

CMS Medicare EHR Incentive Attestation for Eligible Professionals (EPs)

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VP Policy and Special Projects
May 3, 2011**

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Topics

- Review Medicare EHR Incentives
- Login to Registration and Attestation System
- Attestation information
 - EHR Technology Certification Number
 - Core Measures
 - Menu Measures
 - Clinical Quality Measures
- Legal Items
 - Attestation Statements, Accepted/Rejected Notice

Vermont Medicaid Program starts October, 2011



Notes

Slide titles in blue bars: approximation of CMS screen shots

Slide titles in green bars: addition information from VITL

- **Disclaimers**
 - This presentation does not constitute legal advice
 - CMS may make changes to the EHR Incentive Programs and attestation process
 - Check VITL and CMS websites for updates

Meaningful Use of Certified EHR Technology

- **Core Objectives (15 of 15)**
- **Menu Set Objectives (5 of 10)**
 - At least one must be public health
- **Clinical Quality Measures**
 - Part of core objective #10
 - 3 core CQM
 - 3 alternate (if necessary)
 - 3 additional

When are Medicare Payments made?

- **Payments 4-8 weeks after successful attestation**
- **Maximum 2011 payment is \$18,000**
 - based on 75% of EP's Part B allowed charges
- **Payment issued when \$24,000 threshold met**
 - If not met in 2011, reduced payment made March, 2012
- **Form of payment same as claims payments**

Log In Requirements

- Login at <https://ehrincentives.cms.gov>
- **EP needs:**
 - National Provider Identifier (NPI)
 - National Plan and Provider Enumeration System (NPPES) web user account
- **User working on behalf of EP**
 - Must associate user's web account to EP's NPI through Identity and Access Management System (I&A)

Log In

Eligible Professionals (EP)

•If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.

•If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

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

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

*User ID:

Will Murray

*Password:



VITL

LOG IN

Attestation Instructions

Home

Registration

Attestation

Status

Account Management

- Attest** • Begin attestation to meaningful use of EHR technology
- Modify** • Modify a previously started attestation that has not yet been submitted
- Cancel** • Inactivate an attestation prior to receiving an EHR incentive payment
- Resubmit** • Resubmit a failed or rejected attestation
- Reactivate** • Reactivate a cancelled attestation

Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Program	Attestation Status	Program Year	Payment Year	Action
Will Murray	XXX-XX-2001	1003192001	Medicare	-	-	-	Attest

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SAVE & CONTINUE



Topics for this Attestation

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero. Select the **START ATTESTATION** button to modify any previously entered information. The system will show checks for each item when completed.

Completed

Topics

Attestation Information

Meaningful Use Core Measures

Meaningful Use Menu Measures

Core Clinical Quality Measures

Alternate Core Clinical Quality Measures

Additional Clinical Quality Measures

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START ATTESTATION

PROCEED WITH ATTESTATION



Attestation Information

Name: Will Murray

TIN: XXX-XX-2001 (SSN)

Please provide your EHR certification number:

* **EHR Certification Number :**

[How do I find my EHR certification number?](#)

Please provide the EHR reporting period associated with this attestation:

* **EHR Reporting**

Period Start Date (mm/dd/yyyy)



* **EHR Reporting**

Period End Date (mm/dd/yyyy)



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Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:.....

To obtain a CMS EHR Certification ID, follow the steps outlined below:

Ambulatory Practice Type

Inpatient Practice Type



Attestation Information

Name: Will Murray

TIN: XXX-XX-2001 (SSN)

Please provide your EHR certification number:

* EHR Certification Number :

[How do I find my EHR certification number?](#)

Please provide the EHR reporting period associated with this attestation:

* EHR Reporting
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Completed	Topics
<input checked="" type="checkbox"/>	Attestation Information
<input type="checkbox"/>	Meaningful Use Core Measures (15 of 15)
<input type="checkbox"/>	Meaningful Use Menu Measures
<input type="checkbox"/>	Core Clinical Quality Measures
<input type="checkbox"/>	Alternate Core Clinical Quality Measures
<input type="checkbox"/>	Additional Clinical Quality Measures

Core Measures (example 1)

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

Core Measures (example 2)

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.

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

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

*Numerator:

*Denominator:

Core Measures (example 3)

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 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

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:**

***Denominator:**

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Completed	Topics
<input checked="" type="checkbox"/>	Attestation Information
<input checked="" type="checkbox"/>	Meaningful Use Core Measures
<input type="checkbox"/>	Meaningful Use Menu Measures (5 of 10)
<input type="checkbox"/>	Core Clinical Quality Measures
<input type="checkbox"/>	Alternate Core Clinical Quality Measures
<input type="checkbox"/>	Additional Clinical Quality Measures

Menu Set Measures: Public Health

- **When selecting five objectives from the menu set objectives, an EP must choose at least one of two public health objectives**
- **Should the EP be able to meet the measure for one of these public health objectives and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu set objective they are able to meet**
- **An EP must submit one public health objective even if exclusion applies to both**

Menu Set Measures: Public Health

Public Health Objective	Measure
<p>Capability to <u>submit electronic data to immunization registries</u> or immunization information systems and actual submission in accordance with applicable law and practice.</p>	<p><u>Performed at least one test</u> 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 have the capacity to receive the information electronically)</p>
<p>Capability to <u>submit electronic syndromic surveillance data</u> to public health agencies and actual submission in accordance with applicable law and practice.</p>	<p><u>Performed at least one test</u> 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 have the capacity to receive the information electronically).</p>

Vermont Public Health

- **Currently VITL working with Vermont Department of Health (VDH) on the Immunization Registry**
- **Near future VITL will work with VDH on providing data for electronic syndromic surveillance.**
- **Check <http://vitl.net> for updates**

Menu set: Public Health (1 of 2)

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 exclusion 1 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 exclusion 2 apply to you?

Yes No

Complete the following information:

Yes No



Menu Set Instructions

- **After completing the public health Menu objectives, the EP must report 4 additional objectives**
 - EP should select objectives relevant to practice
- **Do not claim exclusion for Menu objective if there are relevant objectives for which measures can be met**

Menu Set Measures

You must submit four Meaningful Use Menu Measures from the list below even if an Exclusion applies to all four:

1	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.	<input type="checkbox"/>
2	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.	<input type="checkbox"/>
3	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.	<input type="checkbox"/>
4	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.	<input type="checkbox"/>

Menu Set objectives # 5-8 on additional screens



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Completed	Topics	
<input checked="" type="checkbox"/>	Attestation Information	
<input checked="" type="checkbox"/>	Meaningful Use Core Measures	
<input checked="" type="checkbox"/>	Meaningful Use Menu Measures	
<input type="checkbox"/>	Core Clinical Quality Measures	(3 of 3)
<input type="checkbox"/>	Alternate Core Clinical Quality Measures	(as needed)
<input type="checkbox"/>	Additional Clinical Quality Measures	(3 of 38)



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START ATTESTATION

PROCEED WITH ATTESTATION

Core Clinical Quality Measure (example 1)

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:

*Denominator: *Numerator:

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:

*Denominator: *Numerator:



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SAVE & CONTINUE

Core Clinical Quality Measure (example 2)

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 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:

Screening

Population Criteria 1:

*Denominator:

*Numerator 1:

*Exclusion:

Follow-up

Population Criteria 2:

*Denominator:

*Numerator 2:

*Exclusion:



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SAVE & CONTINUE

Alternate Core Clinical Quality Measures

Instructions:

You have entered a denominator of zero for one of your Core Clinical Quality Measures. You must submit one Alternate Core Clinical Quality Measure.

Please select one Alternate Core Clinical Quality Measure from the list below.

- + Measure 1: NQF 0024
Title: Weight Assessment and Counseling for Children and Adolescents

- + Measure 2: NQF 0041 / PQRI 110
Title: Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old

- + Measure 3: NQF 0038
Title: Childhood Immunization Status

Additional Core Clinical Quality Measure

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.

Deselect All

Measure#	Title	Description	Selection
NQF 0001 / PQRI 64	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.	<input type="checkbox"/>
NQF 0002 / PQRI 66	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.	<input type="checkbox"/>
NQF 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.	<input type="checkbox"/>
NQF 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%.	<input type="checkbox"/>

Additional clinical quality measures are listed on additional screens



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SAVE & CONTINUE

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Completed	Topics	
	Attestation Information	
	Meaningful Use Core Measures	(15 of 15)
	Meaningful Use Menu Measures	(5 of 10)
	Core Clinical Quality Measures	(3 of 3)
	Alternate Core Clinical Quality Measures	(as needed)
	Additional Clinical Quality Measures	(3 of 33)



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MODIFY ATTESTATION

PROCEED WITH ATTESTATION

Summary of Measures

- Summary of Measures

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

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
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.	Numerator = 40 Denominator = 100	<input type="button" value="EDIT"/>
Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="EDIT"/>
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.	Numerator = 67 Denominator = 100	<input type="button" value="EDIT"/>
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.	Numerator = 10 Denominator = 50	<input type="button" value="EDIT"/>
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.	Numerator = 78 Denominator = 100	<input type="button" value="EDIT"/>

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



Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number 0123655260.

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

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

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

DISAGREE

AGREE

Attestation Disclaimer

General Notice

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

Signature of Eligible Professional

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

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

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

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

Actual screen contains additional notices

DISAGREE

AGREE



Acceptance Submission Receipt

Accepted Attestation

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

- The MU Core measures are accepted and meet MU minimum standards.
- The MU Menu measures are accepted and meet MU minimum standards.
- All CQM measures were completed with data sufficient to meet the minimum standards.

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

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

Attestation Tracking Information

Attestation Confirmation Number: 1003928198

Name: Will Murray

TIN: XXX-XX-2001 (SSN)

NPI: 1003192001

EHR Certification Number: 0123655260

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

Attestation Submission Date: 8/29/2011

Reason for Attestation:

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

**IMPORTANT: PRINT AND
SAVE – NO OTHER RECORD
WILL BE SENT TO YOU**



PRINT

SUMMARY OF MEASURES

HOME

Rejection Submission Receipt

Rejected Attestation

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

- One or more of the MU Core measure calculations did not meet MU minimum standards.
- One or more of the MU Menu measures did not meet MU minimum standards.
- One or more of the CQMs are incomplete with data insufficient to meet the minimum standards.

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

Attestation Tracking Information

Attestation Confirmation Number: 1003928198

Name: Will Murray

TIN: XXX-XX-2001 (SSN)

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

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**IMPORTANT: PRINT AND
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PRINT

SUMMARY OF MEASURES

HOME

Summary of Measures

Summary of Measures

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

[Summary of Meaningful Use Core Measures](#)

[Summary of Meaningful Use Menu Measures](#)

[Summary of Clinical Quality Measures](#)

Summary of Measures

Summary of Meaningful Use Core Measures

<u>Objective</u>	<u>Measure</u>	<u>Reason</u>	<u>Entered</u>	<u>Accepted/ Rejected</u>
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.	Objective meets minimum standards.	40%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Objective meets minimum standards.	Yes	Accepted
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.	Objective does not meet minimum standards.	67%	Rejected
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.	Objective has been excluded.	Excluded	Accepted
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.	Objective does not meet minimum standards.	78%	Rejected
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.	Objective meets minimum standards.	91%	Accepted
Record all of the following demographics: <ul style="list-style-type: none"> ■ Preferred language ■ Gender ■ Race ■ Ethnicity ■ Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Objective meets minimum standards.	59%	Accepted

Summary of Measures

Summary of Core Clinical Quality Measures

<u>Title</u>	<u>Description</u>	<u>Reason</u>	<u>Status</u>
NQF 0013 - 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.	Measure has been completed.	Accepted
NQF 0028 - Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	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. 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.	Measure has been completed.	Accepted

Summary of Alternate Core Clinical Quality Measures

<u>Title</u>	<u>Description</u>	<u>Reason</u>	<u>Status</u>
NQF 0038 - Childhood Immunization Status	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.	Measure has been completed.	Accepted

Summary of Additional Clinical Quality Measures

<u>Title</u>	<u>Description</u>	<u>Reason</u>	<u>Status</u>
NQF 0059 / PQRI 1 - 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%.	Measure has been completed.	Accepted
NQF0070 / PQRI 7 - 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.	Measure has been completed.	Accepted
NQF0067 / PQRI 6 - 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.	Measure has been completed.	Accepted

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Registration

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Account Management

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Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Program	Attestation Status	Program Year	Payment Year	Action
Will Murray	XXX-XX-2001	1003192001	Medicare	-	-	-	Modify or Cancel

PREVIOUS PAGE

SAVE & CONTINUE



Summary: Steps to Incentive Payments



VITL Services

- **VITL is a Regional HIT Extension Center (REC) with funding from HHS/ONC to provide direct assistance to Vermont Primary Care Providers**
 - Contact Larry Gilbert to sign a Direct Services Agreement lgilbert@vitl.net 802-839-1943
 - Contact Carol Kulczyk for help with achieving meaningful use ckulczyk@vitl.net 802-839-1957



VITL Website

- **Links to VITL Resources** <http://vitl.net/>
 - Annual Summit
 - Preferred Partners Program
 - Vermont Health Information Exchange
- **Links to CMS Resources**
<http://vitl.net/finalrules>
 - EHR Eligible Professional Attestation User Guide
 - EHR Hospital Attestation User Guide
 - EHR Incentives Educational Material
 - Attestation Online Calculator

HHS Websites

- National Plan and Provider Enumeration System (NPPES)

<https://nppes.cms.hhs.gov/NPPES> to attain an NPI and web user account

- ONC list of certified EHR technology

<http://onc-chpl.force.com/ehrcert>

- CMS Meaningful Use Calculator

<http://www.cms.gov/apps/ehr/meaningful-use-calculator-professionals.aspx>

CMS Attestation Calls

- **Tuesday, May 3, 2:00 - 3:30 p.m. ET**
 - Eligible Hospitals register by May 2, 2:00 pm
- **Thursday, May 5, 1:30 - 3:00 p.m. ET**
 - Eligible Professionals register by May 4, 1:30
- **Register at:**
<http://www.eventsvc.com/palmettogba>

Join the **MUVment!** Meaningful Use Vanguard

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Questions?

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