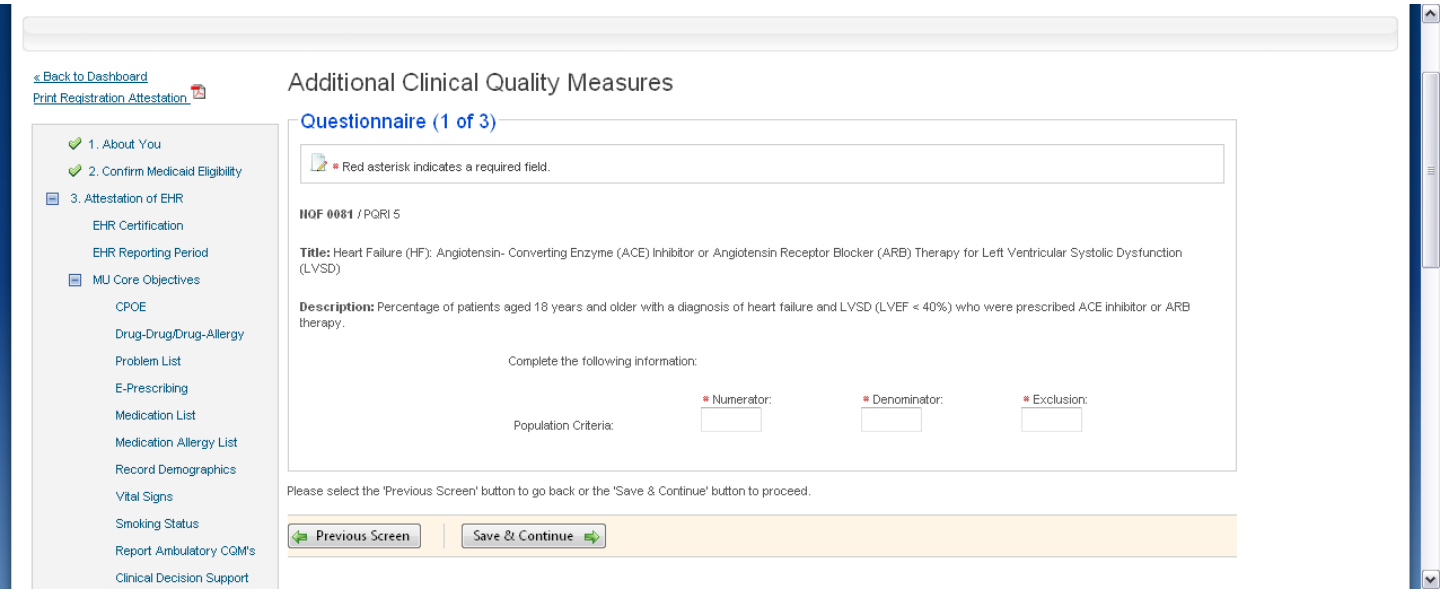
NQF 0081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Additional Clinical Quality Measures
Questionnaire (1 of 3)
* Red asterisk indicates a required field.
NQF 0081 / PQRI 5
Title: Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
Complete the following information:
* Numerator:
* Denominator:
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Population Criteria:
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NQF 0083

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0083 / PQRI 8

Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0084

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0084 / PQRI 200

Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

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

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0086

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0086 / PQRI 12

Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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NQF 0088

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0088 / PQRI 18

Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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NQF 0089

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0089 / PQRI 19

Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria:			

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NQF 0105

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0105 / PQRI 9

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

Description: Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Complete the following information:

Population Criteria:

* Numerator: * Denominator:

* Numerator: * Denominator:

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NQF 0385

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0385 / PQRI 72

Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

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

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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NQF 0387

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

NQF 0387 / PQRI 71

Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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NQF 0389

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

NQF 0389 / PQRI 102

Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging LowRisk Prostate Cancer Patients

Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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NQF 0575

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

NQF 0575 / PQRI 66

Title: Diabetes: Hemoglobin A1c Control (<8.0%)

Description: The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
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