Wyoming

Eligible Professional Meaningful Use Modified Stage 2 User Manual for Program Year 2016

April 2015
Version 1

Table of Contents

1 Background ... 1
2 Introduction ... 2
3 Eligibility ... 3
3.1 Out-of-State Providers ... 5
3.2 Establishing Patient Volume ... 6
3.2.1 Patient Encounters Methodology ... 6
3.2.2 Definition of an Eligible Professional Encounter ... 6
3.2.3 Definition of a Needy Individual Encounter ... 7
3.2.4 Group practices ... 7
4 Payment Methodology for EPs ... 9
4.1 Payments for Eligible Professionals ... 9
5 Provider Registration ... 11
5.1 Provider Attestation Process and Validation ... 12
6 Incentive Payments ... 13
7 Program Integrity ... 13
7.1 Administrative Appeals ... 13
8 Registration (Eligible Providers) ... 14
8.1 Eligible Provider Sign-in Screen ... 14
8.2 CMS/NLR Screen ... 15
8.3 Provider Eligibility Details Screen ... 16
8.3.1 Establishing Patient volume ... 17
8.4 Provider Service Locations Screen ... 18
8.4.1 Multiple Service Locations ... 20
8.4.2 Change / Delete an existing service location entry ... 20
8.5 Meaningful Use Questionnaire Screen ... 22
9 EP Requirements for Meaningful Use Measures for Program year 2016 ... 24
9.1 Meaningful Use Measure Menu Screen ... 26
9.1.1 Meaningful Use Measure 1 Screen - Protected Patient Health Information ... 27
9.1.2 Meaningful Use Measure 2 Screen - Clinical Decision Support ... 28
9.1.3 Meaningful Use Measure 3 Screen - CPOE ... 30
9.1.4 Meaningful Use Measure 3 Screen - CPOE for EPs scheduled to report Stage 1 MU in PY 2016 ... 32
9.1.5 Meaningful Use Measure 4 Screen – Electronic Prescribing ... 35
9.1.7 Meaningful Use Measure 5 Screen – Health Information Exchange ... 37
9.1.9 Meaningful Use Measure 6 Screen -Patient-Specific Education ... 39
9.1.10 Meaningful Use Measure 7 Screen - Medication Reconciliation ... 40
9.1.11 Meaningful Use Measure 8 Screen - Patient Electronic Access (VDT) ... 42
9.1.12 Meaningful Use Measure 9 Screen – Secure Electronic Messaging ... 44
9.2 Meaningful Use Measure 10 Public Health Reporting Measure Selection Screen ... 45

9.2.1 Meaningful Use Measure 10-1 Screen - Immunization Registry Reporting 47
9.2.2 Meaningful Use Measure 10-2 Screen - Syndromic Surveillance Reporting 49
9.2.3 Meaningful Use Measure 10-3 Screen - Specialized Registry Reporting 51
9.3 Clinical Quality Measure Selection Screen 53
9.3.1 Clinical Quality Measure 1 Screen – CMS ID 157 56
9.3.2 Clinical Quality Measure Screen 2 – CMS ID 66 57
9.3.3 Clinical Quality Measure Screen 3 – CMS ID 56 58
9.3.4 Clinical Quality Measure Screen 4- CMS ID 90 59
9.3.5 Clinical Quality Measure Screen 5- CMS ID 156 60
9.3.6 Clinical Quality Measure Screen 6- CMS ID 139 61
9.3.7 Clinical Quality Measure Screen 7- CMS ID 68 62
9.3.8 Clinical Quality Measure Screen 8- CMS ID 68 63
9.3.9 Clinical Quality Measure Screen 9- CMS ID 177 64
9.3.10 Clinical Quality Measure Screen 10- CMS ID 179 65
9.3.11 Clinical Quality Measure Screen 11- CMS ID 50 66
9.3.12 Clinical Quality Measure screen 12- CMD ID 155 67
9.3.13 Clinical Quality Measure Screen 13- CMS ID 138 69
9.3.14 Clinical Quality Measure Screen 14- CMS ID 153 70
9.3.15 Clinical Quality Measure Screen 15- CMS ID 117 71
9.3.16 Clinical Quality Measure Screen 16- CMS ID 147 72
9.3.17 Clinical Quality Measure Screen 17- CMS ID 2 73
9.3.18 Clinical Quality Measure Screen 18- CMS ID 69 74
9.3.19 Clinical Quality Measure Screen 19- CMS ID 82 75
9.3.20 Clinical Quality Measure Screen 20- CMS ID 22 76
9.3.21 Clinical Quality Measure Screen 21- CMS ID 146 77
9.3.22 Clinical Quality Measure Screen 22- CMS ID 166 78
9.3.23 Clinical Quality Measure Screen 23- CMS ID 154 79
9.3.24 Clinical Quality Measure Screen 24- CMS ID 129 80
9.3.25 Clinical Quality Measure Screen 25- CMS ID 137 81
9.3.26 Clinical Quality Measure Screen 26- CMS ID 165 83
9.3.27 Clinical Quality Measure Screen 27- CMS ID 125 84
9.3.28 Clinical Quality Measure Screen 28- CMS ID 124 85
9.3.29 Clinical Quality Measure Screen 29- CMS ID 130 86
9.3.30 Clinical Quality Measure Screen 30- CMS ID 126 87
9.3.31 Clinical Quality Measure Screen 31- CMS ID 127 89
9.3.32 Clinical Quality Measure Screen 32- CMS ID 131 90
9.3.33 Clinical Quality Measure Screen 33- CMS ID 123 91
9.3.34 Clinical Quality Measure Screen 34- CMS ID 122 92
9.3.35 Clinical Quality Measure Screen 35- CMS ID 148 93
9.3.36 Clinical Quality Measure Screen 36- CMS ID 134 94
9.3.37 Clinical Quality Measure Screen 37-CMD ID 163 95
9.3.38 Clinical Quality Measure Screen 38- CMS ID 164 96
9.3.39 Clinical Quality Measure Screen 39- CMS ID 145 97
9.3.40 Clinical Quality Measure Screen 40- CMS ID 182 98
9.3.41 Clinical Quality Measure Screen 41- CMS ID 99
9.3.42 Clinical Quality Measure Screen 42- CMS ID 144 100
9.3.43 Clinical Quality Measure Screen 43- CMS ID 143 101

9.3.44 Clinical Quality Measure Screen 44- CMS ID 167 102
9.3.45 Clinical Quality Measure Screen 45- CMS ID 142 103
9.3.46 Clinical Quality Measure Screen 46- CMS ID 161 104
9.3.47 Clinical Quality Measure Screen 47- CMS ID 128 105
9.3.48 Clinical Quality Measure Screen 48- CMS ID 136 106
9.3.49 Clinical Quality Measure Screen 49- CMS ID 169 107
9.3.50 Clinical Quality Measure Screen 50- CMS ID 141 108
9.3.51 Clinical Quality Measure Screen 51 CMS ID 140 109
9.3.52 Clinical Quality Measure Screen 52- CMS ID 62 110
9.3.53 Clinical Quality Measure Screen 53- CMS ID 52 111
9.3.54 Clinical Quality Measure Screen 54- CMS ID 77 112
9.3.55 Clinical Quality Measure Screen 55- CMS ID 133 113
9.3.56 Clinical Quality Measure Screen 56- CMS ID 56 114
9.3.57 Clinical Quality Measure Screen 57- CMS ID 159 115
9.3.58 Clinical Quality Measure Screen 58- CMS ID 160 116
9.3.59 Clinical Quality Measure Screen 59- CMS ID 75 117
9.3.60 Clinical Quality Measure Screen 60- CMS ID 74 118
9.3.61 Clinical Quality Measure Screen 61- CMS ID 61 119
9.3.62 Clinical Quality Measure Screen 62- CMS IS 64 121
9.3.63 Clinical Quality Measure Screen 63- CMS ID 149 122
9.3.64 Clinical Quality Measure Screen 64- CMS ID 65 123
9.4 Pre Attestation Summary 124
9.4.1 Meaningful Use Measures Screen – Pre-Attestation Summary 124
9.4.2 Public Health Reporting Measures Screen – Pre-Attestation Summary 126
9.4.3 Summary of Clinical Quality Measures Screen – Pre-Attestation Summary 127
9.5 Measure Editing prior to Attestation 128
9.6 Incentive Payment Calculation Screen 129
9.7 Documentation Upload Screen 130
9.8 Attestation Statements Screen 131
9.9 Accepted Attestation Screen 132
9.10 Unaccepted Attestation Screen 133
9.10.1 Meaningful Use Measure Summary – Post Attestation 134
9.10.2 Menu Meaningful Use Measure Summary – Post Attestation 135
9.10.3 Clinical Quality Measures Summary – Post Attestation 136
10 View All Payments Screen 137
11 Issues / Concerns Screen 138
12 Manual 139
13 Appeals Screen 140
14 Additional Resources 141
15 Send Email 142

1 Background

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

The use of a certified EHR system is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at **http://www.healthit.hhs.gov**.

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across providers, payers, and state lines, and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN). Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce costs of health care nationwide.

Wyoming Medicaid will work closely with federal and state partners to ensure the Wyoming Medicaid EHR Incentive Program fits into the overall strategic plan for the Wyoming Health Information Exchange, thereby advancing the national and Wyoming goals for HIE.

Both EPs and EHs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the CMS Registration Module). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at **http://www.cms.gov/EHRIncentivePrograms/**. The site provides both general and detailed information on the programs which includes tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.

2 Introduction

The Wyoming Medicaid Electronic Health Record (EHR) Incentive Program will provide incentive payments to eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Resources:

- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule located at **http://edocket.access.gpo.gov/2010/pdf/2010- 17207.pdf**
- Wyoming Medicaid EHR Application Portal located at **https://wyslr.com/**
  - Medicare and Medicaid Electronic Health Records (EHR) Incentive Program located at **https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/**
  - Office of the National Coordinator for Health Information Technology located at **https://www.healthit.gov/**

A Regional Extension Centers (RECs) has been designated to provide technical assistance to Wyoming EH's and EP's. The RECs provide a full range of assistance related to EHR selection and training and are listed below:

Wyoming Regional Extension Center
PO Box 2242
Glenrock, WY 82637
Phone: 307-436-8733 or 877-810-6248
Fax: 307-637-8163

Revisions:

Original - 4/8/2016

3 Eligibility

While EPs can begin the program in Calendar Year (CY) 2011, they must begin the program no later than CY 2016.

The first tier of provider eligibility for the Wyoming Medicaid EHR Incentive Program is based on provider type and specialty. If the provider type and specialty for the submitting provider in the WY MMIS provider data store does not correspond to the provider types and specialties approved for participation in the Wyoming Medicaid EHR Incentive Program, the provider will receive an error message with a disqualification statement.

At this time, CMS has determined that the following providers are potentially eligible to enroll in the Wyoming Medicaid EHR Incentive Program:

Physicians (primarily doctors of medicine and doctors of osteopathy)

Nurse Practitioner

Certified Nurse Midwife

Dentist

Physician Assistant who furnishes services in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant. An FQHC or RHC is considered to be PA led in the following instances:

- The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic)
- The PA is the clinical or medical director at a clinical site of the practice
- The PA is the owner

Additional requirements for the EP

To qualify for an EHR incentive payment for each year the EP seeks the incentive payment, the EP must not be hospital-based or meet the exclusion for hospital-based and must:

1. Meet one of the following patient volume criteria:
   a. Beginning in program year 2013 patient volume counts must be from at least one service location that has certified EHR technology.
   b. Have a minimum of 30 percent patient volume attributable to individuals receiving TXIX Medicaid funded services (Please note beginning in program year 2013 this changed to have a minimum 30 percent patient volume attributable to individuals *enrolled in a Medicaid program)*; **or**
   c. Have a minimum 20 percent patient volume attributable to individuals receiving TXIX Medicaid funded services, **and** be a pediatrician (Please note beginning in program year 2013 have a minimum 20 percent patient volume attributable to individuals *enrolled in a Medicaid program* and be a pediatrician); **or**
   d. Practice predominantly in a FQHC, RHC, or IHS and have a minimum 30 percent patient volume attributable to needy individuals.

2. Have no sanctions and/or exclusions.

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid contracted clinic or group to which he is associated. The tax identification number (TIN) of the individual or entity receiving the incentive payment is required when registering with CMS and must match a TIN linked to the individual provider in the Wyoming EHR Incentive system.

Note also that some provider types who are eligible for the Medicare program, such as podiatrists, optometrists, and chiropractors, are not currently eligible for the Wyoming Medicaid EHR Incentive Program. Wyoming does not include optometrist because they do not meet the Wyoming State Plan for Medicaid Services definition of Physician Services ("Physician services include physicians, certified pediatric and family nurse practitioners, nurse midwives, FQHCs, RHCs, and physician assistants.") Optometrists are also excluded from the definition of "Physician" in the Social Security Act.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Physicians	30%	Or the Medicaid EP practices predominantly in an IHS, FQHC or RHC -30% "needy individual" patient volume threshold
Pediatricians	20%	
Dentists	30%	
Optometrist	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	

3.1 Out-of-State Providers

The Wyoming Medicaid EHR Incentive Program welcomes any out-of-state provider to participate in this program as long as they have at least one physical location in Wyoming. Wyoming must be the only state they are requesting an incentive payment from during that participation year. For auditing purposes, out-of-state providers must make available any and all records, claims data, and other data pertinent to an audit by either the Wyoming program or CMS. Records must be maintained as applicable by law in the state of practice or Wyoming, whichever is deemed longer.

3.2 Establishing Patient Volume

A Wyoming Medicaid provider must annually meet patient volume requirements of Wyoming's Medicaid EHR Incentive Program as established through the state's CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the patient volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) – CHIP. All EPs (except EPs predominantly practicing in an FQHC/RHC/IHS) will calculate patient volume based on TXIX Medicaid and out-of-state Medicaid patients. The EHR statue allows for an EP practicing predominantly in an IHS, FQHC or RHC to consider CHIP patients under the needy individual patient volume requirements.

3.2.1 Patient Encounters Methodology

EPs (except those practicing predominantly in an FQHC/RHC) – to calculate TXIX Medicaid patient volume, an EP must divide:

- ✓ The total TXIX Medicaid or out-of-state Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
- ✓ The total patient encounters in the same 90-day period.

EPs Practicing Predominantly in an IHS/FQHC/RHC – to calculate needy individual patient volume, an EP must divide:

- ✓ The total needy individual patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
- ✓ The total patient encounters in the same 90-day period.

3.2.2 Definition of an Eligible Professional Encounter

For purposes of calculating EP patient volume, an encounter is defined as services rendered on any one day to an individual where Wyoming or another State's Medicaid program paid for:

Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service;

Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing

<u>Beginning in program year 2013</u> the definition of an Eligible Professional Encounter was updated to be the following:

For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where:

Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service;

Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and cost-sharing;

The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

3.2.3 Definition of a Needy Individual Encounter

For purposes of calculating patient volume for an EP practicing predominantly in an IHS/FQHC/RHC, a needy individual encounter is defined as services rendered on any one day to an individual where medical services were:

Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service;

Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing; or

Services rendered to an individual on any one day on a sliding scale or that were uncompensated (excluding bad debt).

Beginning in program year 2013 the definition of a needy individual encounter was updated to be the following:

For purposes of calculating EP patient volume, a needy patient encounter means services rendered to an individual on any 1 day if any of the following occur:

Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service;

Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing;

The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided; **or**

The services were furnished at no cost (excluding bad debt) or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

3.2.4 Group practices

Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP;
- There is an auditable data source to support the clinic's or group practice's patient volume determination;

- All EPs in the group practice or clinic must use the same methodology for the payment year;
- The clinic or group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and
- If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters

4 Payment Methodology for EPs

The maximum incentive payment an EP could receive from Wyoming Medicaid equals $63,750, over a period of six years, or $42,500 for pediatricians with a 20-29 percent Medicaid patient volume as shown below.

Provider	**EP**	**EP-Pediatrician**
Patient Volume	**30 Percent**	**20-29 Percent**
Year 1	$21,250	$14,166.67
Year 2	8,500	5,666.67
Year 3	8,500	5,666.67
Year 4	8,500	5,666.67
Year 5	8,500	5,666.67
Year 6	8,500	5,666.65
Total Incentive Payment	$63,750	$42,500

Since pediatricians are qualified to participate in the Wyoming Medicaid EHR incentive program as physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the pediatrician can demonstrate that they meet the minimum 30 percent Medicaid patient volume requirements.

4.1 Payments for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than CY 2016. EPs will assign the incentive payments to a tax ID (TIN) in the CMS Registration Module. The TIN must be associated in the Wyoming MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) will be required to provide Wyoming Medicaid with updated information. Each EP must have a current Wyoming Medicaid contract and be contracted for at least 90 days.

The Wyoming Medicaid EHR Incentive program does **not** include a future reimbursement rate reduction for non-participating Medicaid providers. (Medicare requires providers to implement and meaningfully use certified EHR technology by 2015 to avoid a Medicare reimbursement rate reduction.) For each year a provider wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year an EP may begin receiving payments is 2016, and the last year the EP can receive payments is 2021.

Currently, all providers are required to submit a valid NPI as a condition of Wyoming Medicaid provider enrollment. Each EP will be enrolled as a Medicaid provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. Wyoming Medicaid performs a manual NPPES search to validate NPIs during the enrollment process.

In the event Wyoming Medicaid determines money has been paid inappropriately, incentive funds will be recouped and refunded to CMS.

The timeline for receiving incentive payments is illustrated below:

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	$21,250					
CY 2012	$8,500	$21,250				
CY 2013	$8,500	$8,500	$21,250			
CY 2014	$8,500	$8,500	$8,500	$21,250		
CY 2015	$8,500	$8,500	$8,500	$8,500	$21,250	
CY 2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
CY 2017		$8,500	$8,500	$8,500	$8,500	$8,500
CY 2018			$8,500	$8,500	$8,500	$8,500
CY 2019				$8,500	$8,500	$8,500
CY 2020					$8,500	$8,500
CY 2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

5 Provider Registration

If this is your second year with the EHR incentive program then there is no need to register. You may log in directly to the Wyoming SLR to attest for Meaningful Use using the link **https://wyslr.com/** .

If this is your first year with the EHR Incentive program then EPs are required to begin by registering at the national level with the Medicare and Medicaid registration and attestation system (also referred to as the CMS Registration Module). CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at **http://www.cms.gov/EHRIncentivePrograms/**. Providers must provide their name, NPI, business address, phone number, and the tax payer ID number (TIN) of the entity receiving the payment. EPs may choose to receive the incentive payment themselves or assign them to a clinic or group to which they belong.

EPs must select the Medicare or Medicaid's incentive program (a provider may switch from one to the other once during the incentive program prior to 2015). If Medicaid is selected, the provider must choose only one state (EPs may switch states annually). Providers must revisit the CMS Registration Module to make any changes to their information and/or choices, such as changing the program from which they want to receive their incentive payment. After the initial registration, the provider does not need to return to the CMS Registration Module before seeking annual payments unless information needs to be updated.

The CMS Registration Module will assign the provider a CMS Registration Number and electronically notify Wyoming Medicaid of a provider's choice to access Wyoming's Medicaid EHR Incentive Program for payment. The CMS Registration Number will be needed to complete the attestation in the Wyoming SLR system. On receipt of the registration transactions from CMS, two basic validations take place at the state level:

1) Validate the NPI in the transaction is on file in the MMIS system, and

2) Validate that the provider is a provider with Wyoming Medicaid. If either of these conditions is not met, a message will be automatically sent back to the CMS Registration Module indicating the provider is not eligible. Providers may check back at the CMS Registration Module to determine if the registration has been accepted.

Once payment is disbursed to the eligible TIN, CMS will be notified by Wyoming Medicaid that a payment has been made.

5.1 Provider Attestation Process and Validation

Wyoming Medicaid will utilize the secure Wyoming SLR system to house the attestation system. If an eligible provider registers at CMS and does not receive an email with the link to the attestation system within two business days, assistance will be available by contacting the Wyoming Medicaid Electronic Health Record Incentive Program office.

Following is a description, by eligible provider type, of the information that a provider will have to report or attest to during the process.

1. After registering for the incentive program with the CMS Registration Module (at **http://www.cms.gov/EHRIncentivePrograms/**), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier.
2. The EP will then be asked to view the information that will be displayed with the pre-populated data received from CMS (if the provider entry does not match, an error message with instructions will be returned).
3. EPs will then enter two categories of data to complete the Eligibility Provider Details screen including 1) patient volume characteristics and 2) EHR details.
4. The EP will be asked to attest to:
   - Assigning the incentive payment to a specific TIN (only asked if applicable); provider and TIN to which the payment was assigned at CMS will be displayed;
   - Not working as a hospital based professional (this will be verified by through claims analysis)*;
   - Not applying for an incentive payment from another state or Medicare;
   - Not applying for an incentive payment under another Wyoming Medicaid ID; and
   - Adoption, implementation or upgrade of certified EHR technology.
5. The EP will be asked to electronically sign the amendment.
   - The provider enters his/her initials and NPI on the Attestation Screen (there is a place for an agent or staff member of the provider to so identify).
   - The person filling out the form should enter his or her name.

6 Incentive Payments

Wyoming Medicaid plans to use the Supplemental Payment functionality in the Wyoming WOLFS system to set up financial transactions for incentive payments. Providers need to ensure they are enrolled in the system, in order to receive payments. Specific accounting codes will also be required for the transactions to enable Wyoming Medicaid to report the funds in the CMS-64 report. Different codes will be needed for each payment year.

Wyoming will ensure all reporting requirements and modifications are made to correctly report expenditures, attestation information, and approval information. Wyoming Medicaid will also make the necessary changes to the CMS-64 reporting to add the additional line item payment and administrative information.

Upon completion of the attestation process, including submission of the electronic attestation, receipt of required documentation and validation by Wyoming Medicaid, an incentive payment can be approved.

7 Program Integrity

Wyoming Medicaid will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process including risk assessment, receipt of a complaint or incorporation into reviews selected for other objectives. Providers should be sure to keep their supporting documentation.

7.1 Administrative Appeals

You may appeal the determination made by Wyoming Medicaid on your incentive payment application by sending a Formal Letter of Appeal to the address below within 30 days of the determination date of notification. This formal written notification must include a detailed explanation of why the EP or EH deems a wrong determination made by the Wyoming Medicaid EHR Incentive Program. Any supporting documentation to the appeal should be included with the Letter of Appeal.

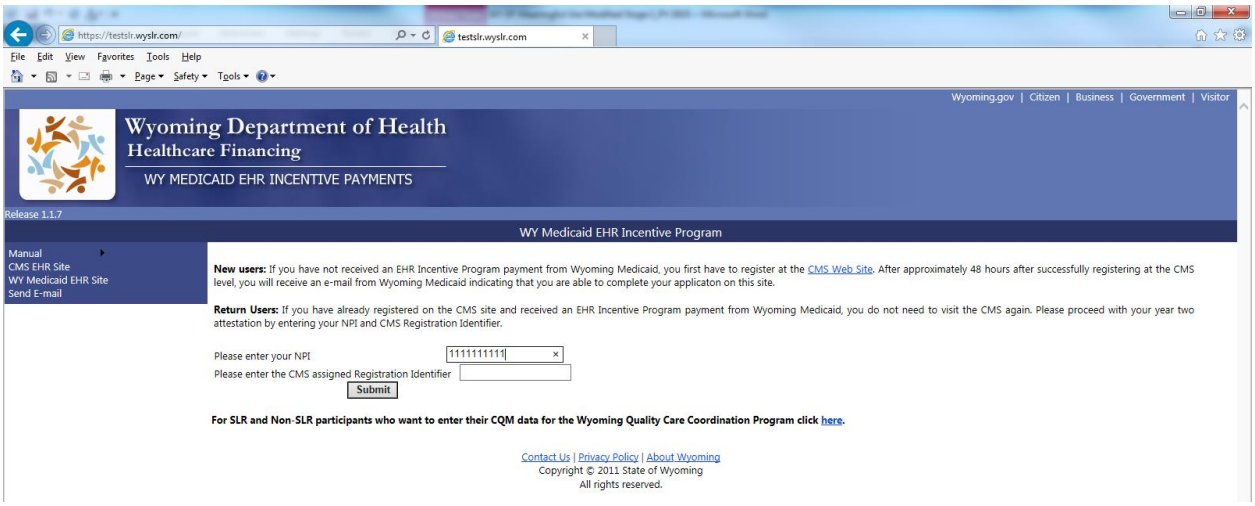
Division of Program Integrity
Department for Medicaid Services
6101 Yellowstone, Suite 210
Cheyenne, WY 82002

8 Registration (Eligible Providers)

Eligible providers will be required to provide details including patient volume characteristics, EHR details, upload requested documentation, and electronically sign the attestation (more details follow in this manual).

After registering with CMS at **http://www.cms.gov/EHRIncentivePrograms/,** the provider then begins the Wyoming Medicaid EHR Incentive Program registration process by accessing the Wyoming SLR system at **https://wyslr.com/** (sign-in screen shown below).

8.1 Eligible Provider Sign-in Screen



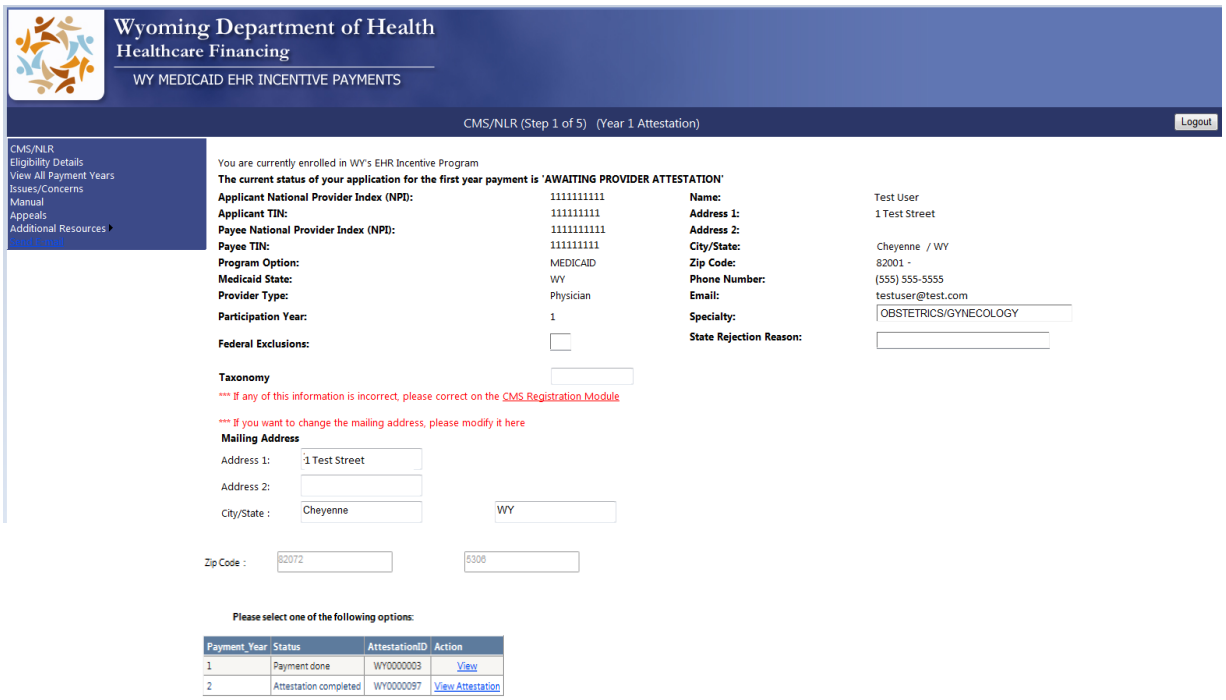
The provider will enter the NPI registered on the CMS Registration Module and the CMS-assigned Registration Identifier that was returned by CMS.

If the data submitted by the provider matches the data received from CMS, the CMS/NLR Provider Demographics Screen will display with the pre-populated data received from the CMS Registration Module. If the provider entry does not match, an error message with instructions will be returned.

Navigation:

Submit Button – Takes the EP to the CMS / NLR Screen

8.2 CMS/NLR Screen



Along with the pre-populated data from CMS there are additional fields that can be updated by the provider. They are detailed below:

Taxonomy – Enter the taxonomy code that is associated with the attestation**.**

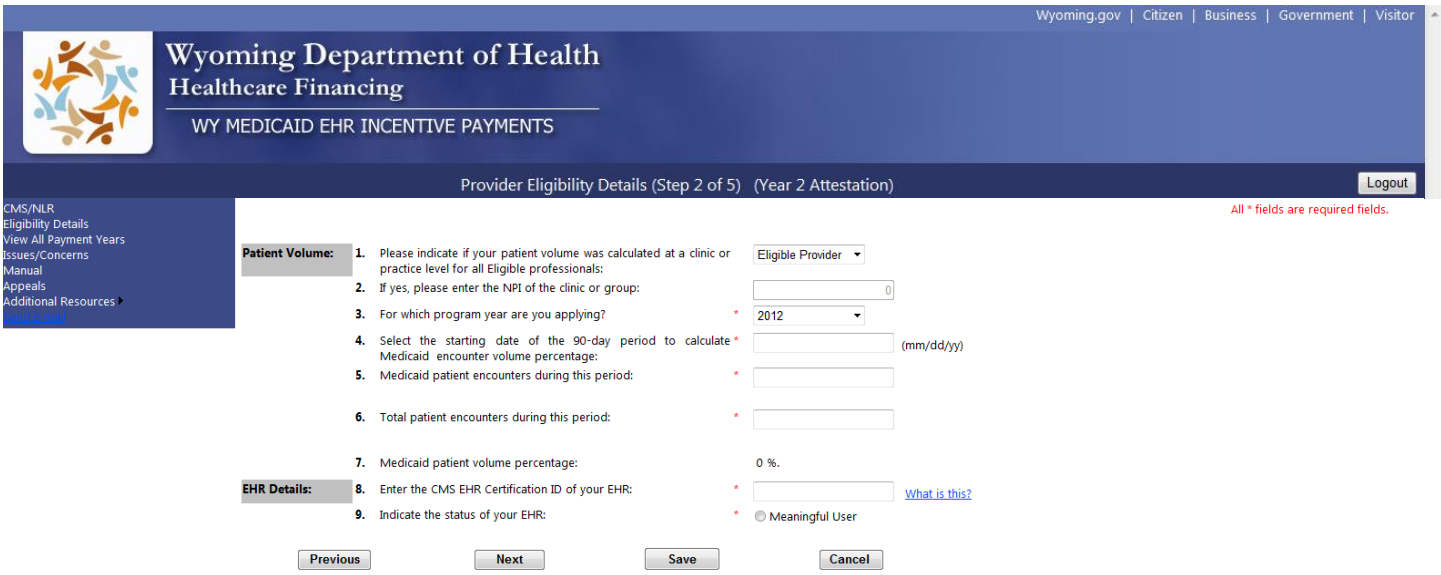
Mailing Address - The mailing address can be updated if the provider would like to change the address that is indicated on the top right side of the screen.

Once you have completed the information required on the CMS/NLR screen click on the 'Save' button. You will click next if this is your first year applying or Begin/Modify Attestation for payment years 2-6.

Navigation:

View / View Attestation – Takes the EP to the Provider Eligibility Details page of the completed attestation
Begin / Modify Attestation – Takes the EP to the Provider Eligibility Details page to continue completing their attestation
Begin Payment Year Button – Allows the EP to attest the next payment year

8.3 Provider Eligibility Details Screen



EPs must enter two categories of data to complete the Eligibility Provider Details screen including patient volume characteristics and EHR details. The Provider will also have the option to change their mailing address for EHR payments. Providers will see the following data on the screen:

Patient Volume

1. Please indicate if your patient volume was calculated at a clinic / practice level or for the eligible professional only.
2. If at the clinic, please enter the NPI of the clinic or group.
3. Select the program year you wish to attest. This should be either the current year or it can be the prior year if the current date is on or before March 31st.
4. Select the starting date of the 90-day period to calculate Medicaid encounter volume percentage.
5. Enter the Medicaid patient encounters during this period.
6. Enter the total patient encounters during this period.
7. Medicaid patient volume percentage (calculated).

EHR Details

8. Enter the CMS EHR Certification ID of your HER.
9. Indicate the Status of your EHR – Choices:
   - (A) Adopt - Acquire, purchase, or secure access to certified EHR technology.
   - (I) Implement - Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements.
   - (U) Upgrade - Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.

- Meaningful User – currently meaningfully using certified EHR technology and are prepared to attest to Meaningful Use and Clinical Quality Measures.

Please note EHR Status options for Adopt, Implement, or Upgrade is only available for the first payment year. All subsequent years will only display Meaningful User.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

8.3.1 Establishing Patient volume

All EPs have patient volume thresholds to meet to be eligible for incentive payments. Claims data from the Wyoming MMIS will be used to verify the reasonableness of patient volume attested to by EPs.

EPs are required to have a minimum of 30 percent Medicaid for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering. There are two exceptions:

1. Pediatricians qualify if they have at least 20 percent Medicaid patient volume for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering;
2. EPs practicing predominantly in an IHS, FQHC, or RHC must have a minimum of 30 percent patient volume attributable to ''needy individuals'' for all patient encounters over any continuous 90-day period within the most recent calendar year prior to registering.

Needy individuals are defined as those:

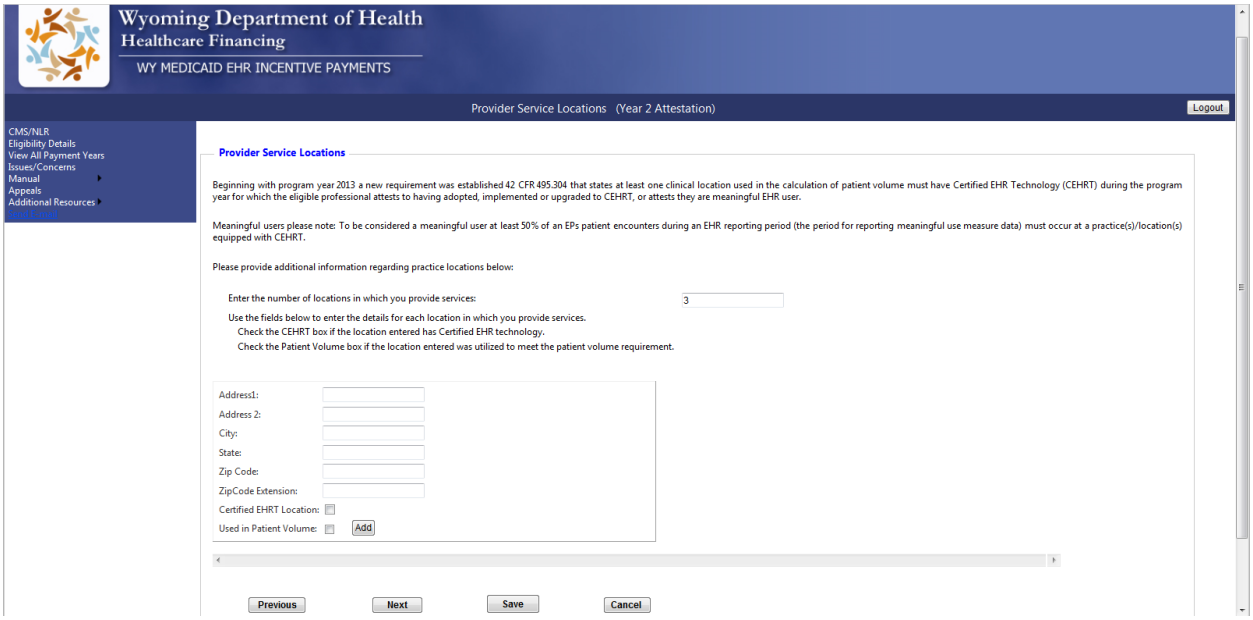
- Receiving Medical assistance from Medicaid or CHIP
- Furnished uncompensated care by the provider (excluding bad debt)
- Furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay

Wyoming Medicaid defines "encounter" as a service provided to one patient by one provider on one day.

Volume thresholds are calculated using, as the numerator, the EP's total number of Medicaid member encounters for the 90-day period and the denominator as all patient encounters for the same EP over the same 90-day period.

8.4 Provider Service Locations Screen

After entering the provider eligibility details, EPs are required to enter all service locations for which they practice. This screen was added to satisfy a new requirement beginning with program year 2013 that was established under 42 CFR 495.304 that states that at least one clinical location used in the calculation of patient volume must have a Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented, or upgraded to CEHRT, or attests they are meaningful EHR user.



This new screen is added to allow providers the ability to enter all their locations and indicate if those locations have CEHRT as well as if they were used in the patient volume count.

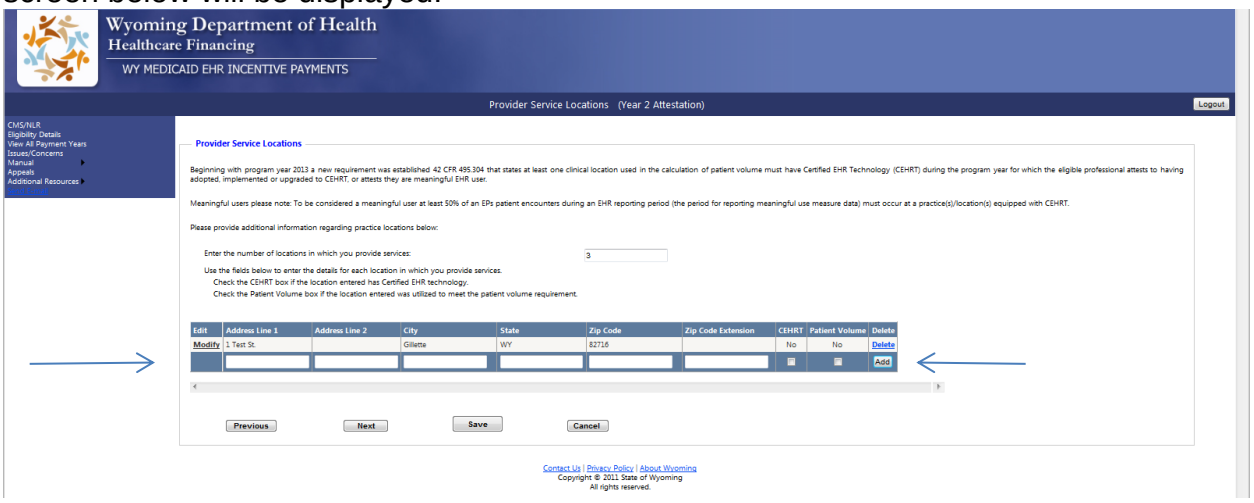
Enter the number of locations in which you provide services – This is the count for the number of locations for which you see patients.
Address 1: - This is the first line of the service location address, it is required
Address 2: - This is the second line of the service location address, if necessary
City: - This is the City for the service location address, it is required
State: - This is the State for the service location address, it is required
Zip Code: - This is the zip code for the service location address, it is required
Zip Code Extension: - This is the zip code extension for the service location address, if necessary
Certified EHRT Location: - Click to check this check box to indicate if the service location entered has Certified EHR Technology.
Used in Patient Volume: - Click to check this check box to indicate if the service location entered was used in the patient volume provided on the previous screen.

*At least one service location must have CEHRT and Patient Volume checked in order to meet the requirement and continue with the attestation.

**The user must click on the ‘Add’ button in order to add the service location.

8.4.1 Multiple Service Locations

If the EP has multiple locations upon clicking 'Add' for the first service location entry the screen below will be displayed.

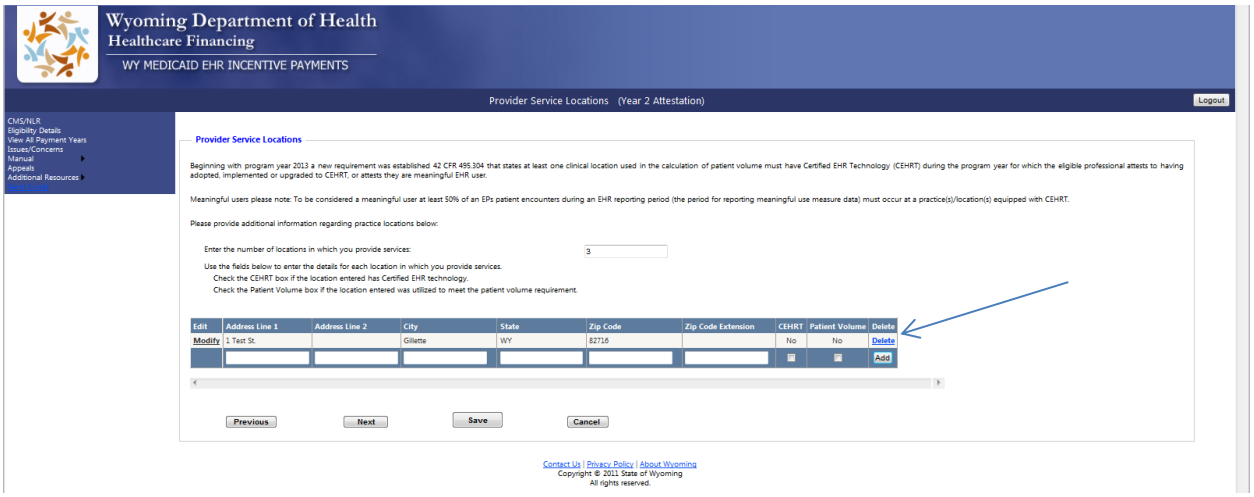


In order to add additional service locations the EP will add the address information within the boxes listed in the grid shown above. The EP must click on the 'Add' button next to the line to add the service location.

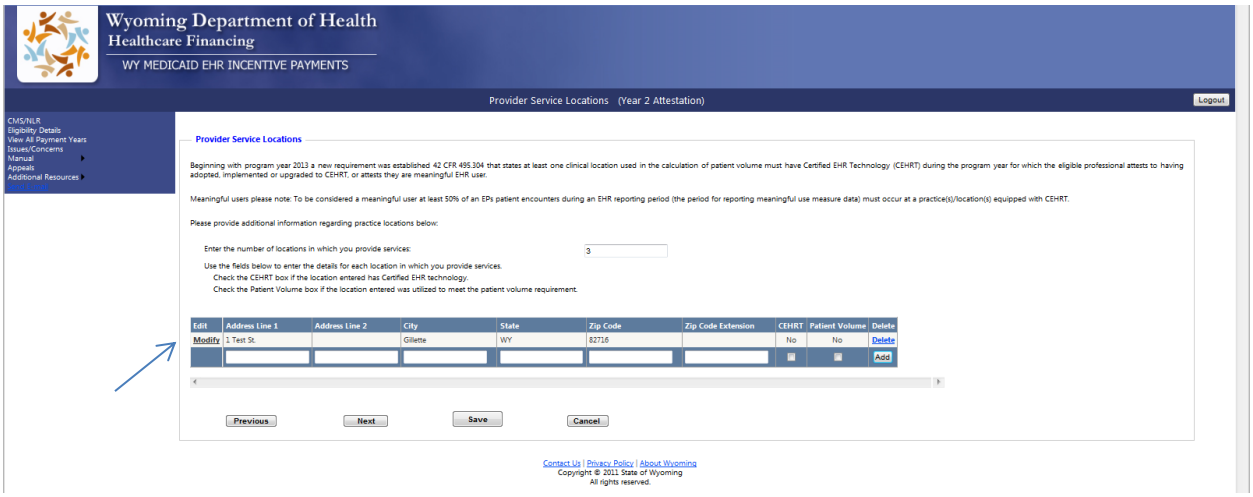
Please note – depending on your individual screen resolution you may need to use the grid scroll bar to scroll to the right to see the 'Add' button.

8.4.2 Change / Delete an existing service location entry

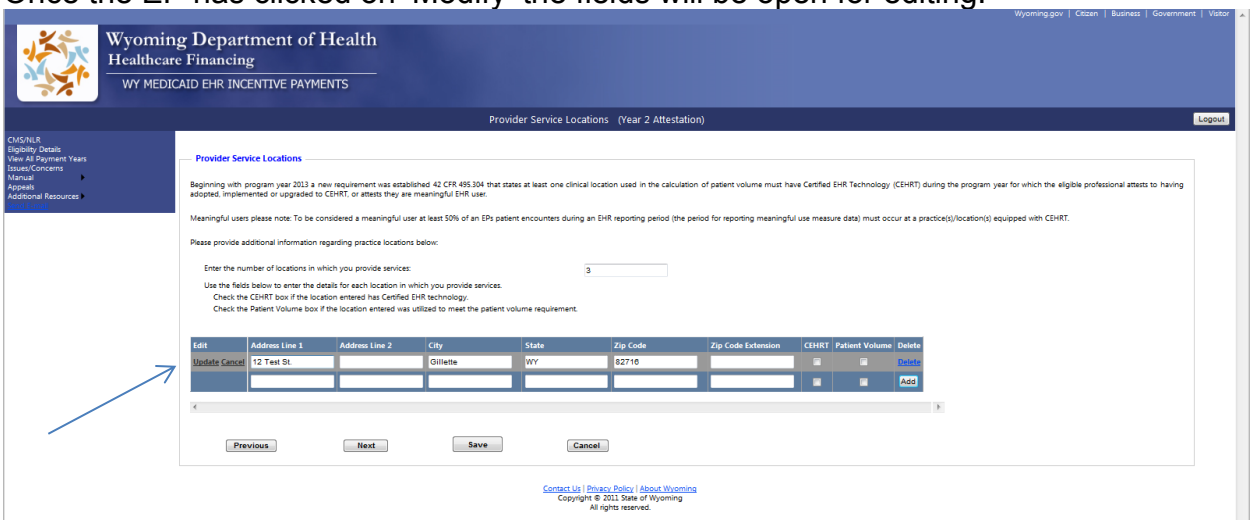
In order to delete and invalid service location the EP will need to click on the Delete link on the right end of the service locations grid as shown above. The EP will be requested to give confirmation prior to deleting the record.



In order to change an existing service location the EP will click on the Modify link under the Edit column.



Once the EP has clicked on 'Modify' the fields will be open for editing.



After the EP has completed their editing of the service location they will need to select one of the following options under the edit column:
Update – This will accept the changes made to the service location
Cancel – This will cancel the changes made to the service location and return to the original entry.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data, please note: location data must be added, updated or deleted within the navigation links/buttons. The Save button will not save an update made prior to clicking on the update button on the grid.
Cancel Button – Removes the data that has been entered by the EP

8.5 Meaningful Use Questionnaire Screen

After entering the provider service locations, EPs who have selected Meaningful Use will be directed to the Meaningful Use Questionnaire screen to enter additional data prior to entering their measures.

The following fields are required to continue with the attestation:

- **EHR Reporting Period Start Date** – This is the starting date for the period of time you are reporting your Meaningful Use Measure data. (This date should be within the program year being attested)
- **EHR Reporting Period End Date** – This is the end date for the period of time you are reporting your Meaningful Use Measure data.
    - For the first year of reporting Meaningful Use EPs are required to report on a continuous 90 day period within the program year being attested.
    - For the second year of reporting Meaningful Use an entire year of reporting will be required. (*Except for program year 2015, providers may attest to 90 days for their second year of MU due to the updated EHR certification criteria*)
- **CQM Reporting Period Option** – EPs may choose to report their Clinical Quality Measures for a different time period than their Meaningful Use Measures. If the EP wishes to take this option then they will need to respond to the question "Is the reporting period for your CQM submission the same period as your EHR Reporting period listed above:" as "No" and the screen will allow for entry of the following fields:
    - **CQM Reporting Start Date -** This is the starting date for the period of time you are reporting your Clinical Quality Measure data. (This date should be within the program year being attested)
    - **CQM Reporting End Date -** This is the end date for the period of time you are reporting your Clinical Quality Measure data.

- The CQM Reporting Period option is only applicable for program years that allows a 90 day EHR reporting period. Once the EP is required to report a full year EHR reporting period the option will no longer be displayed.
- The CQM Reporting Period must be at least 90 days and can be up to a full year reporting period within the program year selected.

- **Enter the total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period:** – This should be the count of all the patients you have seen in locations that have Certified EHR (CEHRT) during the EHR reporting period entered above.
- **Enter the total number of out-patient encounters at all practice locations for the EHR reporting period: –** This should be the count of all the patients you have seen in all service locations during the EHR reporting period entered above.

*All fields on this screen must be entered to continue with your attestation.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9 EP Requirements for Meaningful Use Measures for Program year 2016

CMS added Modified Stage 2 Meaningful Use (MU) requirements effective for Program Year 2015 within the Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule. This manual will cover the instructions for attesting to program year 2016 for EPs who are scheduled to be in Stage 1 or Stage 2 within the 2016 program year.

EHR Reporting Period

- Any EP who is not attesting to Meaningful Use for the first time will have to attest with a full year as their EHR reporting period.
    - For Example-
        - If they have not in a previous payment year selected Meaningful use as their EHR status then they may report to a 90 day EHR reporting period.
        - If they have within a previous payment year selected Meaningful use as their EHR status then they will have to report a full year as their EHR reporting period

Meaningful Use Measure Changes Overview

- All providers are required to attest to a single set of objectives and measures (Modified Stage 2).
- There are 10 Meaningful Use Objectives, including one consolidated public health reporting objective.
- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition.
    - All EPs have the option to attest to objectives and measures using EHR technology certified to the 2015 Edition, or a combination of the two (if the 2015 Edition is available).
- To assist providers with the transition to a single set of measures, there are alternate exclusions for selected measures. These include:
    - EPs that were scheduled to be in Stage 1 in 2016 may claim an alternate exclusion for an EHR reporting period in 2016 for Objective 3: Computerized Provider Order Entry, Measures 2 and 3 (lab and radiology orders).

Objective 10 - Public Health Reporting Overview

- EPs will not be permitted to count an exclusion toward the minimum of 2 Public Health Reporting Measure for which they are required to report.

    - If a provider cannot meet 2 public health reporting measures without claiming an exclusion they should select all public health reporting measures to report on all 3 public health reporting measures to meet meaningful use by either meeting the measure or the exclusion to the measures.

EP must attest to at least 9 of 64 Clinical Quality Measures covering at least 3 National Quality Strategy (NQS) domains

- EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.
- CMS does not require the submission of a core set of CQMs, but identify two recommended core sets; one for adults and one for children, that CMS encourages EPs to report to the extent those CQMs are applicable to an EP's scope of practice and patient population.
- The EP must report their CQMs for which there is patient data for up to 9 CQMs and report any remaining CQMs as "zero denominators" as displayed by the EP's CEHRT to ensure they have selected CQMs from at least 3 NQS domains.
- If there are no CQMs applicable to the EP's scope of practice and patient population, EPs must still report 9 CQMs that cover at least 3 NQS domains even if zero is the result in either the numerator or the denominator of the measure.
- If all applicable CQMs have a value of zero from their CEHRT, then EPs must report any 9 CQMs out of the total 64 covering at least 3 NQS domains.

For additional information on Meaningful Use Measures Please see the following CMS Web sites below:

Meaningful Use Information for Program Year 2015
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html

Clinical Quality Measure Information
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

Measure Screen Tips: If the page seems to be cutting off words on the measure then do the following steps:

- While holding down the ‘Ctrl’ key press the ‘-‘ key until you can see the entire screen.

9.1 Meaningful Use Measure Menu Screen

The menu screen will only allow the user to select a group of measures as they are available. For example, once the Meaningful Use Core Measures are completed, the Meaningful Use Menu Measures will be active to select.

Navigation:

Meaningful Use Measures Link – Takes the EP to the first screen of the Meaningful Use Measures, active link

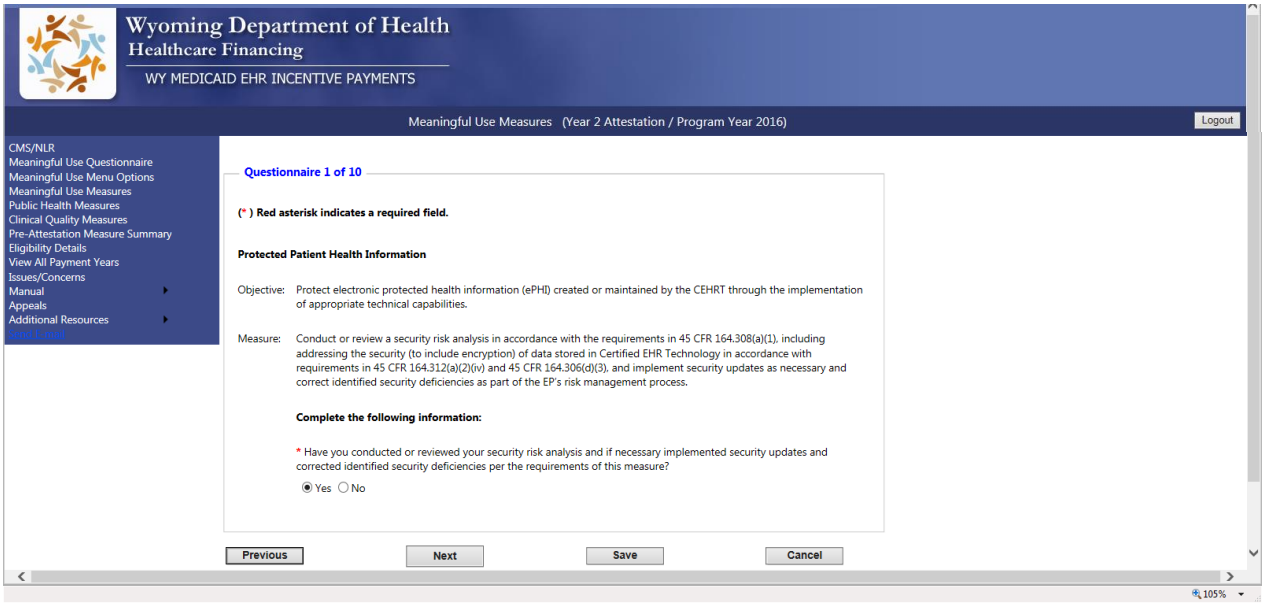
Public Health Measures Link - Takes the EP to the Public Health Measure Selection Screen, only active after the first 9 MU Measures are completed.

Clinical Quality Measures Link – Takes the EP to the CQM selection page.

Previous – Take the EP to the previous screen

Next – Takes the EP to the first Meaningful Use Measure screen

9.1.1 Meaningful Use Measure 1 Screen - Protected Patient Health Information



All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

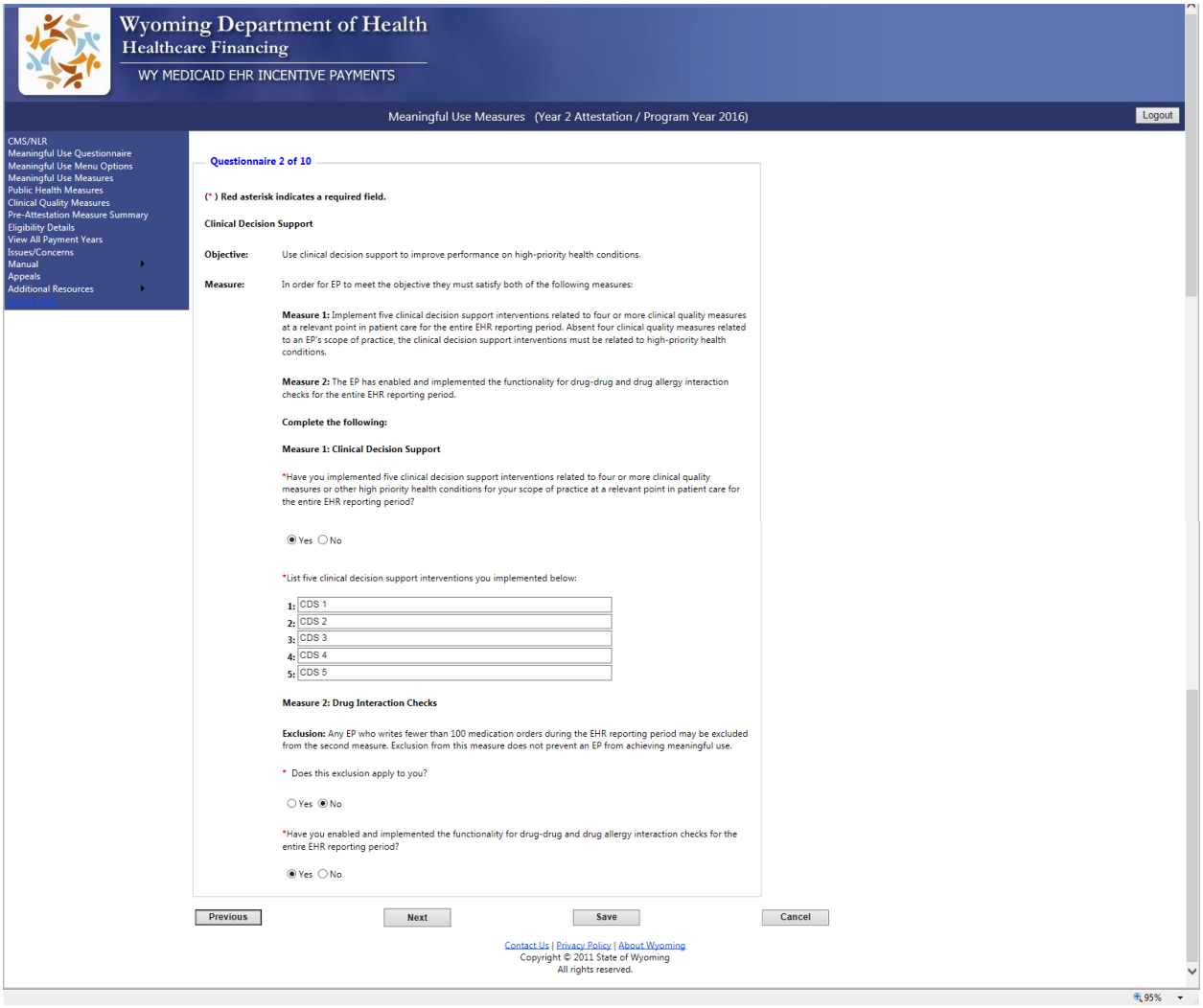
- Please select Yes or No

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.2 Meaningful Use Measure 2 Screen - Clinical Decision Support



All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Please select Yes or No for Measure 1
- The EP must list the clinical decision support interventions they have implemented, if they do not know then type unknown as the answer
- Please select Yes or No for the exclusion for measure 2
- Please select Yes or No for Measure 2

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.3 Meaningful Use Measure 3 Screen - CPOE

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Meaningful Use Measures (Year 2 Attestation / Program Year 2016) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Help Manual

Questionnaire 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1- Medication

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

EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from the first measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Do you want to claim exclusion for measure 1?

○ Yes ◉ No

Numerator = The number of orders in the denominator recorded using CPOE.

Denominator = Number of medication orders created by the EP during the EHR reporting period.

* Numerator : 61 * Denominator : 100

Measure 2-Laboratory

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

EXCLUSION: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period may be excluded from the second measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Do you want to claim exclusion for measure 2?

○ Yes ◉ No

Numerator: The number of orders in the denominator recorded using CPOE.

Denominator: Number of laboratory orders created by the EP during the EHR reporting period.

* Numerator : 31 * Denominator : 100

Measure 3-Radiology

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

EXCLUSION: Any EP who writes fewer than 100 radiology orders during the EHR reporting period may be excluded from the third measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Do you want to claim exclusion for measure 2?

○ Yes ◉ No

Numerator = The number of orders in the denominator recorded using CPOE.

Denominator = Number of radiology orders created by the EP during the EHR reporting period.

Numerator : 31 * Denominator : 100

Previous Next Save Cancel

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

95%

All fields must be completed unless the exclusion was responded to with ‘Yes’, in that case no other field is required and the EP should be allowed to continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number

- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measure 1
- If not excluded, the EP must meet the >30% threshold, N/D > 30% for Measures 2 and 3
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the ‘Next’ button without clicking on the ‘Save’ button the data entered on the screen will be saved.

9.1.4 Meaningful Use Measure 3 Screen - CPOE for EPs scheduled to report Stage 1 MU in PY 2016

For an EHR reporting period in 2016 only, an EP who is scheduled to participate in Stage 1 in 2016 have the following measure and exclusion alternatives:

- Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.
- Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

Measure 2-Laboratory

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

EXCLUSION: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period may be excluded from the second measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Do you want to claim exclusion for measure 2?

○ Yes ◉ No

ALTERNATE EXCLUSION: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016. Exclusion from this measure does not prevent an EP from achieving meaningful use.

*Do you want to claim the alternate exclusion for measure 2?

○ Yes ◉ No

Numerator: The number of orders in the denominator recorded using CPOE.

Denominator: Number of laboratory orders created by the EP during the EHR reporting period.

* **Numerator :** 31 * **Denominator :** 100

Measure 3-Radiology

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

EXCLUSION: Any EP who writes fewer than 100 radiology orders during the EHR reporting period may be excluded from the third measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

○ Yes ◉ No

ALTERNATE EXCLUSION: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016. Exclusion from this measure does not prevent an EP from achieving meaningful use.

*Do you want to claim the alternate exclusion for measure 3?

○ Yes ◉ No

Numerator = The number of orders in the denominator recorded using CPOE.

Denominator = Number of radiology orders created by the EP during the EHR reporting period.

Numerator : 31 * **Denominator :** 100

Previous Next Save Cancel

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

125%

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

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measure 1
- If not excluded, the EP must meet the >30% threshold, N/D > 30% for Measures 2 and 3

- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the ‘Next’ button without clicking on the ‘Save’ button the data entered on the screen will be saved.

9.1.5 Meaningful Use Measure 4 Screen – Electronic Prescribing

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Meaningful Use Measures (Year 2 Attestation / Program Year 2016) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Send E-Mail

Questionnaire 4 of 10

(*) Red asterisk indicates a required field.

Electronic Prescribing

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

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

Complete the following 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 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period may be excluded from the measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

( ) Yes (●) No

EXCLUSION 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period may be excluded from the measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

( ) Yes (●) No

Numerator = The number of prescriptions in the denominator transmitted electronically using CEHRT.

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

* **Numerator :** 41 * **Denominator :** 100

* Which eRx service is used?
Test eRx Service
* Name a pharmacy that you transmit to
Test Pharmacy

Previous Next Save Cancel

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

125%

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds Yes to the exclusion then they have met the measure threshold

- The EP must enter an answer the additional questions on the page, if the answer is unknown then type unknown as the answer.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.7 Meaningful Use Measure 5 Screen – Health Information Exchange

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

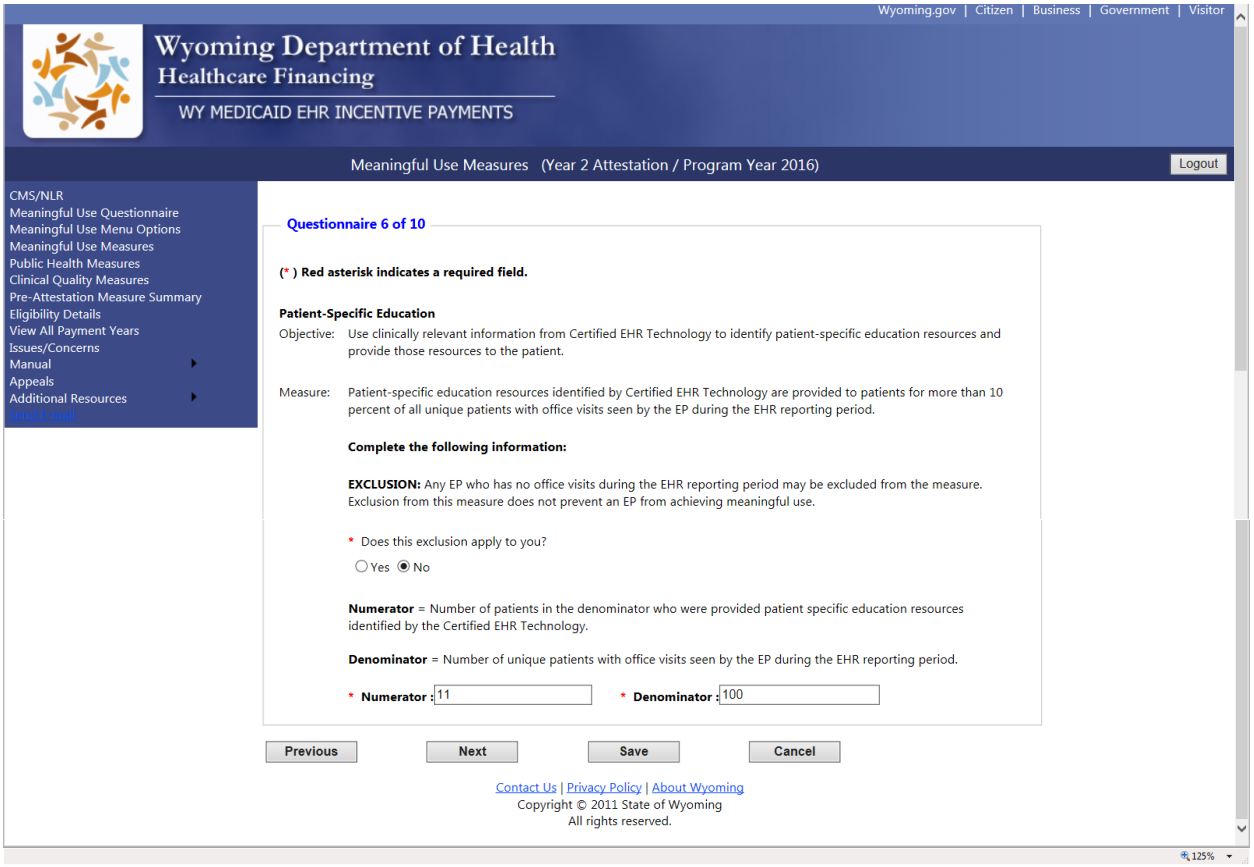
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >10% threshold, N/D > 10%
- If an EP responds Yes to either exclusion then they have met the measure threshold

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.9 Meaningful Use Measure 6 Screen -Patient-Specific Education



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

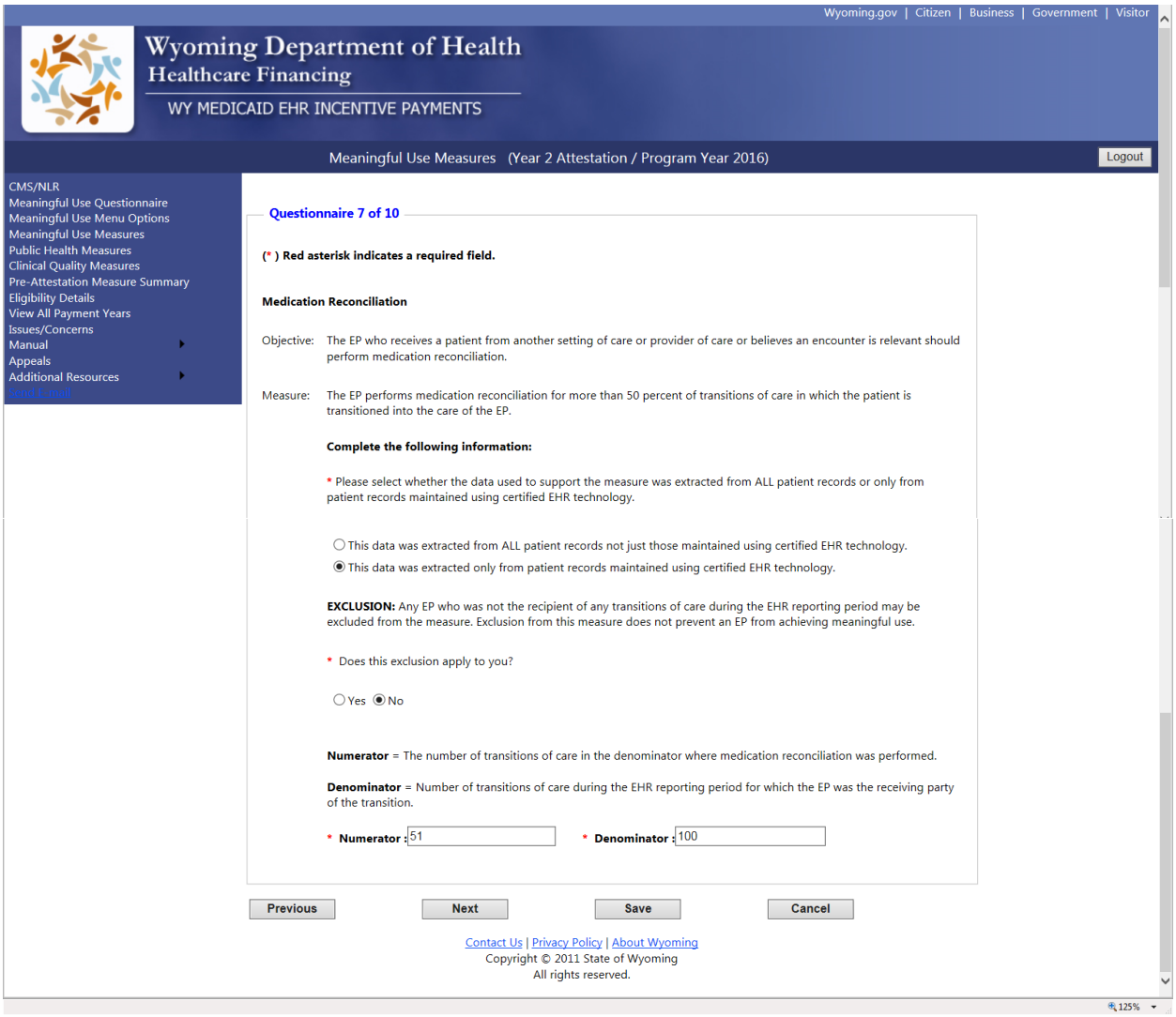
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- The EP must meet the >10% threshold, N/D > 10%
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.10 Meaningful Use Measure 7 Screen - Medication Reconciliation



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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds Yes to the exclusion then they have met the measure threshold

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking

on the ‘Save’ button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP’s data
Cancel Button – Removes the data that has been entered by the EP

9.1.11 Meaningful Use Measure 8 Screen - Patient Electronic Access (VDT)

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Meaningful Use Measures (Year 2 Attestation / Program Year 2016) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Sound Enough

Questionnaire 8 of 10

(*) Red asterisk indicates a required field.

Patient Electronic Access (VDT)

Objective Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

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

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

EXCLUSION: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name" and office contact information may be excluded from both measures. Exclusion from the measures does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

○ Yes ◉ No

Measure 1-Provide timely online access to health information:

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

Complete the following:

Numerator = The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

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

* **Numerator :** 51 * **Denominator :** 100

Measure 2-Patient Accessed health information:

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

EXCLUSION: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may be excluded from the second measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Do you want to claim exclusion for measure 2?

○ Yes ◉ No

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

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

* **Numerator:** 1 * **Denominator :** 100

Previous Next Save Cancel

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

100%

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50% for Measure 1
- If an EP responds Yes to the exclusion then they have met the measure threshold
- If not excluded, the EP must meet the threshold of at least 1 patient, N =>1for Measure 2

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.1.12 Meaningful Use Measure 9 Screen – Secure Electronic Messaging

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

- Exclusion response required
- Response of yes or no required if the exclusion has not been marked as yes

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen

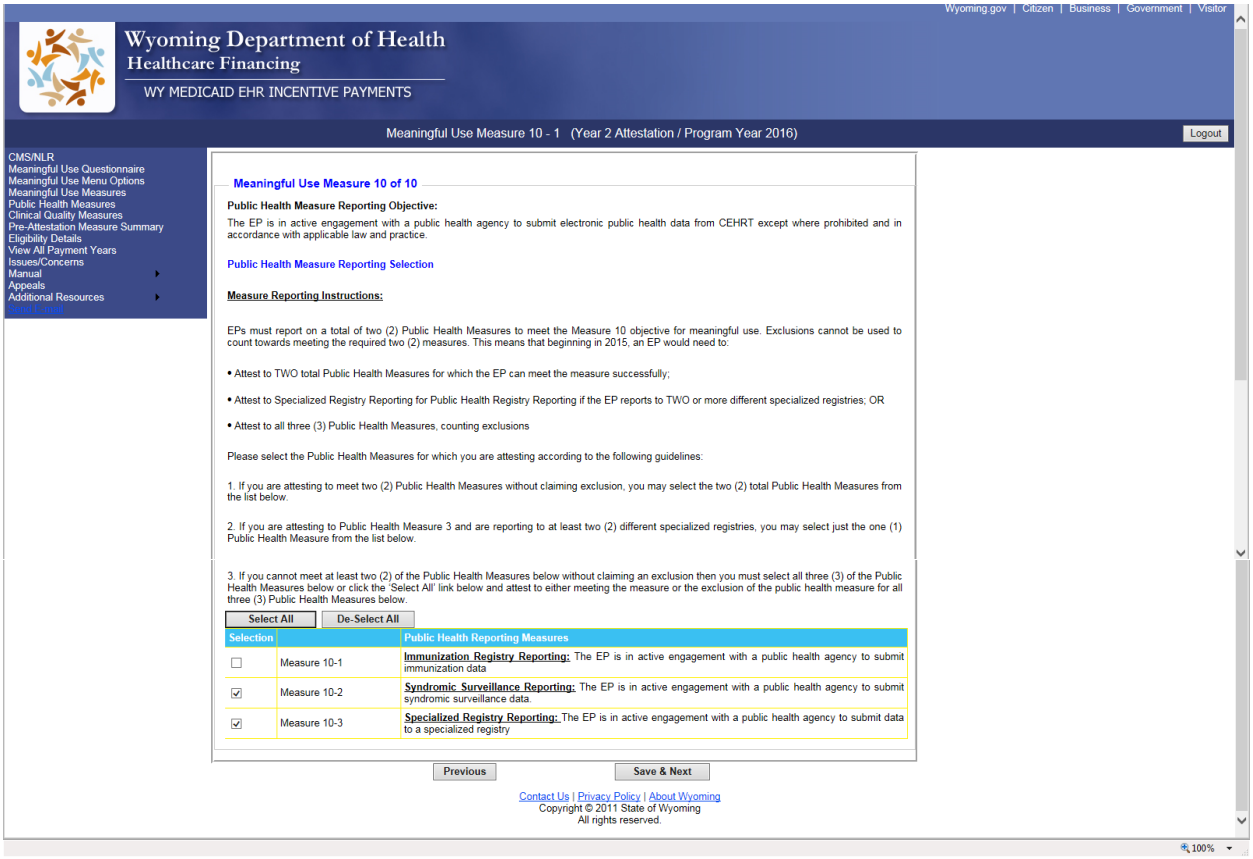
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.2 Meaningful Use Measure 10 Public Health Reporting Measure Selection Screen

EPs must report on a total of two (2) Public Health Measures to meet the Measure 10 objective for meaningful use.

Exclusions cannot be used to count towards meeting the required two (2) measures. This means that beginning in 2016, an EP would need to:

- Attest to TWO total Public Health Measures for which the EP can meet the measure successfully;
- Attest to Specialized Registry Reporting for Public Health Registry Reporting if the EP reports to TWO or more different specialized registries; OR
- Attest to all three (3) Public Health Measures, counting exclusions



EPs must report on a total of two (2) public health reporting measure for program year 2016. This means that, an EP would need to:

- Attest to TWO total Public Health Measures for which the EP can meet the measure successfully;
- Attest to Specialized Registry Reporting for Public Health Registry Reporting if the EP reports to TWO or more different specialized registries; OR
- Attest to all three (3) Public Health Measures, counting exclusions

Public Health Measures should be selected according to the following guidelines:

1. If you are attesting to meet two (2) Public Health Measures without claiming exclusion, you may select the two (2) total Public Health Measures from the list below.

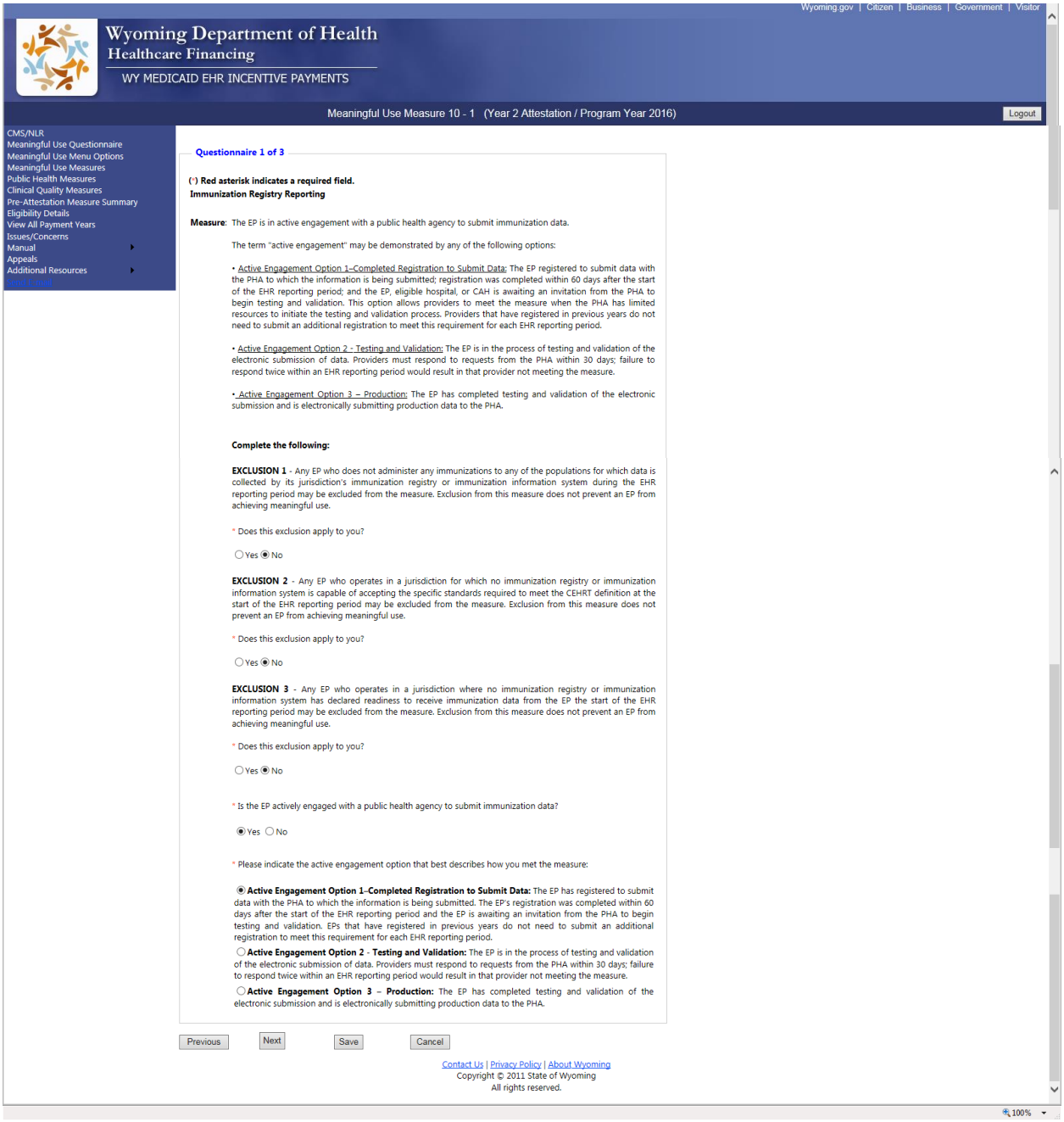
2. If you are attesting to Public Health Measure 3 and are reporting to at least two (2) different specialized registries, you may select just the one (1) Public Health Measure from the list below.

3. If you cannot meet at least two (2) of the Public Health Measures below without claiming an exclusion then you must select all three (3) of the Public Health Measures below or click the 'Select All' link below and attest to either meeting the measure or the exclusion of the public health measure for all three (3) Public Health Measures below.

Navigation:

Logout Button – Returns the EP to the login page
Previous button – will not save the data selected and return the EP to the MU Core Measure 13 screen.
Next button – will save the data to the database if no errors are present. This data will be updatable until the attestation has been completed by the EP. The EP will be directed to the first MU Menu Measure screen they selected after all errors are resolved.

9.2.1 Meaningful Use Measure 10-1 Screen - Immunization Registry Reporting



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

- Exclusion response required
- If not excluded then the response to the measure is required

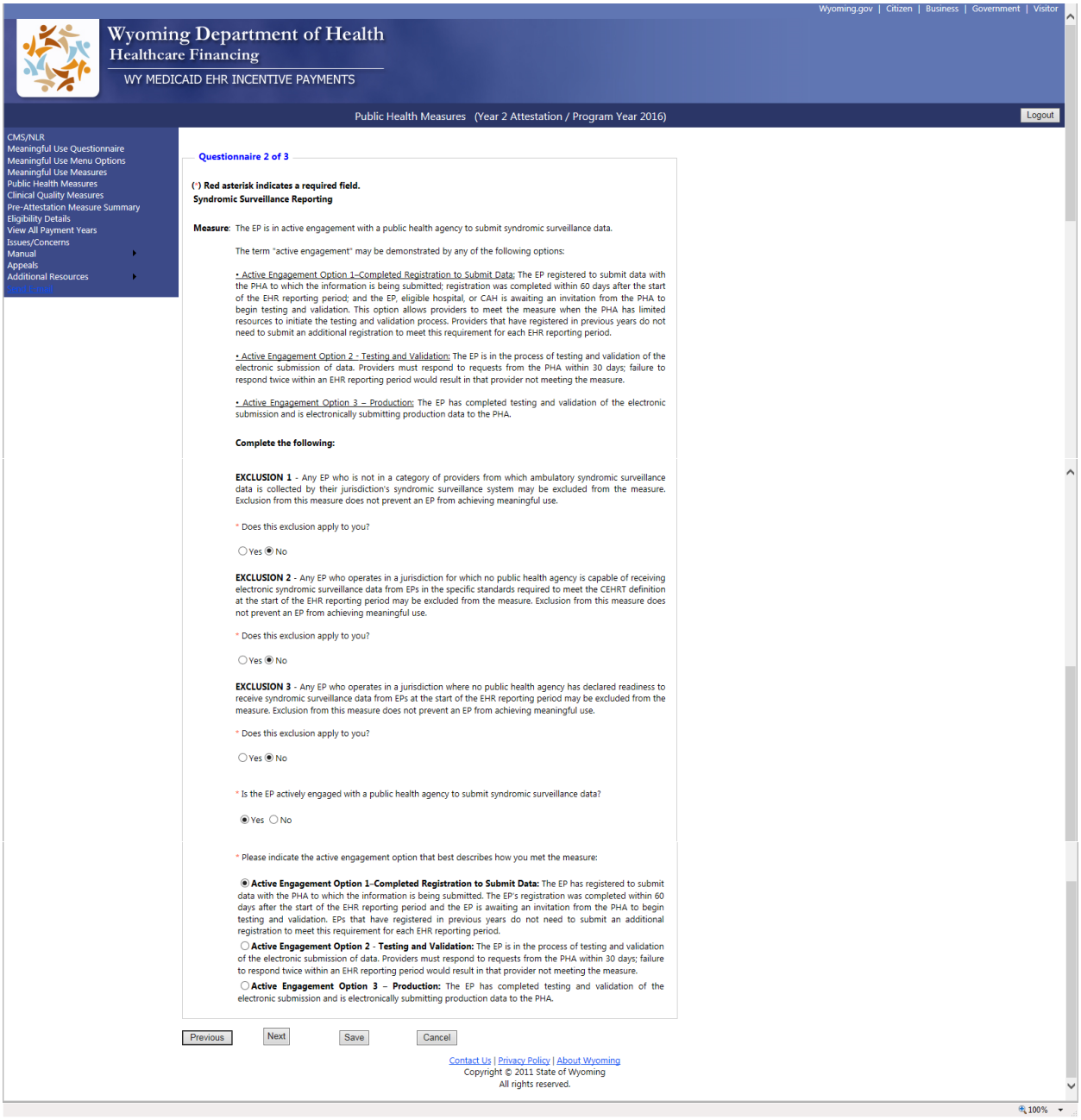
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.2.2 Meaningful Use Measure 10-2 Screen - Syndromic Surveillance Reporting



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

- Exclusion response required
- If not excluded then the response to the measure is required

- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.2.3 Meaningful Use Measure 10-3 Screen - Specialized Registry Reporting

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Public Health Measures (Year 2 Attestation / Program Year 2016) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Send E-mail

Questionnaire 3 of 3

(*) Red asterisk indicates a required field.

Specialized Registry Reporting

Measure: The EP is in active engagement to submit data to a specialized registry.

The term "active engagement" may be demonstrated by any of the following options:

• Active Engagement Option 1–Completed Registration to Submit Data: The EP registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

• Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

• Active Engagement Option 3 – Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

Complete the following information:

EXCLUSION 1 - Any EP who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period may be excluded from the measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

○ Yes ◉ No

EXCLUSION 2 - Any EP who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

○ Yes ◉ No

EXCLUSION 3 - Any EP who operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic case reporting data at the start of the EHR reporting period may be excluded from the measure. Exclusion from this measure does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

○ Yes ◉ No

* Is the EP actively engaged to submit data to a specialized registry?

◉ Yes ○ No

*Please indicate the active engagement option that best describes how you met the measure:

◉ **Active Engagement Option 1–Completed Registration to Submit Data:** The EP has registered to submit data with the PHA to which the information is being submitted. The EP's registration was completed within 60 days after the start of the EHR reporting period and the EP is awaiting an invitation from the PHA to begin testing and validation. EPs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

○ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

○ **Active Engagement Option 3 – Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

* Please select how many Specialized Registries for which you are actively engaged to submit data:

○ 1
◉ 2

* Name of Specialized Registery 1: electronic lab

* Name of Specialized Registery 2: cancer

Previous Next Save Cancel

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

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

- Exclusion response required

- If not excluded then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure
- If the measure response is 'Yes', the EP must select the number of specialized registries to they are in active engagement with for reporting
- If the measure response is 'Yes', the EP must provide the name of the specialized registries for which they are reporting

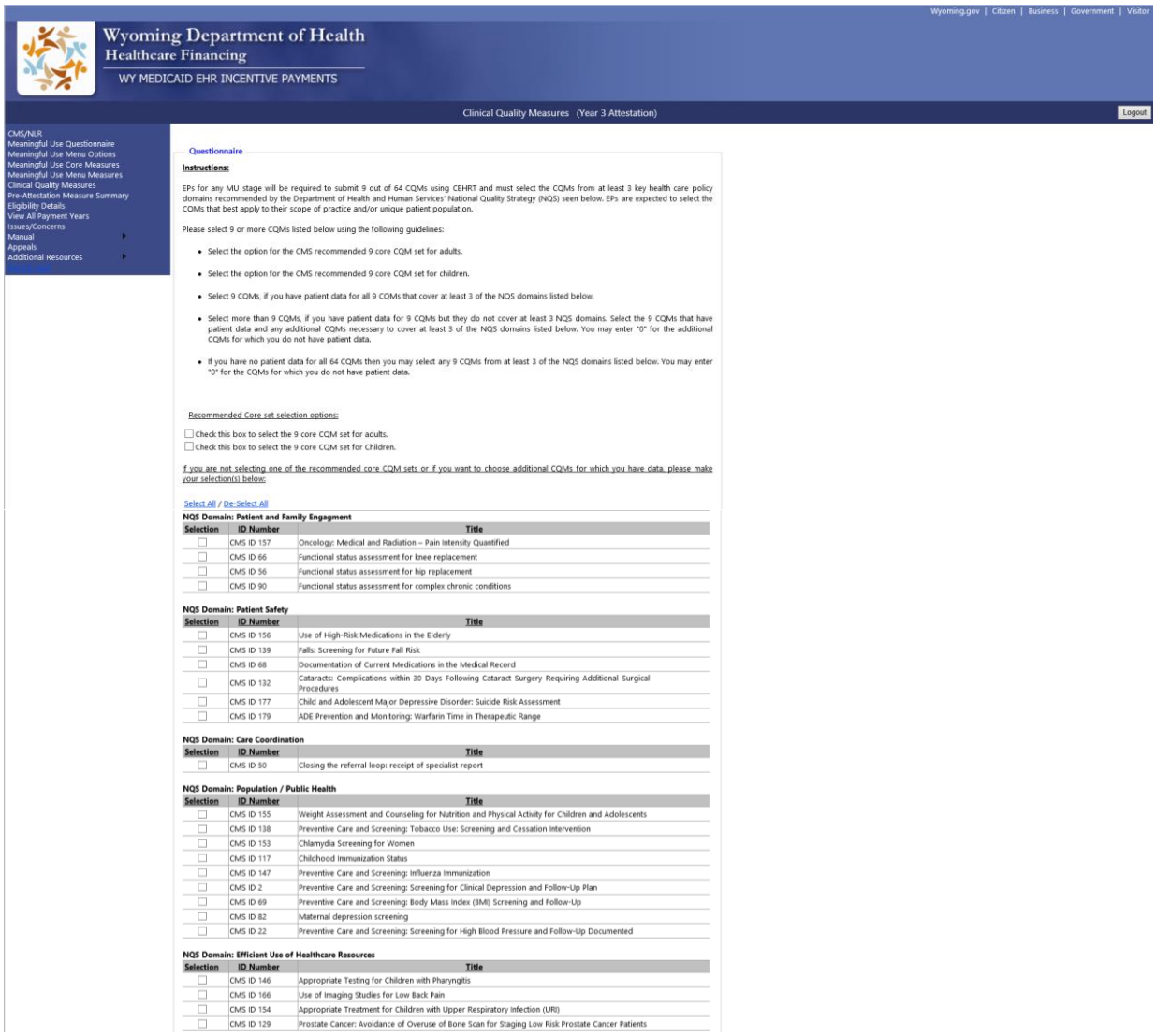
Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

9.3 Clinical Quality Measure Selection Screen

Beginning in 2014, all providers regardless of their stage of meaningful use will report on CQMs in the same way. EPs will report 9 of 64 CQMs covering at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS).



Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Clinical Quality Measures (Year 3 Attestation) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources

Questionnaire

Instructions:

EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter "0" for the CQMs for which you do not have patient data.

Recommended Core set selection options:

☐ Check this box to select the 9 core CQM set for adults.
☐ Check this box to select the 9 core CQM set for Children.

If you are not selecting one of the recommended core CQM sets or if you want to choose additional CQMs for which you have data, please make your selection(s) below:

Select All / De-Select All

NQS Domain: Patient and Family Engagment

Selection	ID Number	Title
☐	CMS ID 157	Oncology: Medical and Radiation – Pain Intensity Quantified
☐	CMS ID 66	Functional status assessment for knee replacement
☐	CMS ID 56	Functional status assessment for hip replacement
☐	CMS ID 90	Functional status assessment for complex chronic conditions

NQS Domain: Patient Safety

Selection	ID Number	Title
☐	CMS ID 156	Use of High-Risk Medications in the Elderly
☐	CMS ID 139	Falls: Screening for Future Fall Risk
☐	CMS ID 68	Documentation of Current Medications in the Medical Record
☐	CMS ID 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
☐	CMS ID 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
☐	CMS ID 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

NQS Domain: Care Coordination

Selection	ID Number	Title
☐	CMS ID 50	Closing the referral loop: receipt of specialist report

NQS Domain: Population / Public Health

Selection	ID Number	Title
☐	CMS ID 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
☐	CMS ID 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
☐	CMS ID 153	Chlamydia Screening for Women
☐	CMS ID 117	Childhood Immunization Status
☐	CMS ID 147	Preventive Care and Screening: Influenza Immunization
☐	CMS ID 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
☐	CMS ID 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
☐	CMS ID 82	Maternal depression screening
☐	CMS ID 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

NQS Domain: Efficient Use of Healthcare Resources

Selection	ID Number	Title
☐	CMS ID 146	Appropriate Testing for Children with Pharyngitis
☐	CMS ID 166	Use of Imaging Studies for Low Back Pain
☐	CMS ID 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
☐	CMS ID 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

NQS Domain: Clinical Process / Effectiveness

Selection	ID Number	Title
☐	CMS ID 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
☐	CMS ID 165	Controlling High Blood Pressure
☐	CMS ID 125	Breast Cancer Screening
☐	CMS ID 124	Cervical Cancer Screening
☐	CMS ID 130	Colorectal Cancer Screening
☐	CMS ID 126	Use of Appropriate Medications for Asthma
☐	CMS ID 127	Pneumonia Vaccination Status for Older Adults
☐	CMS ID 131	Diabetes: Eye Exam
☐	CMS ID 123	Diabetes: Foot Exam
☐	CMS ID 122	Diabetes: Hemoglobin A1c Poor Control
☐	CMS ID 148	Hemoglobin A1c Test for Pediatric Patients
☐	CMS ID 134	Diabetes: Urine Protein Screening
☐	CMS ID 163	Diabetes: Low Density Lipoprotein (LDL) Management
☐	CMS ID 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
☐	CMS ID 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
☐	CMS ID 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
☐	CMS ID 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
☐	CMS ID 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
☐	CMS ID 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
☐	CMS ID 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
☐	CMS ID 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
☐	CMS ID 161	Major Depressive Disorder (MDD): Suicide Risk Assessment
☐	CMS ID 128	Anti-depressant Medication Management
☐	CMS ID 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
☐	CMS ID 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
☐	CMS ID 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
☐	CMS ID 140	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
☐	CMS ID 62	HIV/AIDS: Medical Visit
☐	CMS ID 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
☐	CMS ID 77	HIV/AIDS: RNA control for Patients with HIV
☐	CMS ID 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
☐	CMS ID 158	Pregnant women that had HBsAg testing
☐	CMS ID 159	Depression Remission at Twelve Months
☐	CMS ID 160	Depression Utilization of the PHQ-9 Tool
☐	CMS ID 75	Children who have dental decay or cavities
☐	CMS ID 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
☐	CMS ID 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed
☐	CMS ID 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)
☐	CMS ID 149	Dementia: Cognitive Assessment
☐	CMS ID 65	Hypertension: Improvement in blood pressure

Previous Save & Continue

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population. CQMs will be submitted on an aggregate basis reflective of all patients without regard to payer.

CMS does not requiring the submission of a core set of CQMs, but identify two recommended core sets, one for adults and one for children, that CMS encourages EPs to report to the extent those CQMs are applicable to an EP's scope of practice and patient population.

- Recommended Adult CQM set includes the following CQMs: CMS165, CMS156, CMS138, CMS166, CMS2, CMS68, CMS69, CMS50, CMS90
- Recommended Children CQM set includes the following CQMs: CMS146, CMS155, CMS153, CMS126, CMS117, CMS154, CMS136, CMS2, CMS75

If Providers are not selecting one of the recommended core sets then they should select 9 or more CQMs using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMS but they do not cover at least 3 NQS domains. Select the 9 CQMS that have patient data and

any additional CQMS necessary to cover at least 3 of the NQS domains listed below. You may enter “0” for the additional CQMS for which you do not have patient data.

- If you have no patient data for all 64 CQMs then you may select any 9 CQMS from at least 3 of the NQS domains listed below. You may enter “0” for the CQMs for which you do not have patient data.

Fields with multiple definitions for population criteria or numerators have tool tips associated to assist the provider in attesting their numbers correctly. The tool tips can be viewed by holding the mouse over the numerator field. The following tool tips are associated with this screen:

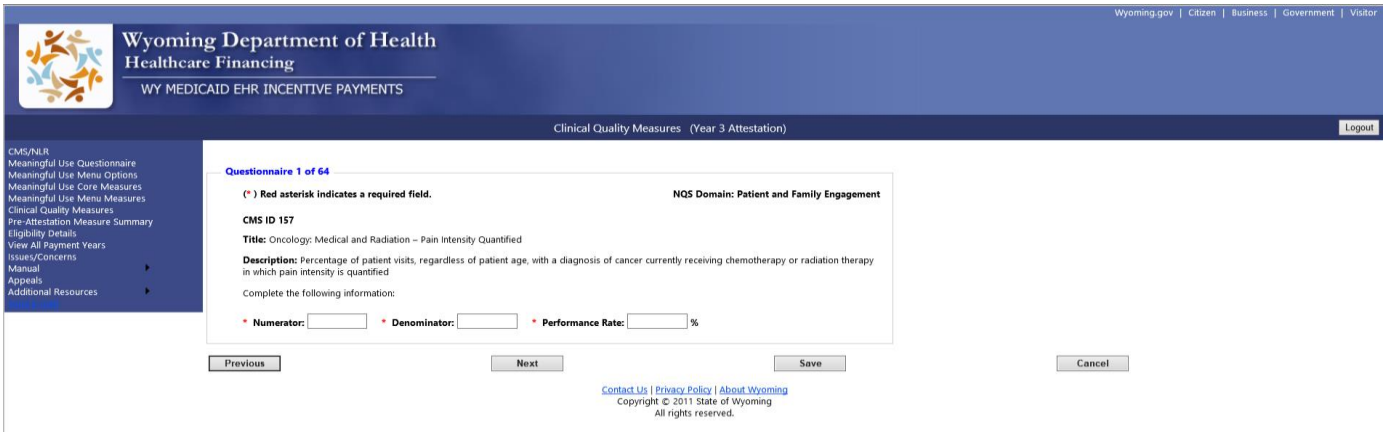
Navigation:

Logout Button – Returns the EP to the login page

Previous button – will not save the data selected and return the EP to the previous screen.

Save & Continue button – will save the data selected. This data will be updatable until the attestation has been completed by the EP. The EP will be directed to the first Clinical Quality Measure screen they selected

9.3.1 Clinical Quality Measure 1 Screen – CMS ID 157



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

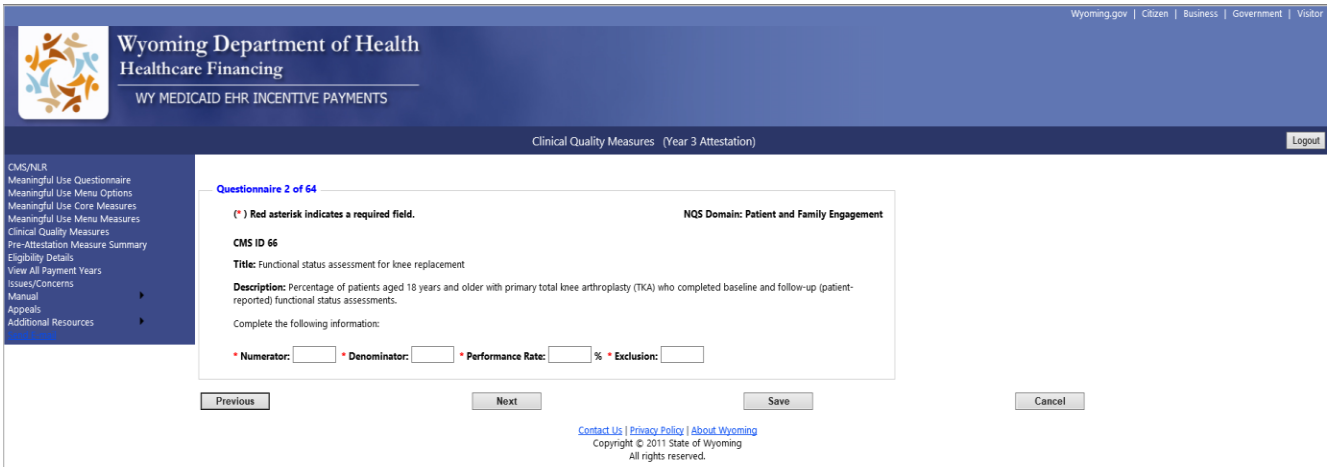
Previous button – will not save the data selected and return the EP to the previous screen.

Next button- automatically saves information entered in the fields and moved to the next screen.

Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.

Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.2 Clinical Quality Measure Screen 2 – CMS ID 66



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

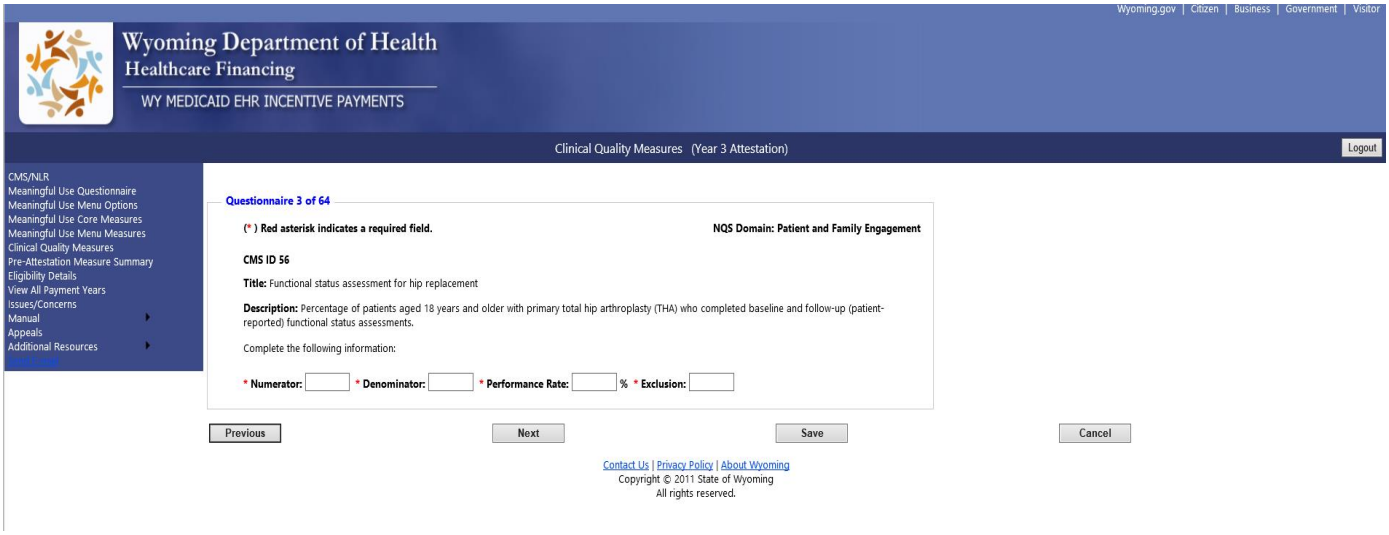
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.3 Clinical Quality Measure Screen 3 – CMS ID 56



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

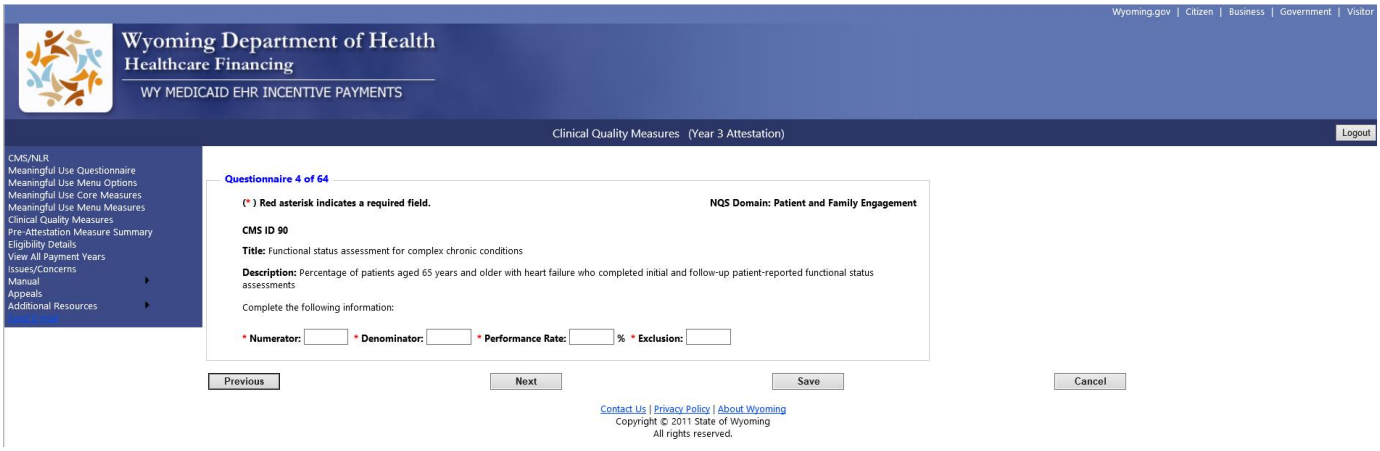
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.4 Clinical Quality Measure Screen 4- CMS ID 90



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

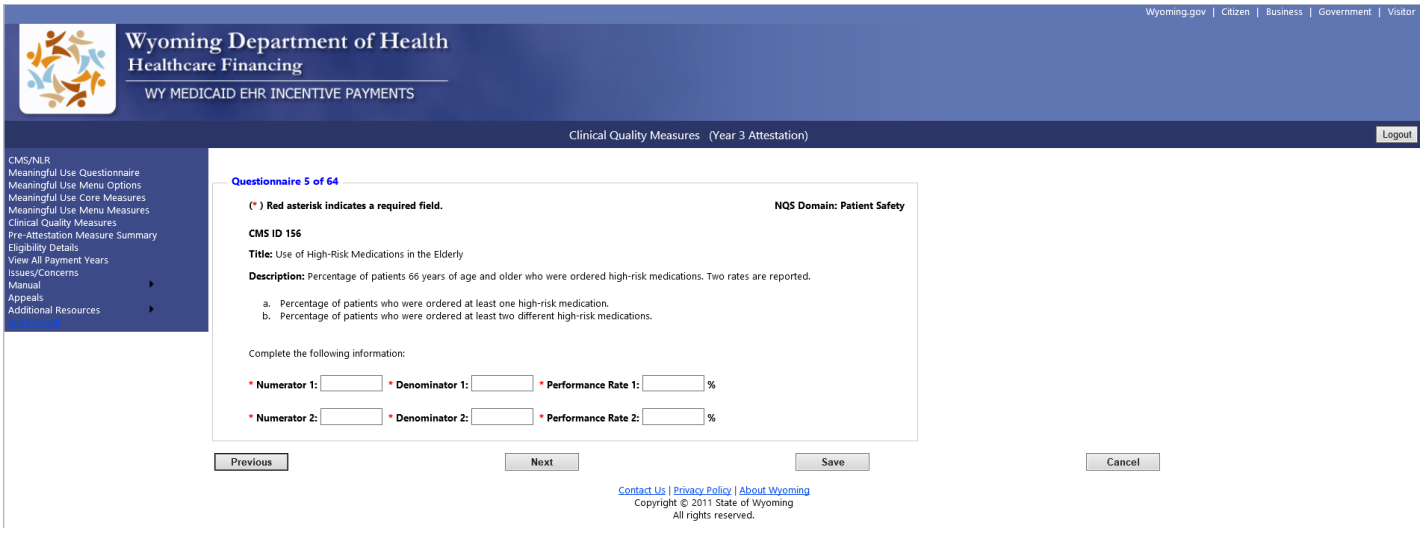
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.5 Clinical Quality Measure Screen 5- CMS ID 156



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

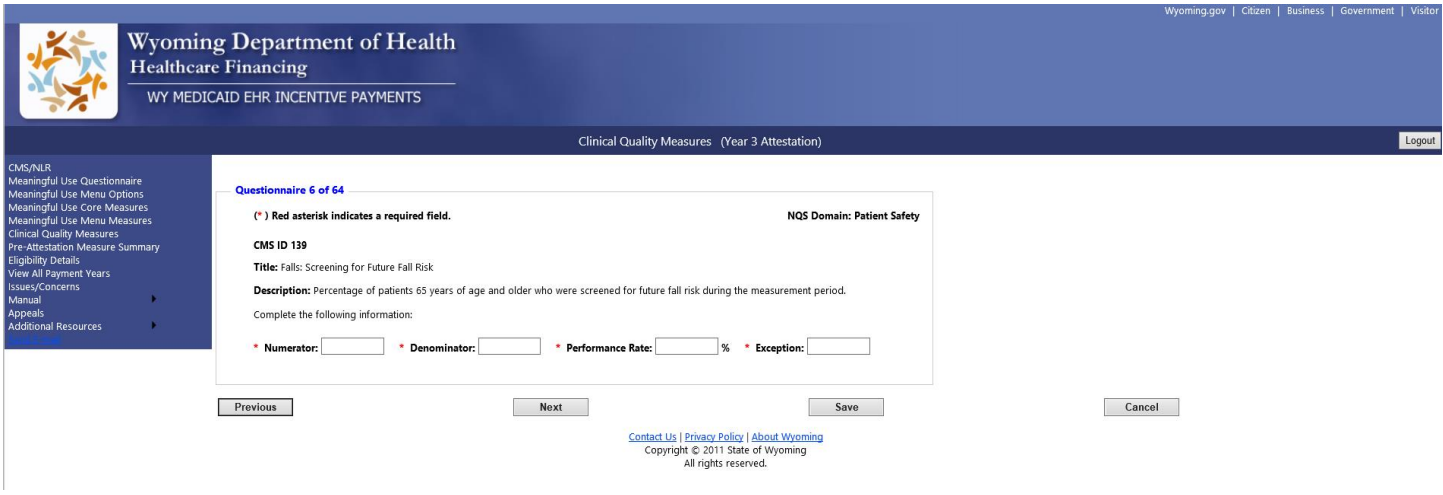
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.6 Clinical Quality Measure Screen 6- CMS ID 139



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

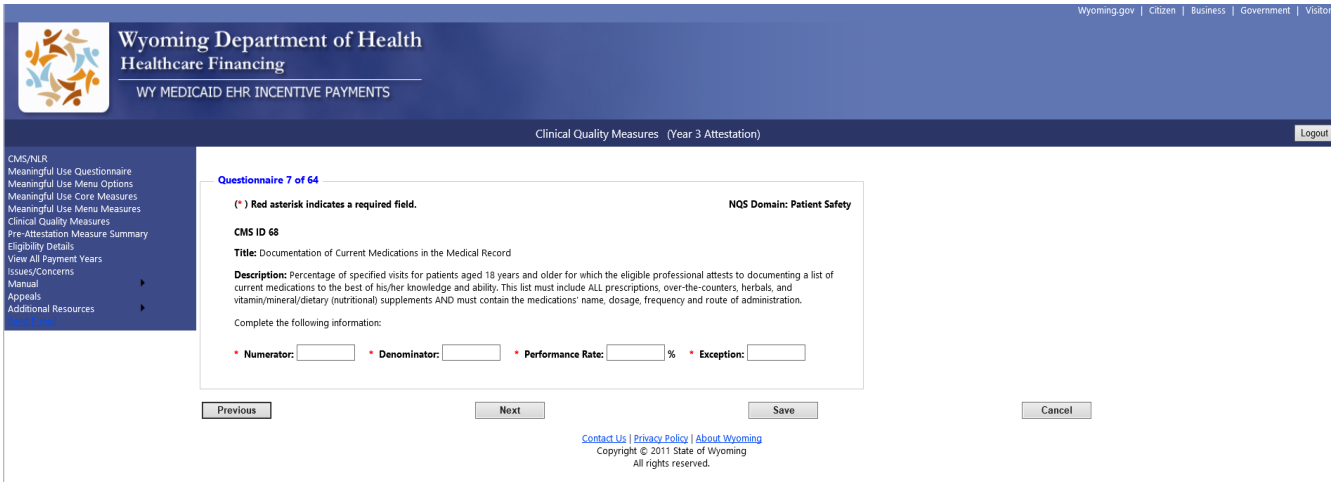
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.7 Clinical Quality Measure Screen 7- CMS ID 68



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

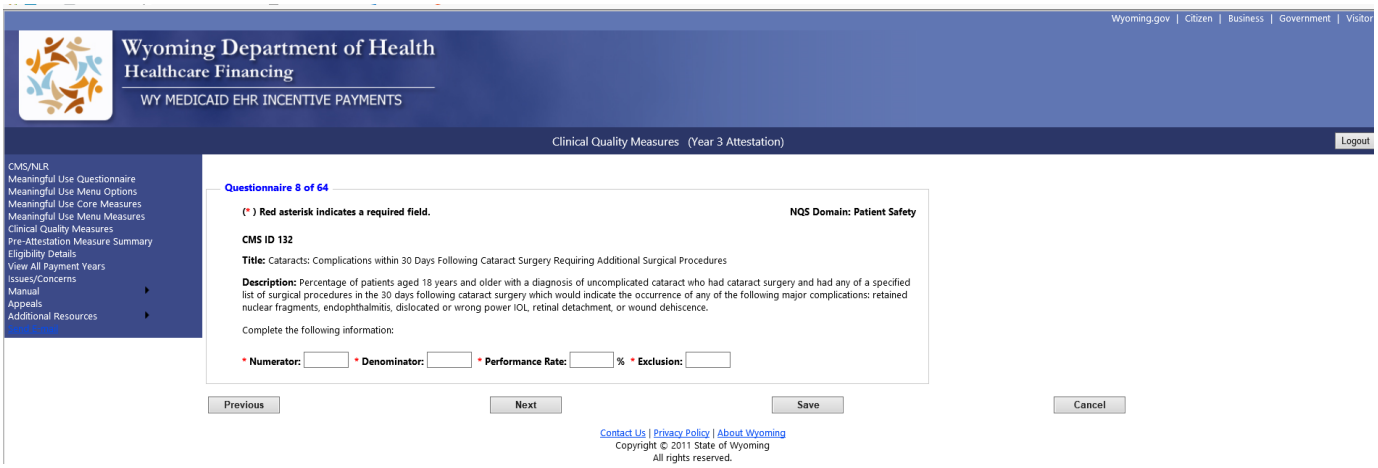
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.8 Clinical Quality Measure Screen 8- CMS ID 68



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

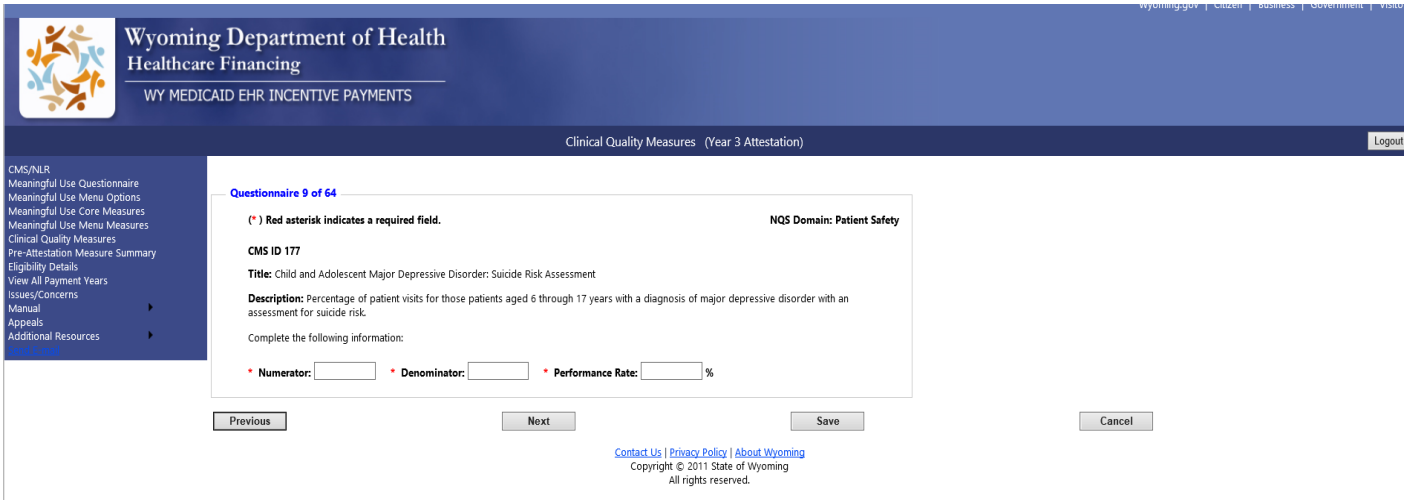
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.9 Clinical Quality Measure Screen 9- CMS ID 177



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

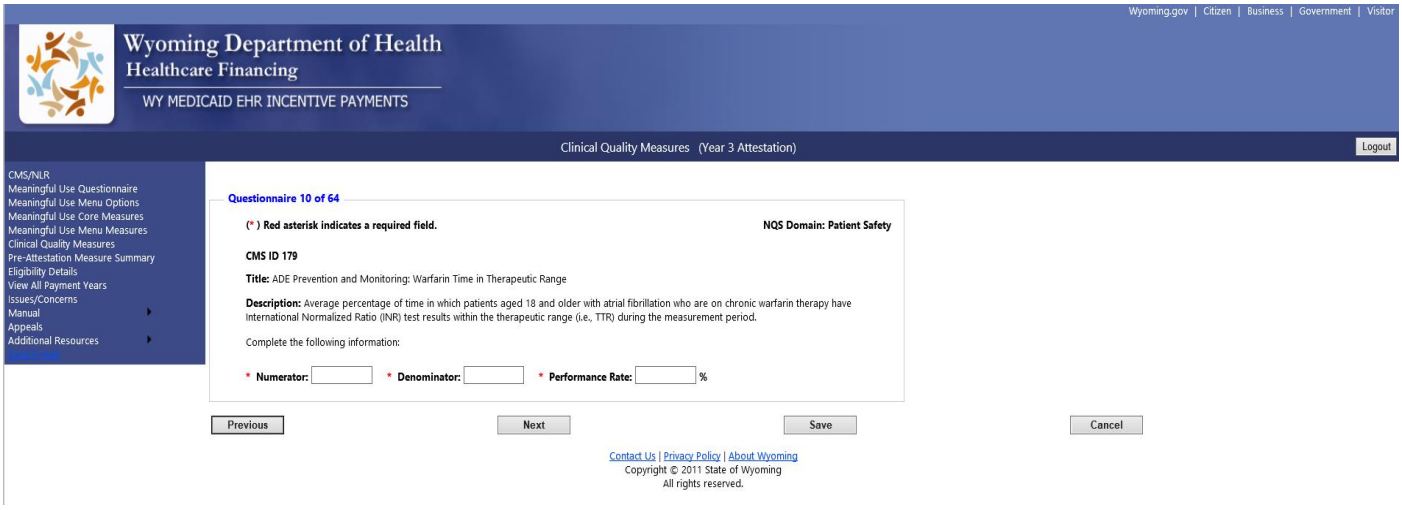
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.10 Clinical Quality Measure Screen 10- CMS ID 179



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

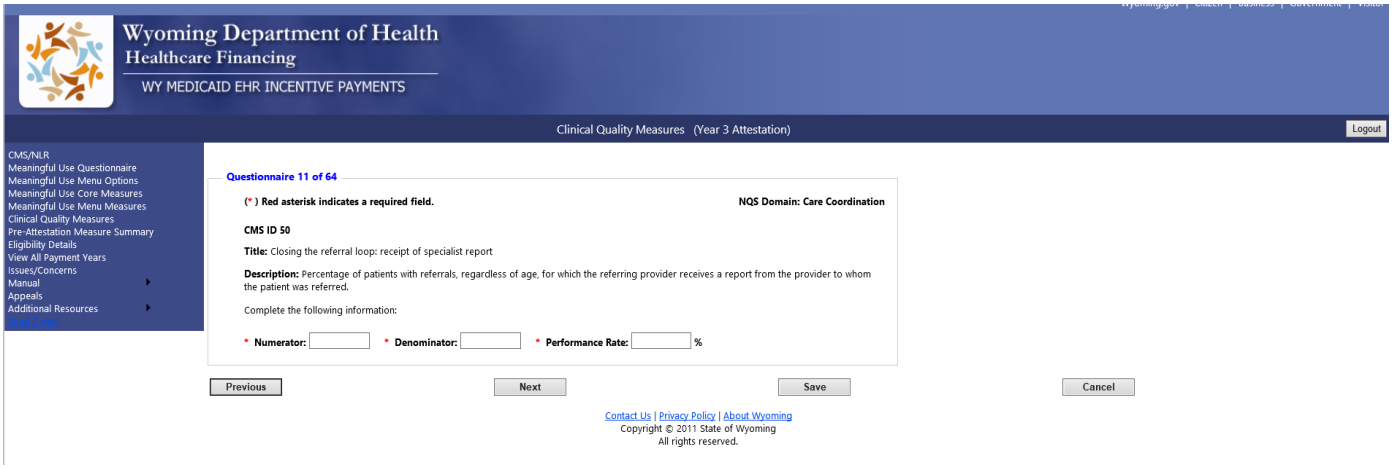
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.11 Clinical Quality Measure Screen 11- CMS ID 50



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

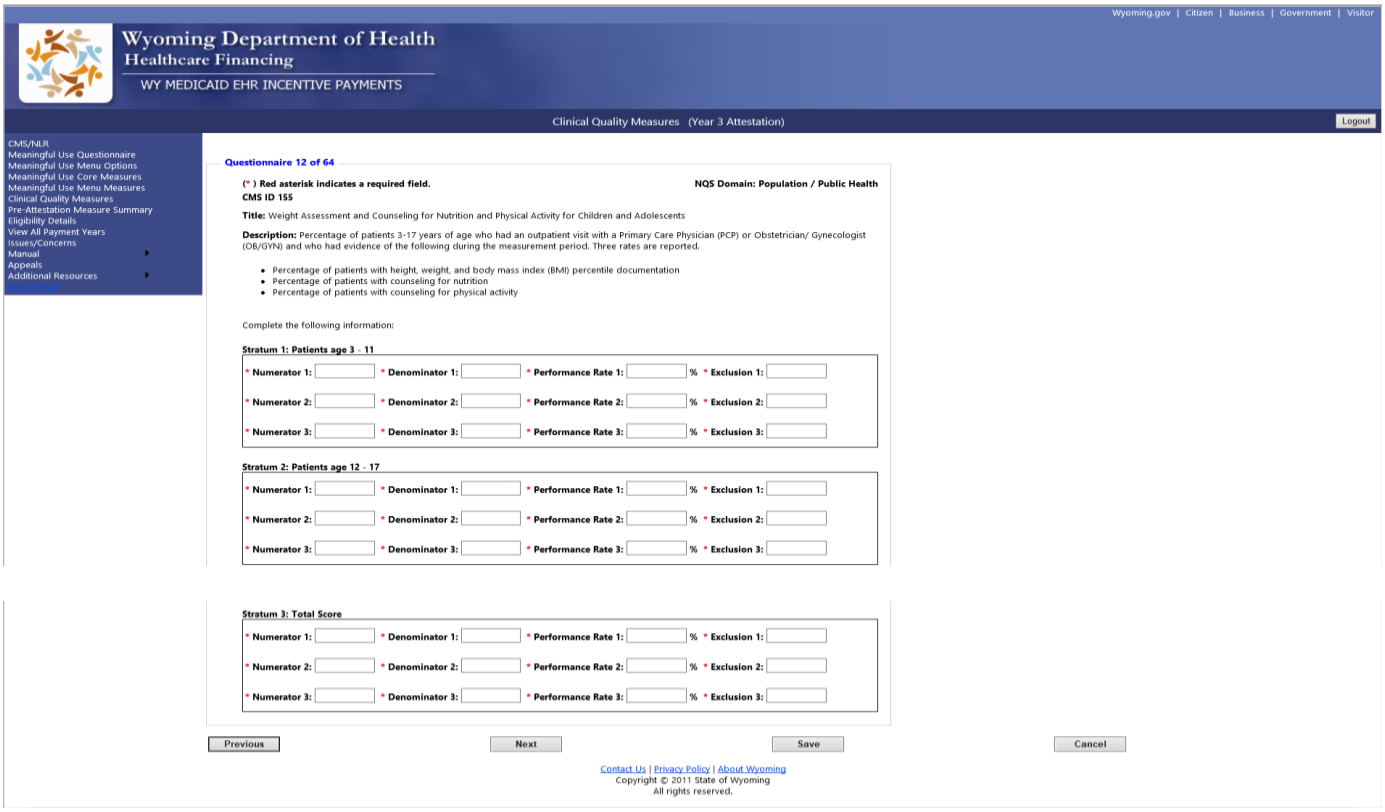
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.12 Clinical Quality Measure screen 12- CMD ID 155



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

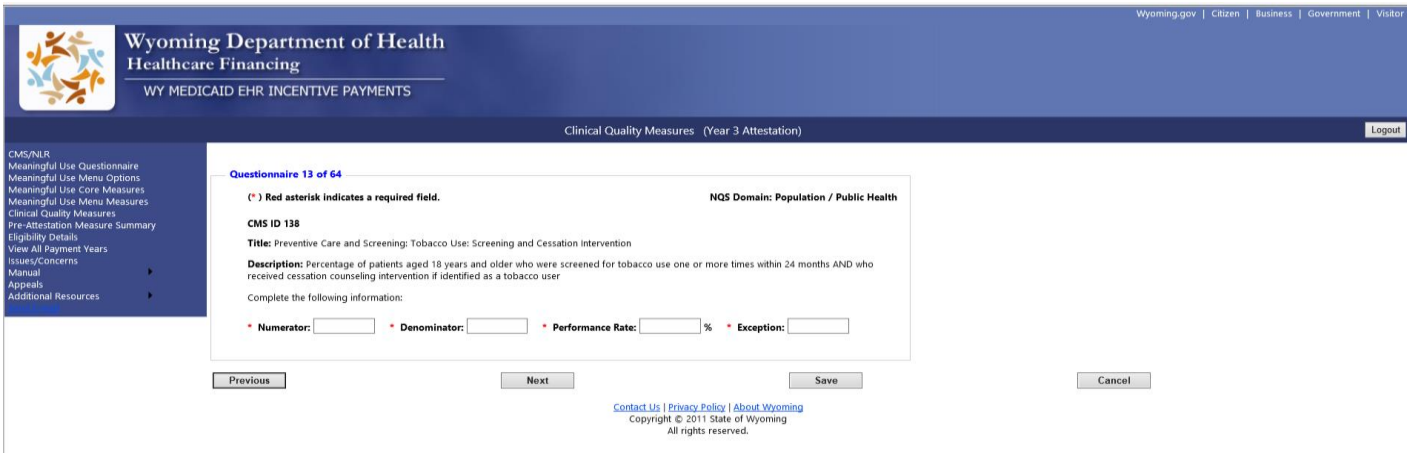
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.13 Clinical Quality Measure Screen 13- CMS ID 138



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

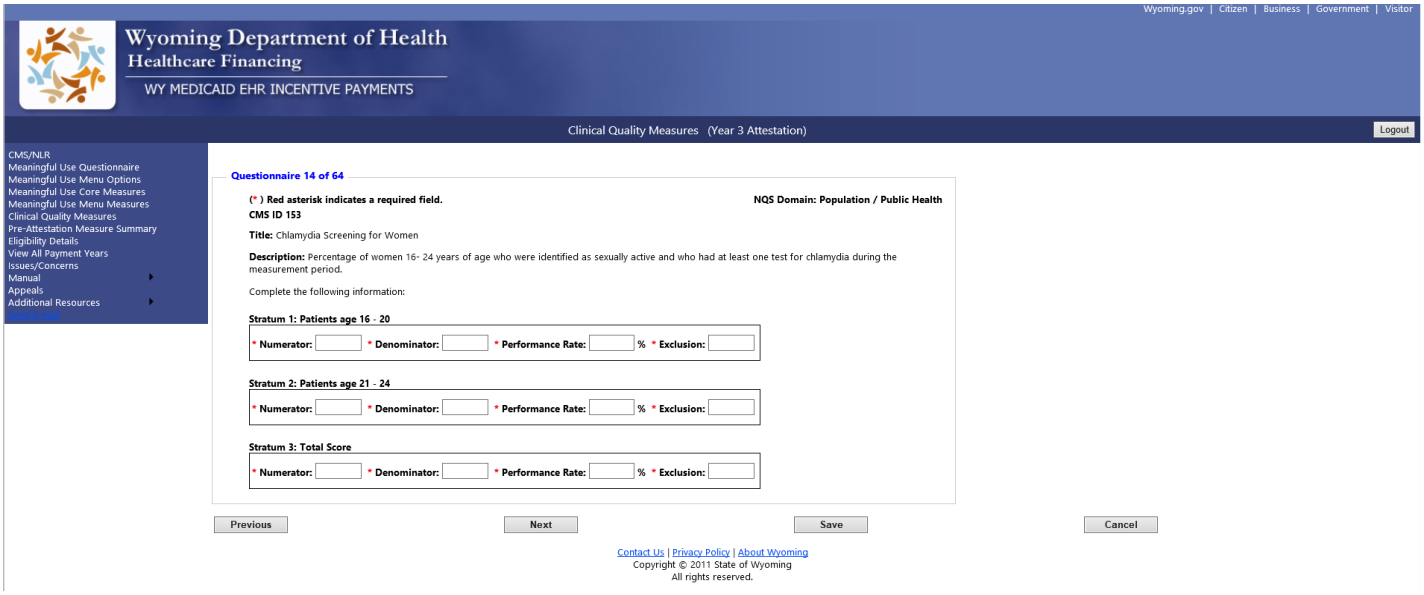
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.14 Clinical Quality Measure Screen 14- CMS ID 153



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

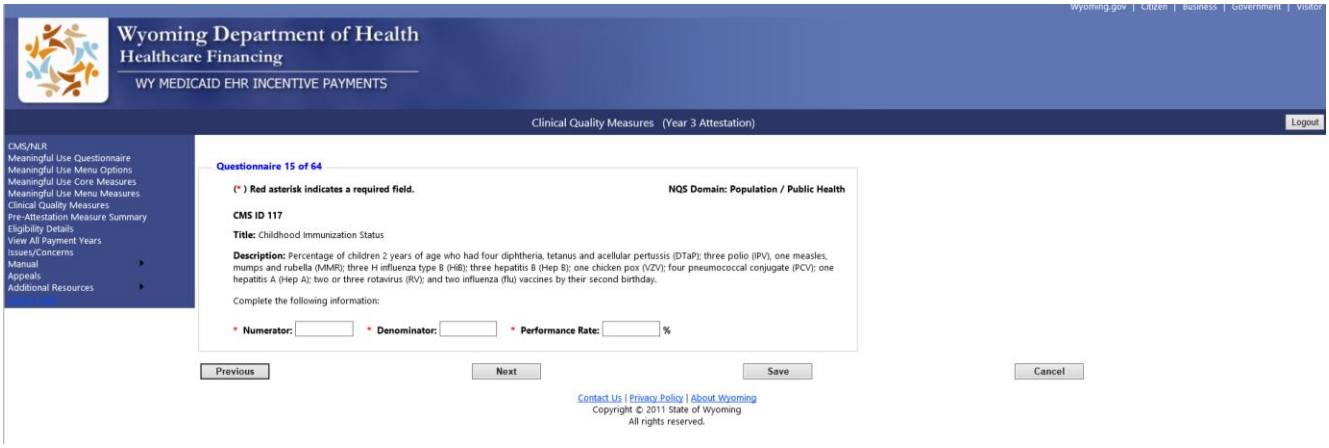
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.15 Clinical Quality Measure Screen 15- CMS ID 117



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

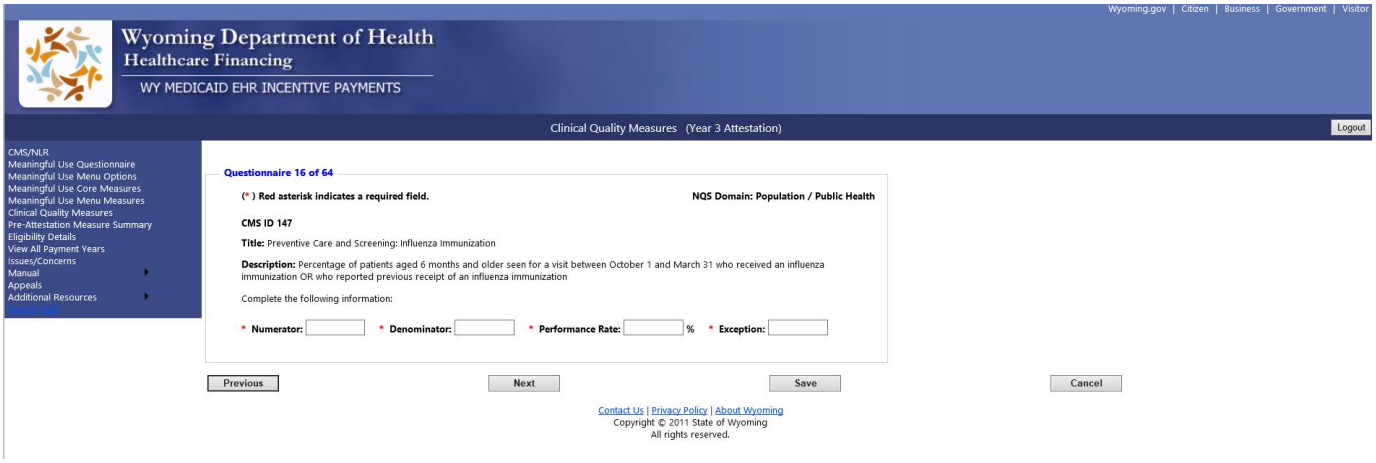
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.16 Clinical Quality Measure Screen 16- CMS ID 147



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

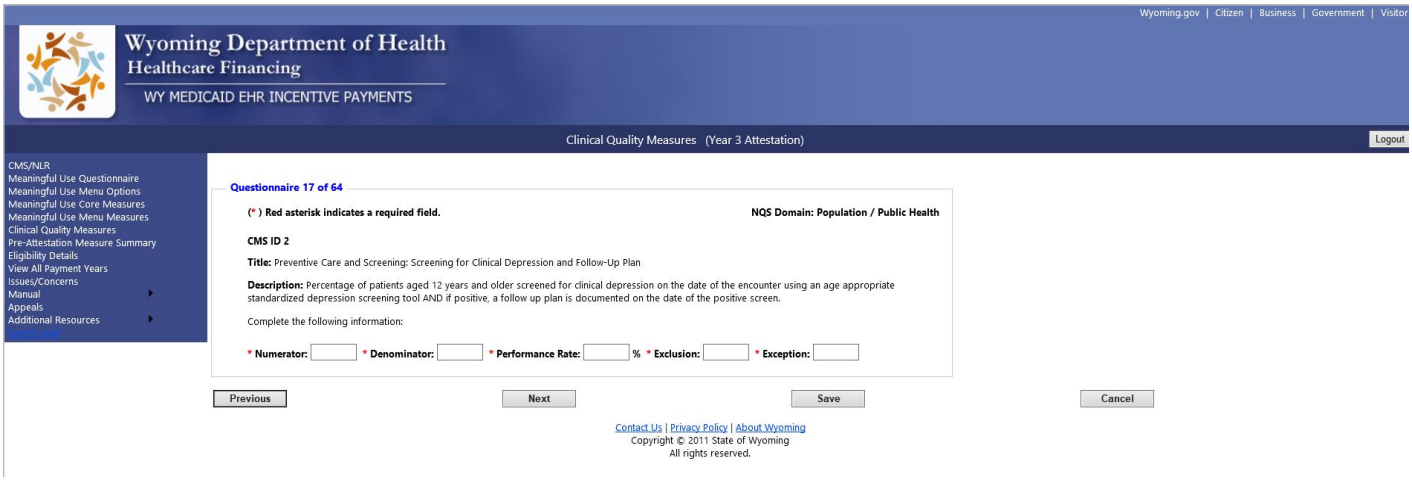
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.17 Clinical Quality Measure Screen 17- CMS ID 2



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

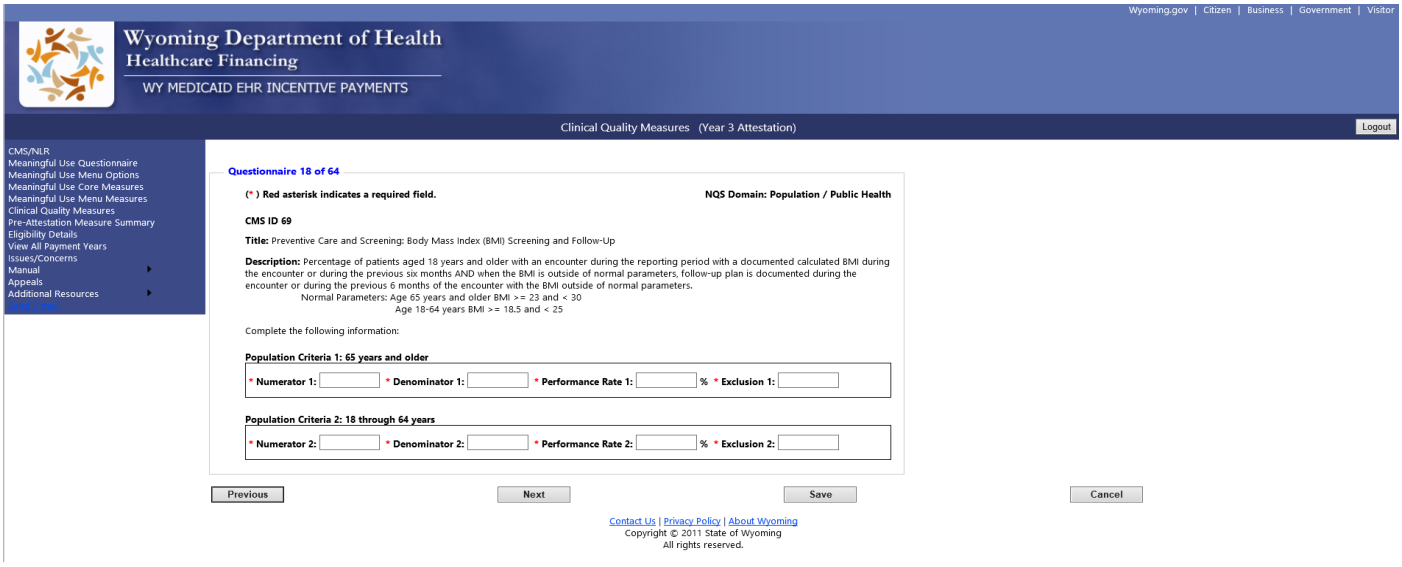
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0
- Please enter an exception: 0 is acceptable if that was reported by the EHR
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.18 Clinical Quality Measure Screen 18- CMS ID 69



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

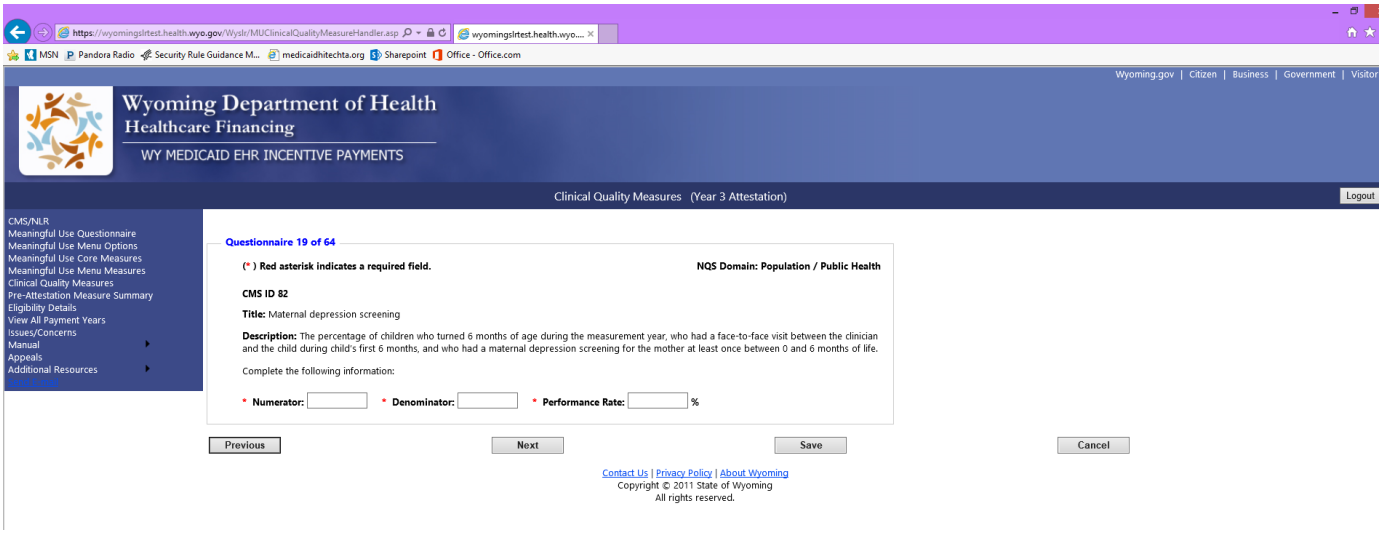
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.19 Clinical Quality Measure Screen 19- CMS ID 82



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

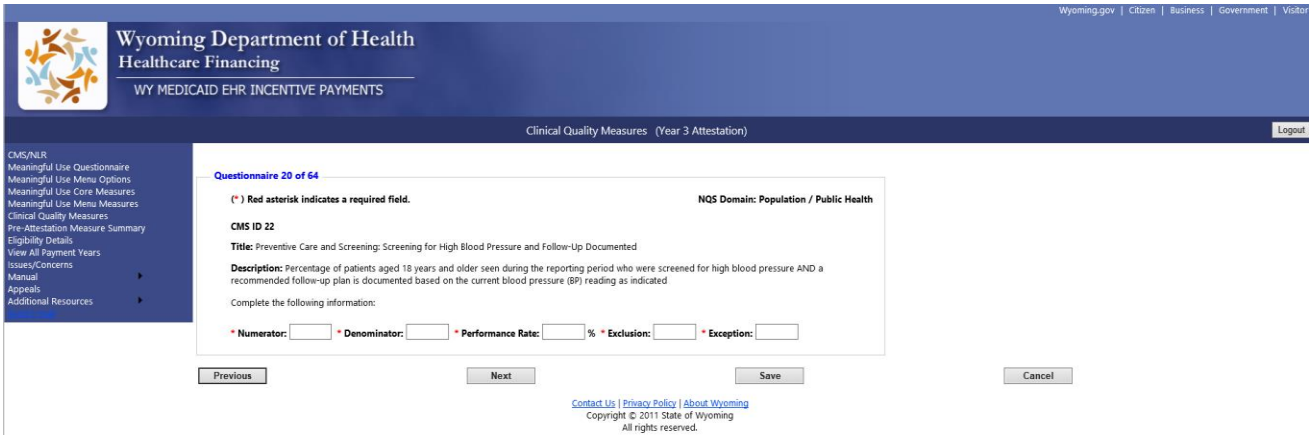
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.20 Clinical Quality Measure Screen 20- CMS ID 22



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

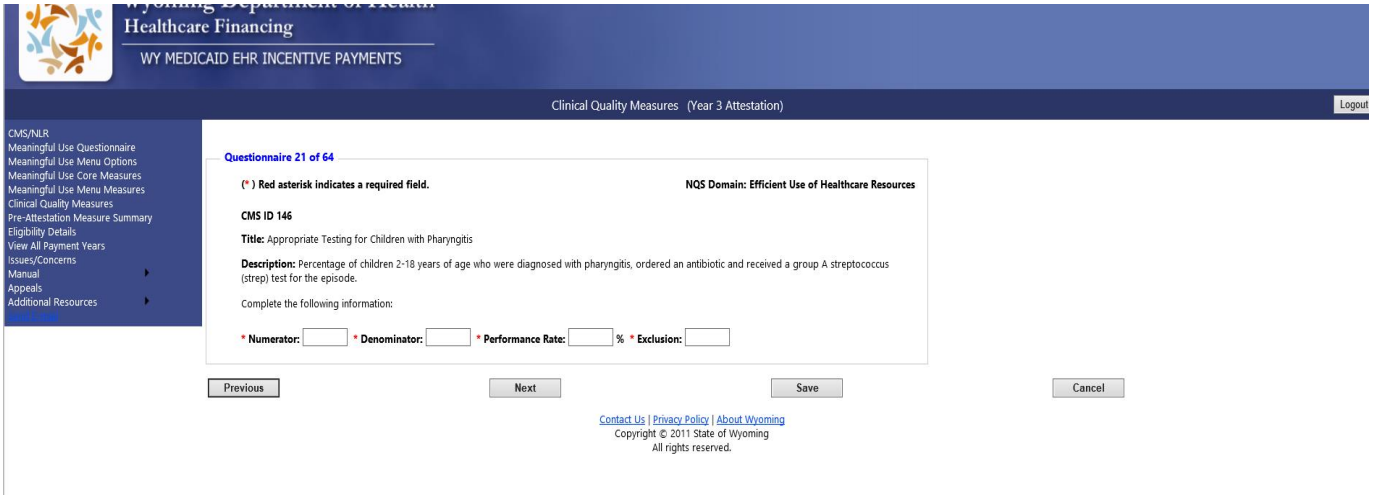
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0
- Please enter an exception: 0 is acceptable if that was reported by the EHR
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.21 Clinical Quality Measure Screen 21- CMS ID 146



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

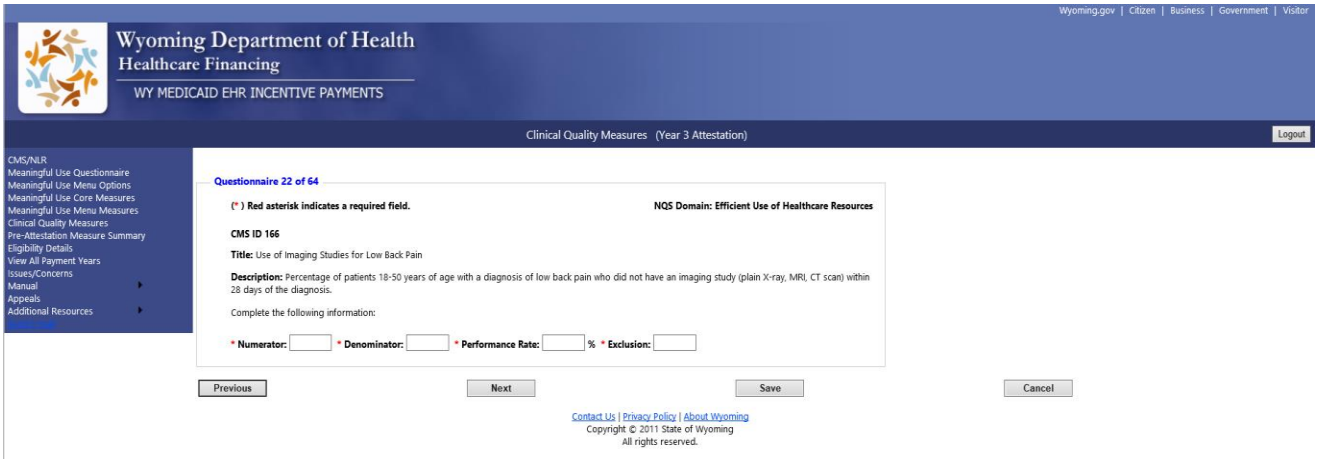
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.22 Clinical Quality Measure Screen 22- CMS ID 166



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

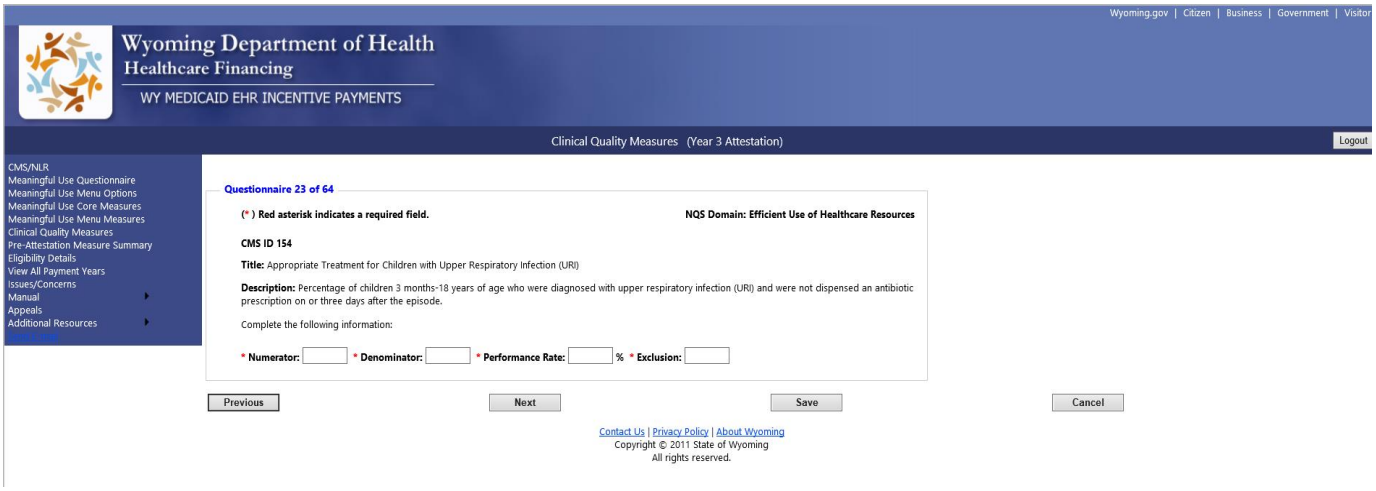
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.23 Clinical Quality Measure Screen 23- CMS ID 154



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

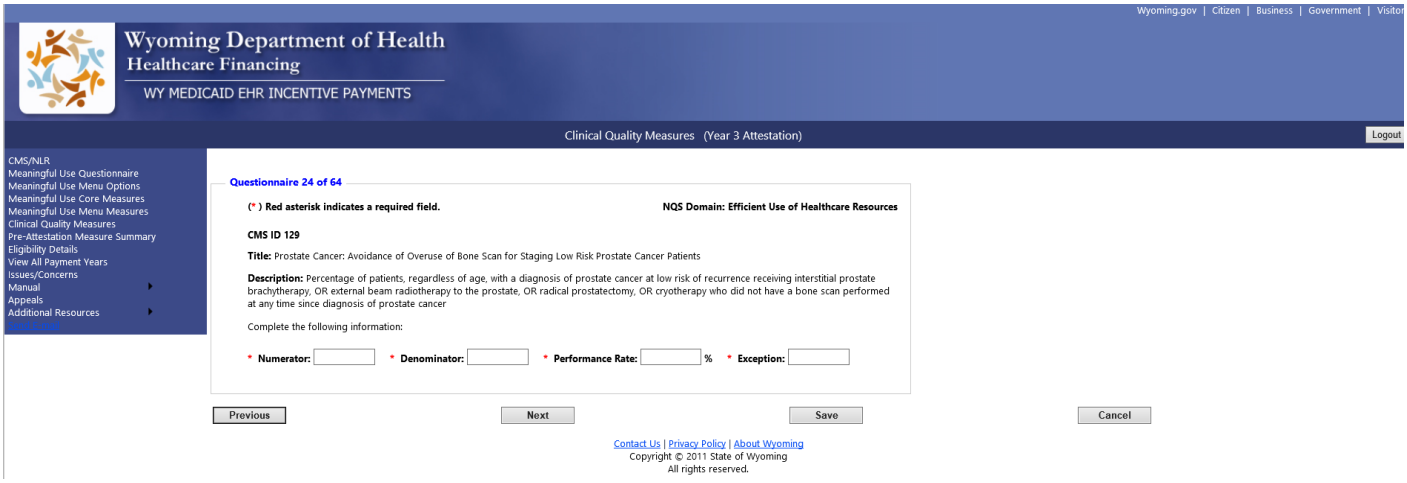
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.24 Clinical Quality Measure Screen 24- CMS ID 129



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

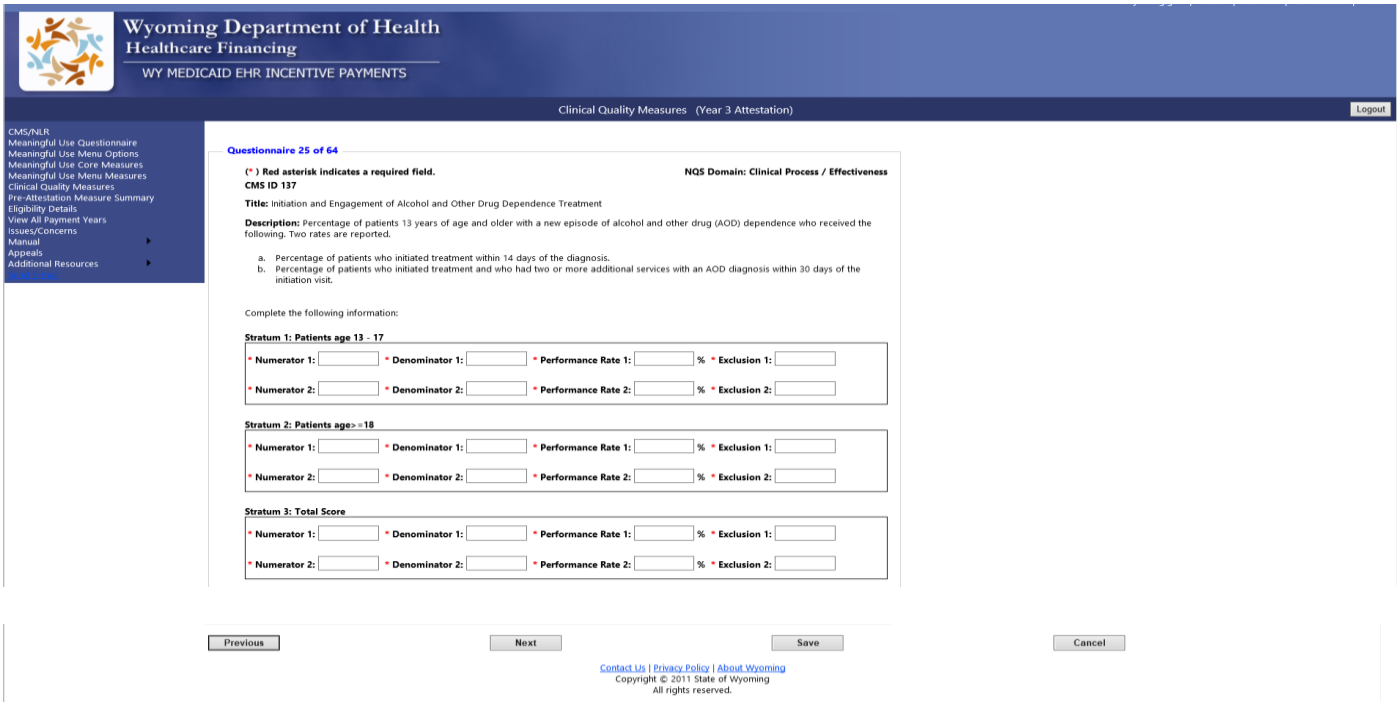
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.25 Clinical Quality Measure Screen 25- CMS ID 137



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

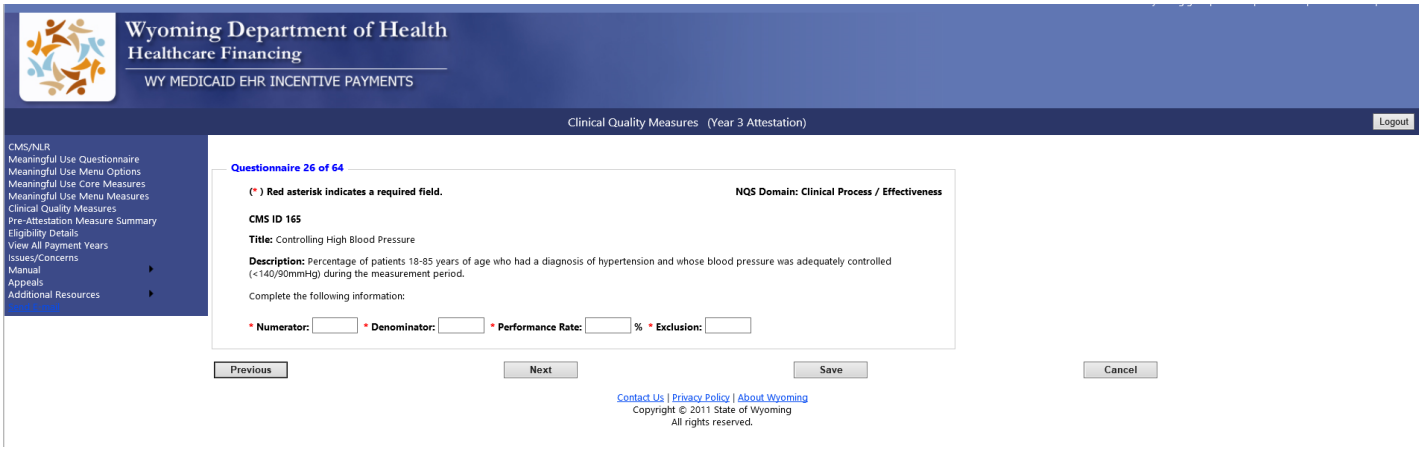
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.26 Clinical Quality Measure Screen 26- CMS ID 165



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

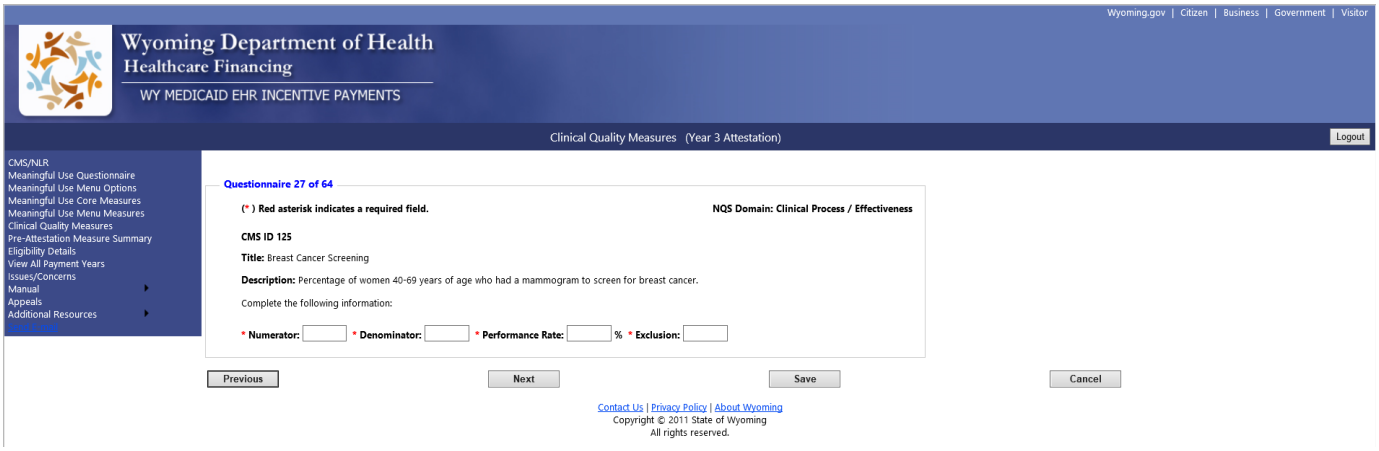
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exclusions: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.27 Clinical Quality Measure Screen 27- CMS ID 125



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

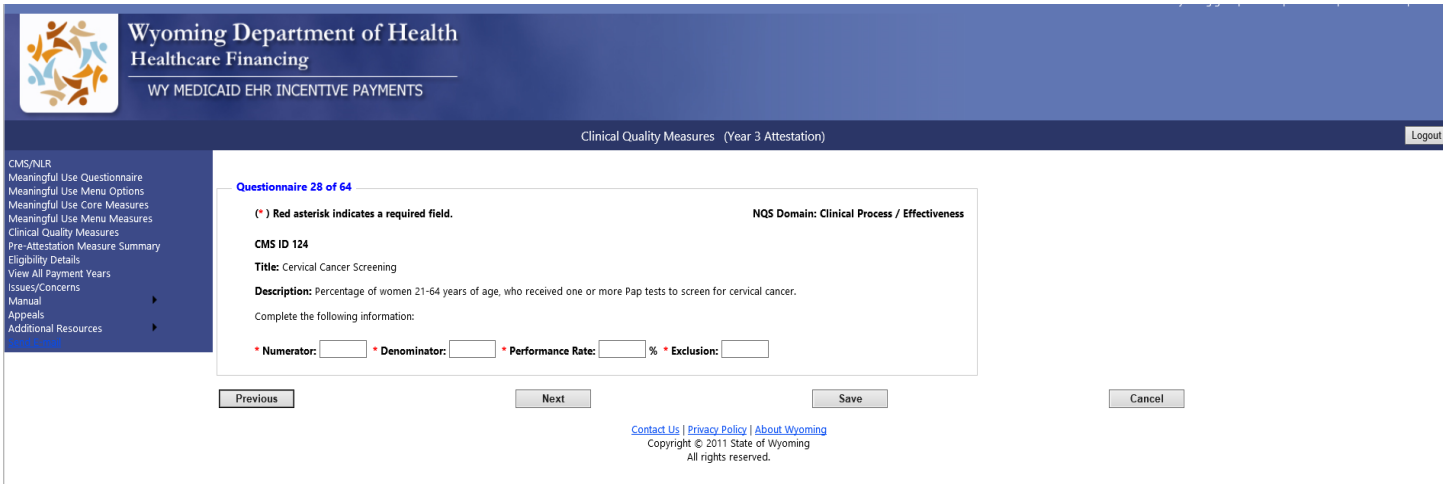
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exclusions: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.28 Clinical Quality Measure Screen 28- CMS ID 124



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

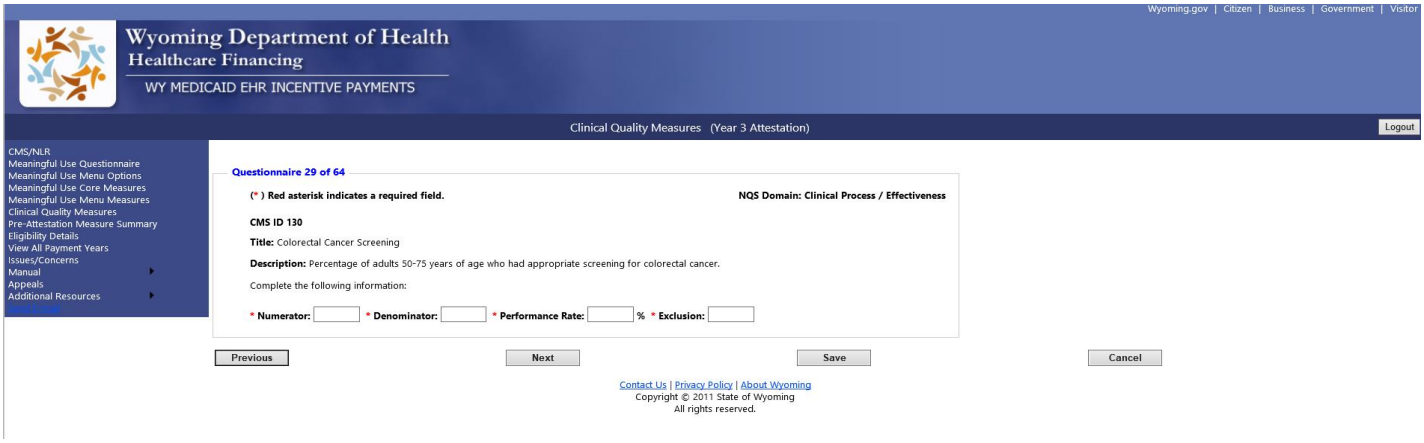
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.29 Clinical Quality Measure Screen 29- CMS ID 130



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

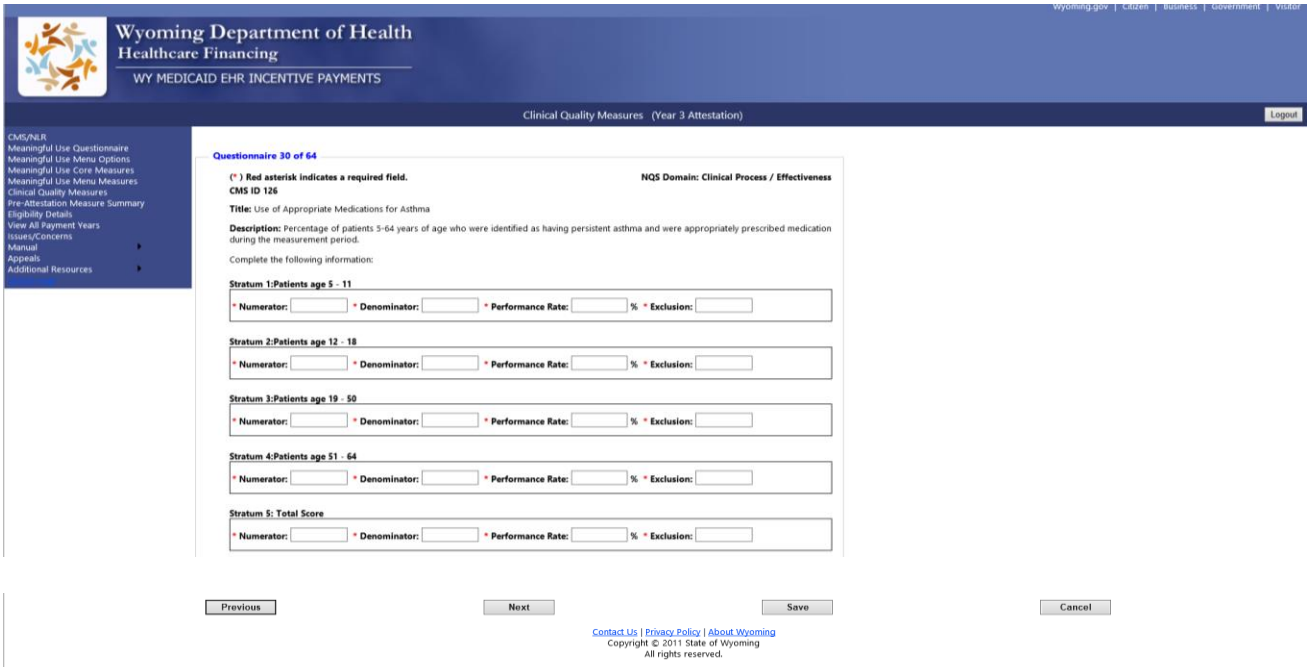
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.30 Clinical Quality Measure Screen 30- CMS ID 126



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

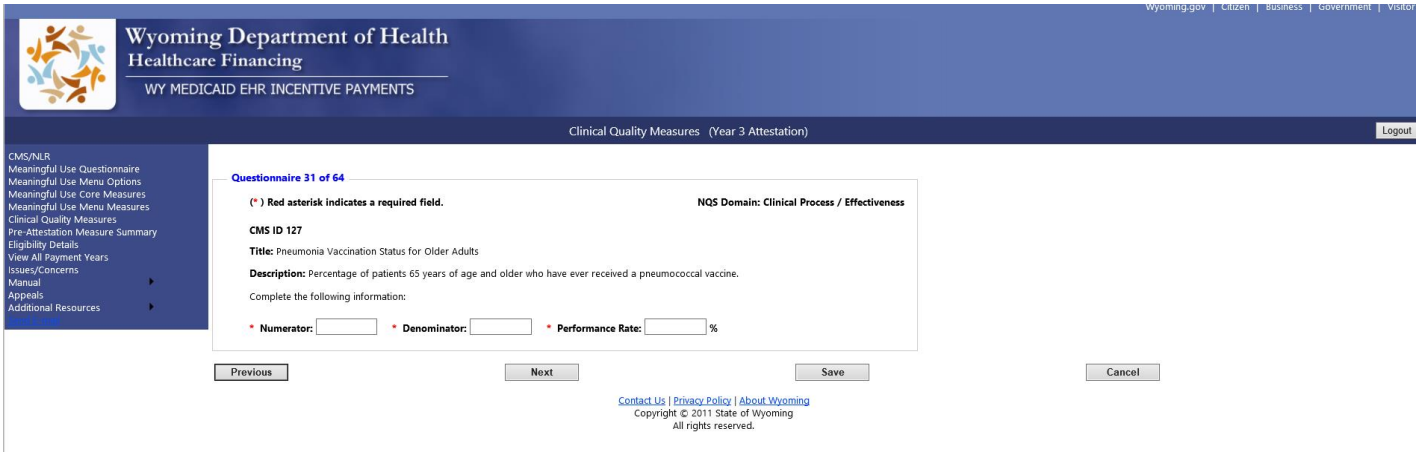
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting ‘Previous’ prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the ‘Next’ button without clicking on the ‘Save’ button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.31 Clinical Quality Measure Screen 31- CMS ID 127



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

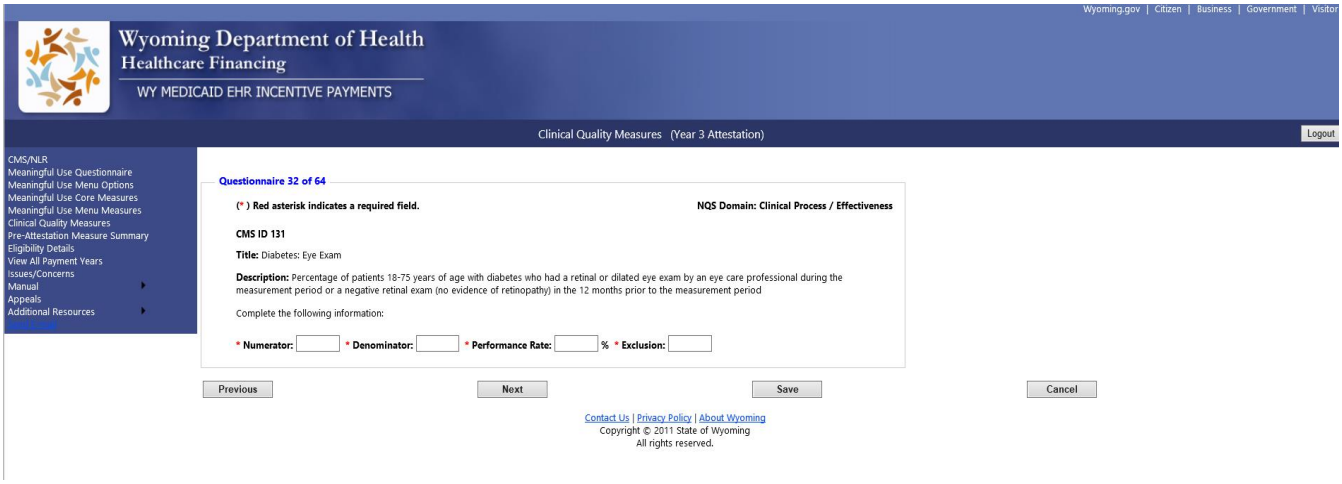
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.32 Clinical Quality Measure Screen 32- CMS ID 131



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

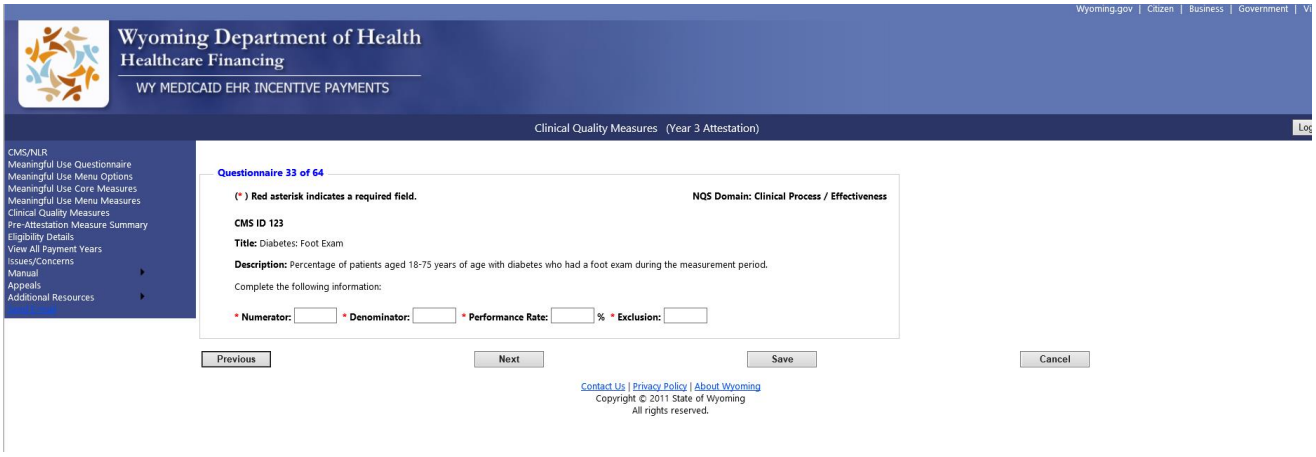
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.33 Clinical Quality Measure Screen 33- CMS ID 123



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

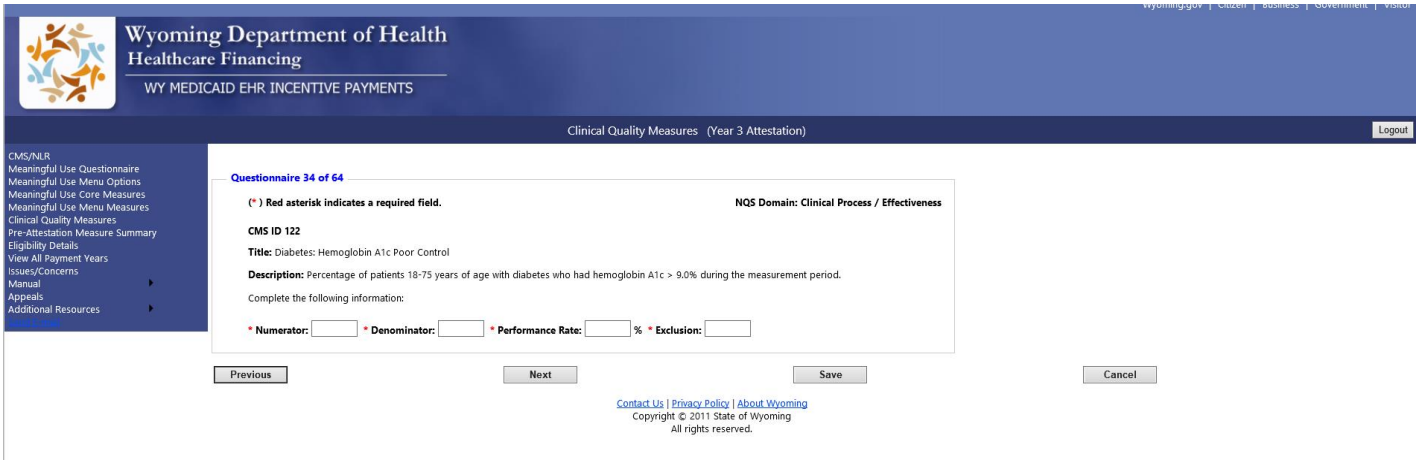
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.34 Clinical Quality Measure Screen 34- CMS ID 122



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

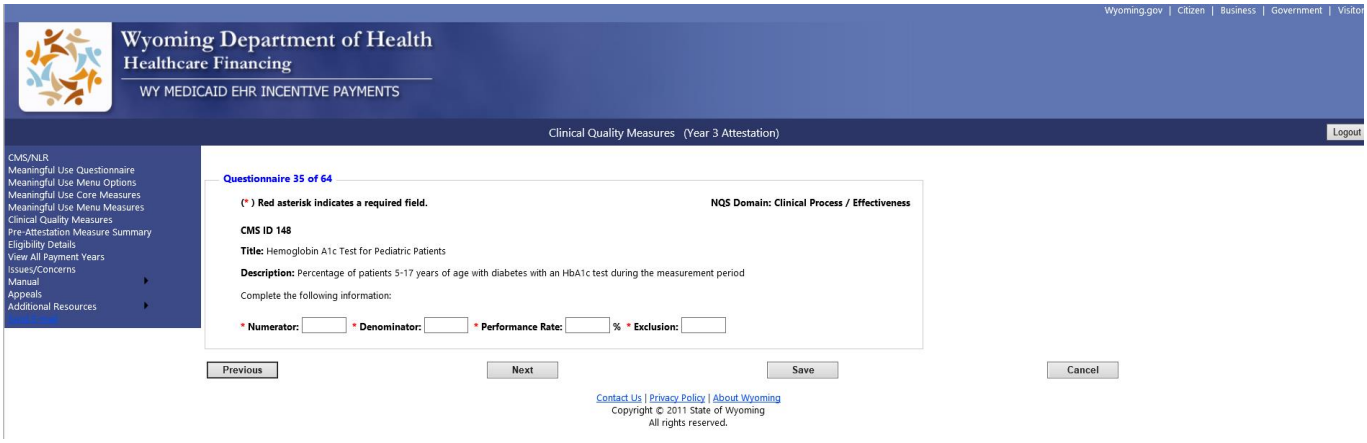
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.35 Clinical Quality Measure Screen 35- CMS ID 148



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

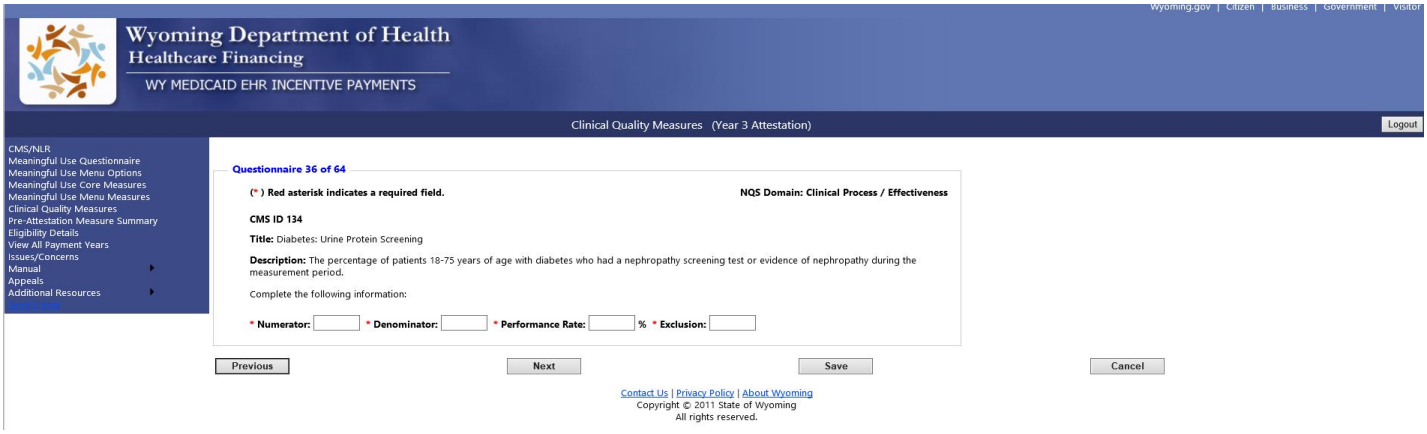
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.36 Clinical Quality Measure Screen 36- CMS ID 134



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

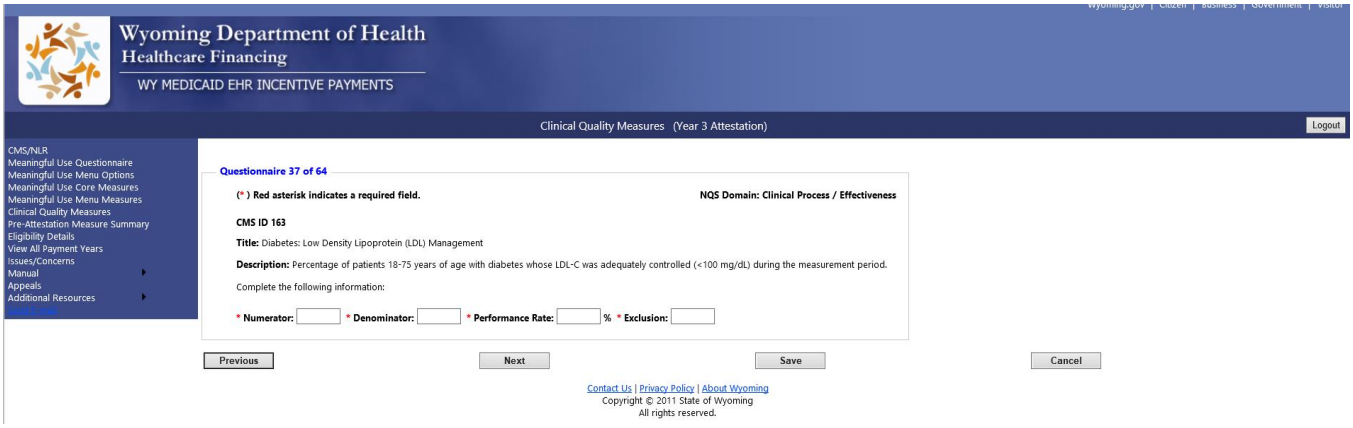
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.37 Clinical Quality Measure Screen 37-CMD ID 163



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

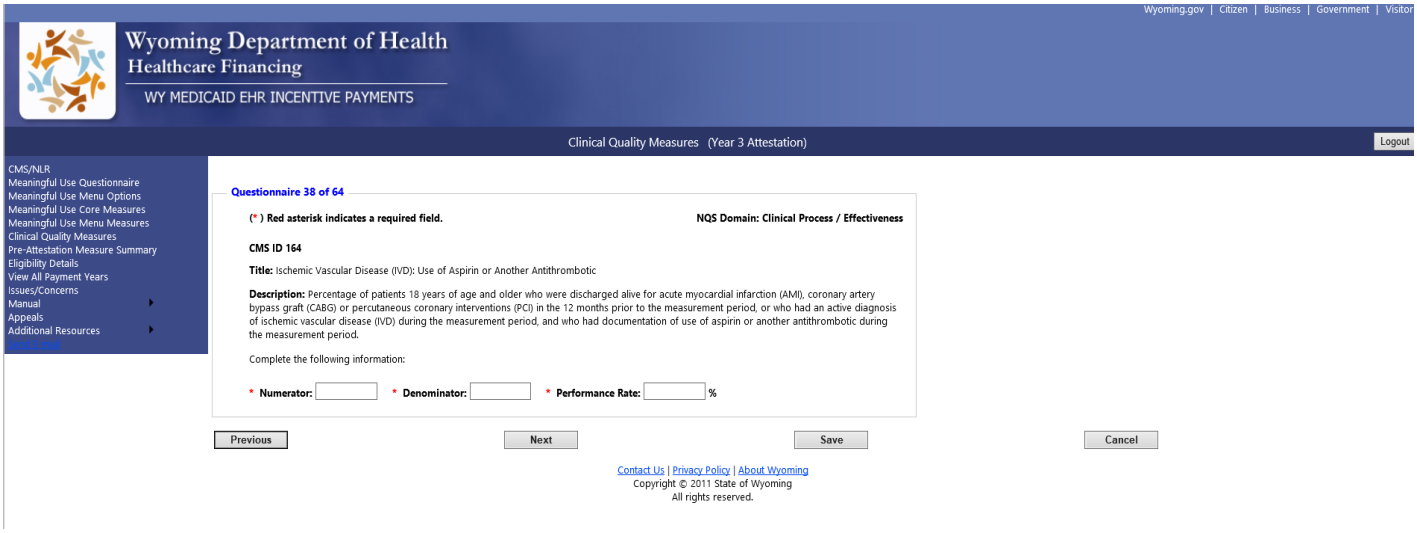
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.38 Clinical Quality Measure Screen 38- CMS ID 164



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

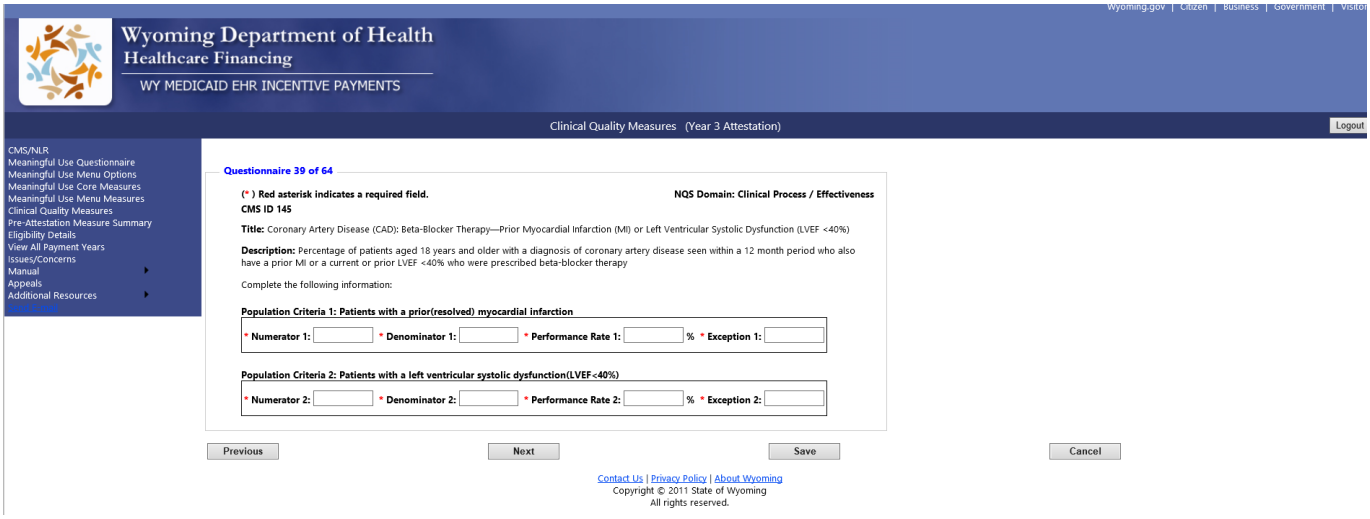
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.39 Clinical Quality Measure Screen 39- CMS ID 145



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

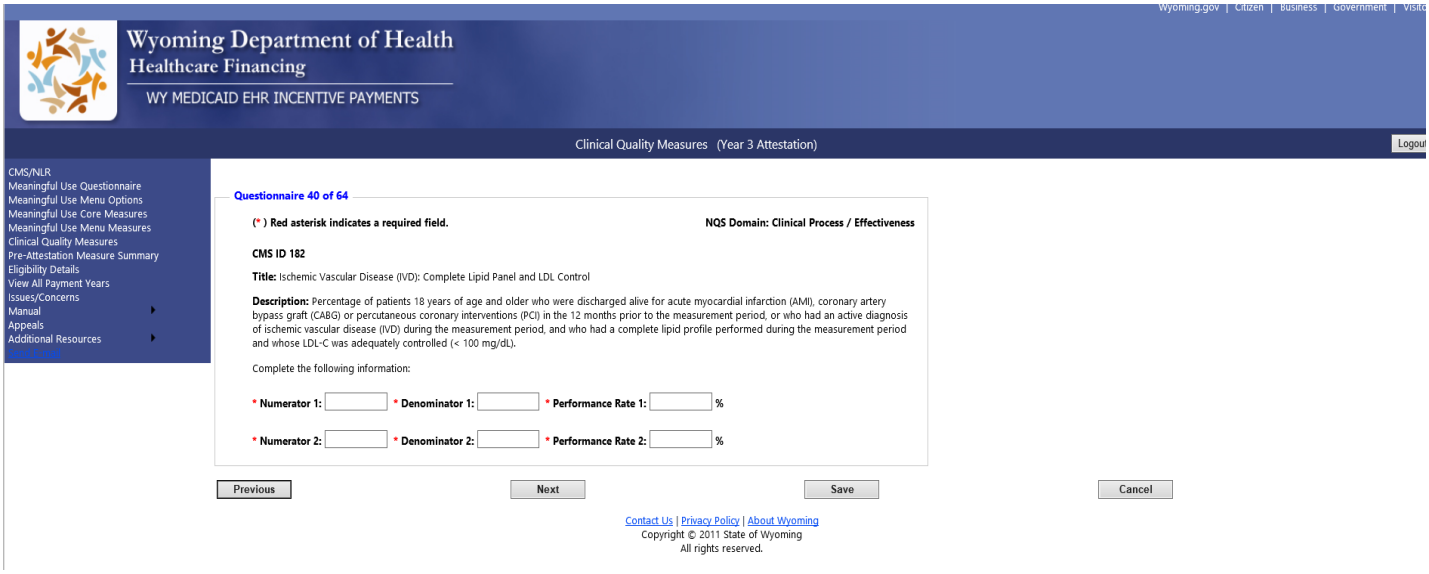
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.40 Clinical Quality Measure Screen 40- CMS ID 182



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

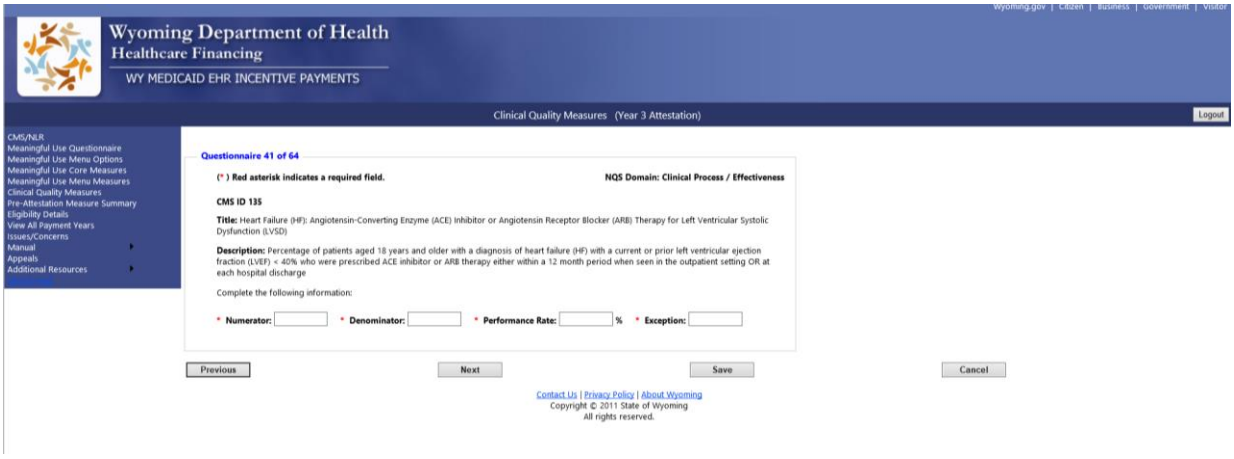
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.41 Clinical Quality Measure Screen 41- CMS ID



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

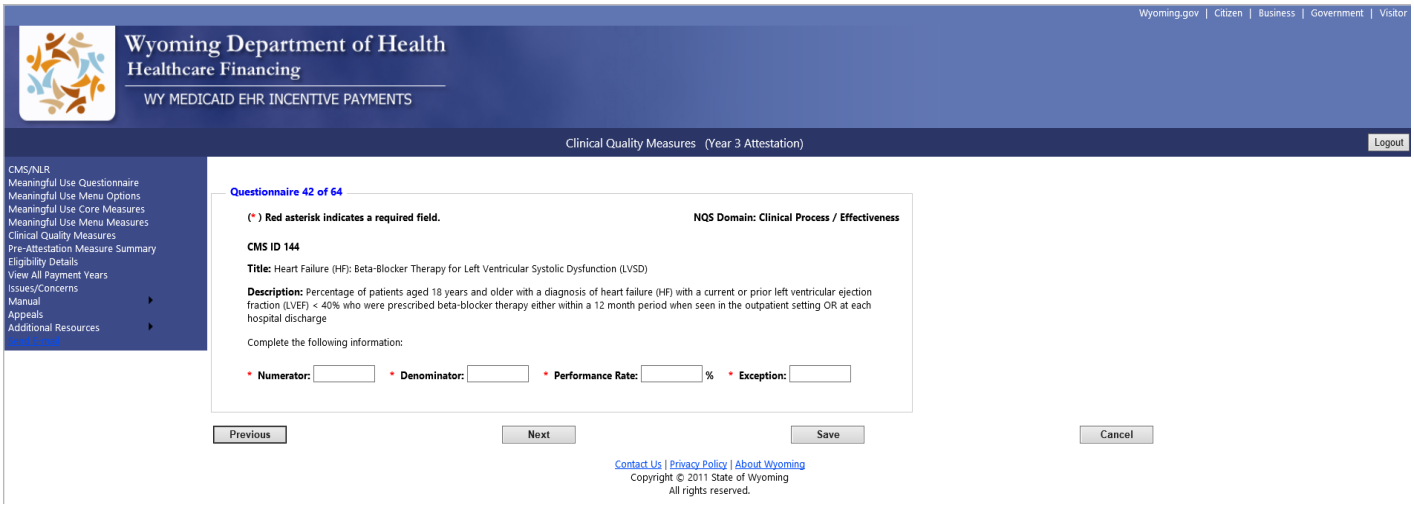
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.42 Clinical Quality Measure Screen 42- CMS ID 144



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

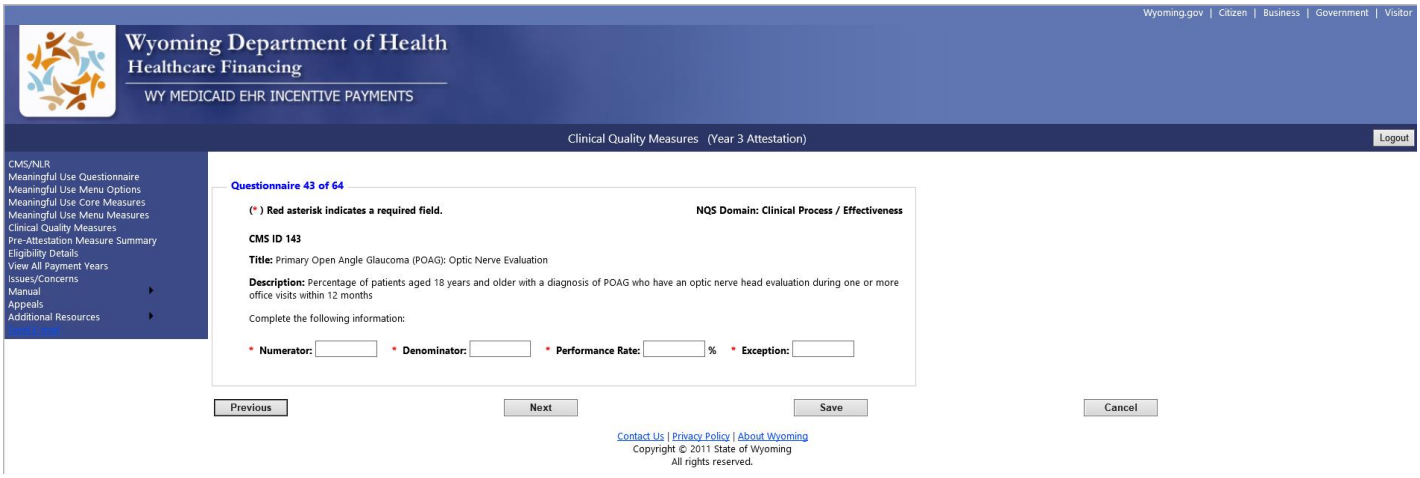
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.43 Clinical Quality Measure Screen 43- CMS ID 143



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

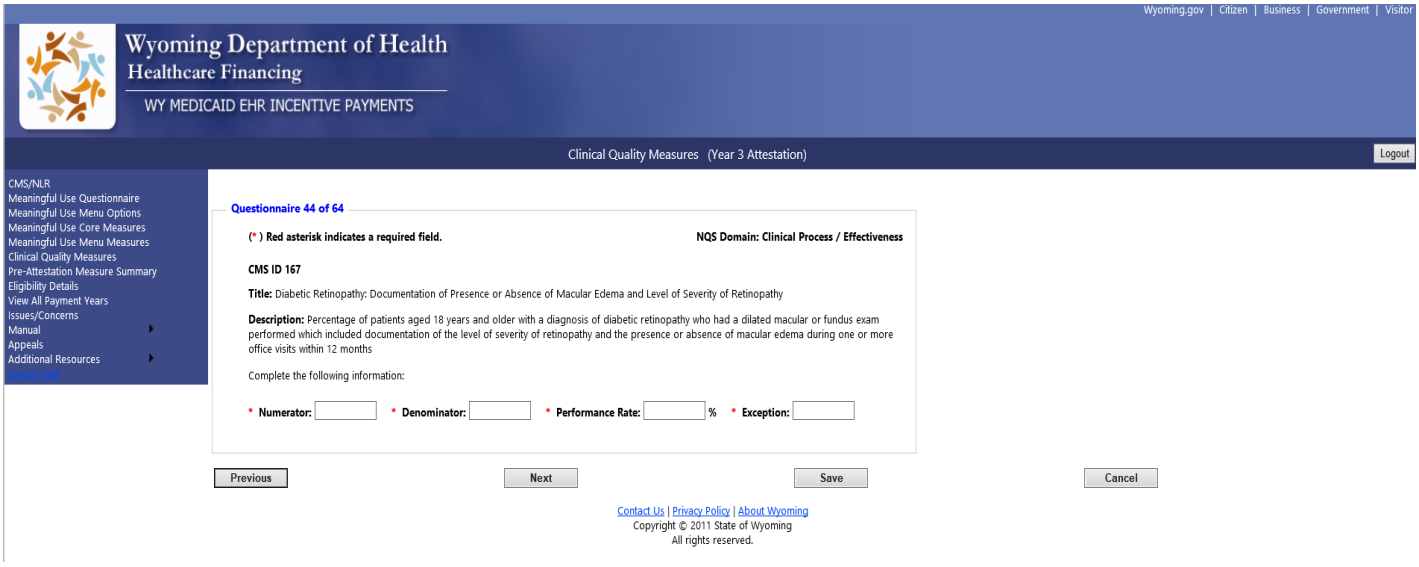
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.44 Clinical Quality Measure Screen 44- CMS ID 167



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

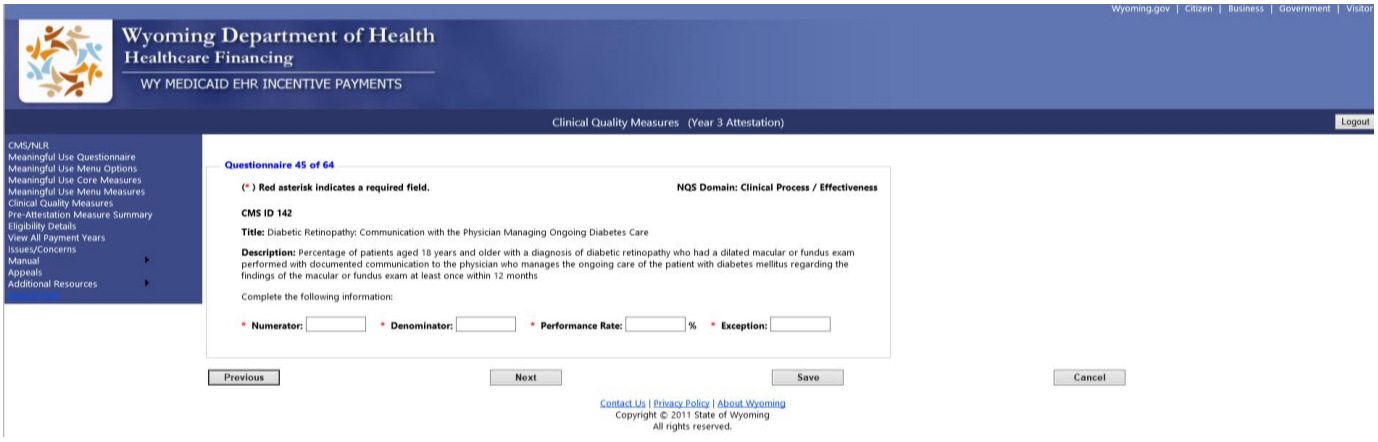
Previous button – will not save the data selected and return the EP to the previous screen.

Next button- automatically saves information entered in the fields and moved to the next screen.

Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.

Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.45 Clinical Quality Measure Screen 45- CMS ID 142



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

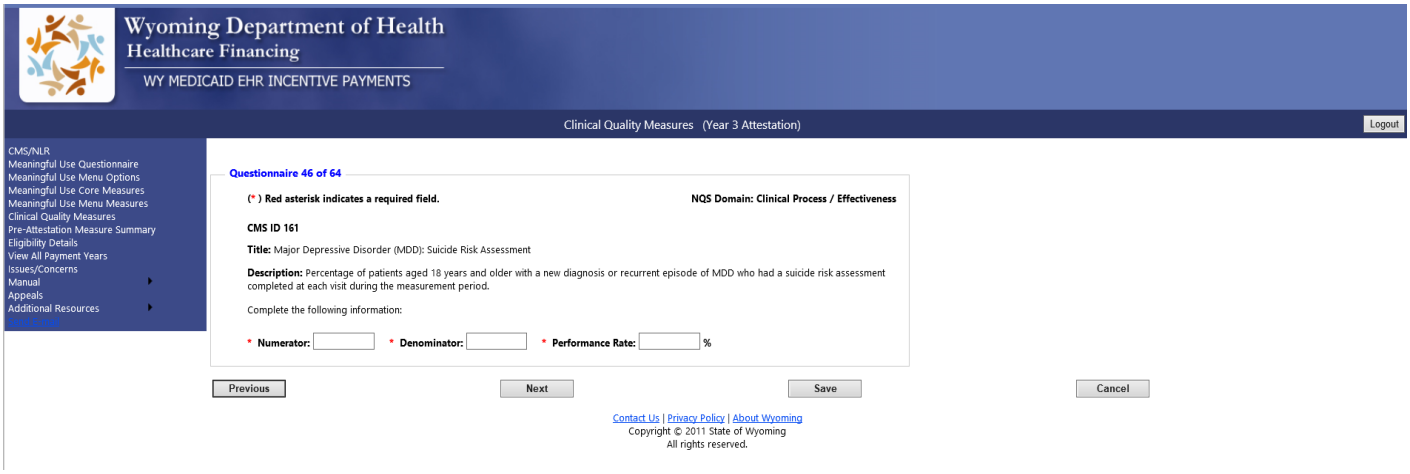
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter a exceptions: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.46 Clinical Quality Measure Screen 46- CMS ID 161



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

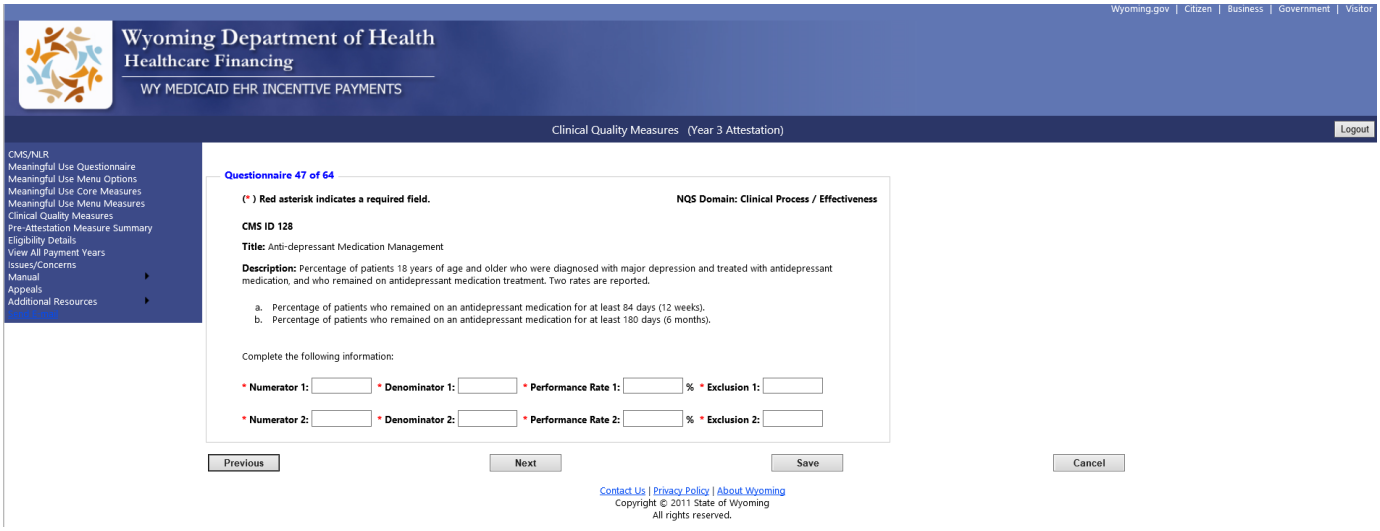
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.47 Clinical Quality Measure Screen 47- CMS ID 128



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

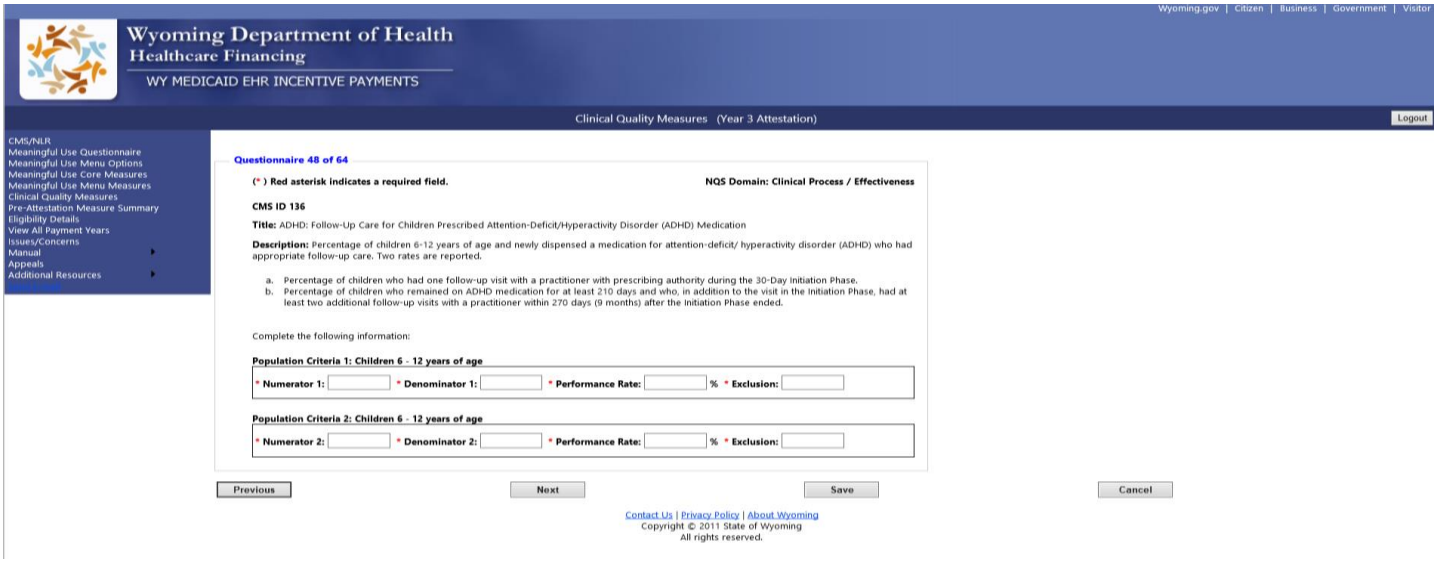
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.48 Clinical Quality Measure Screen 48- CMS ID 136



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

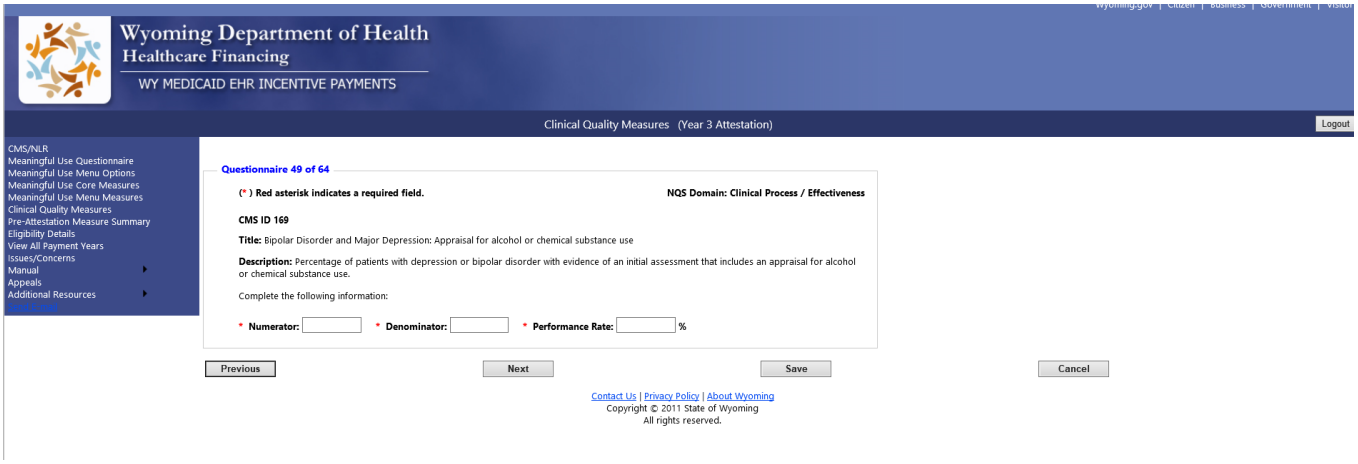
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.49 Clinical Quality Measure Screen 49- CMS ID 169



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

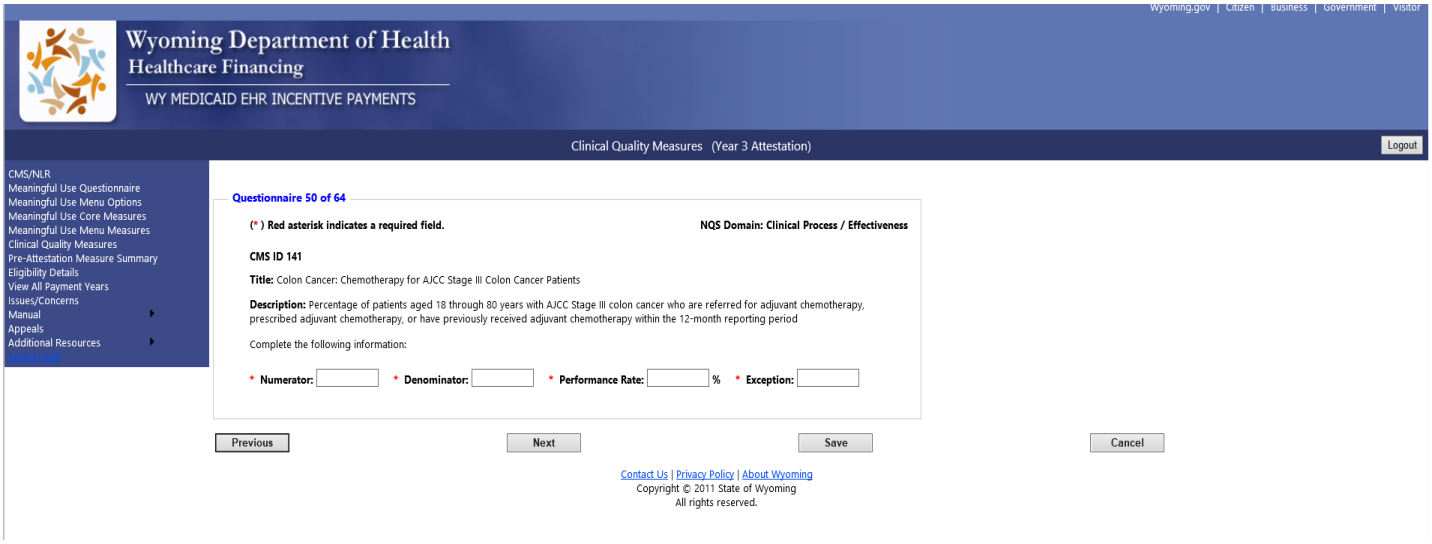
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.50 Clinical Quality Measure Screen 50- CMS ID 141



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

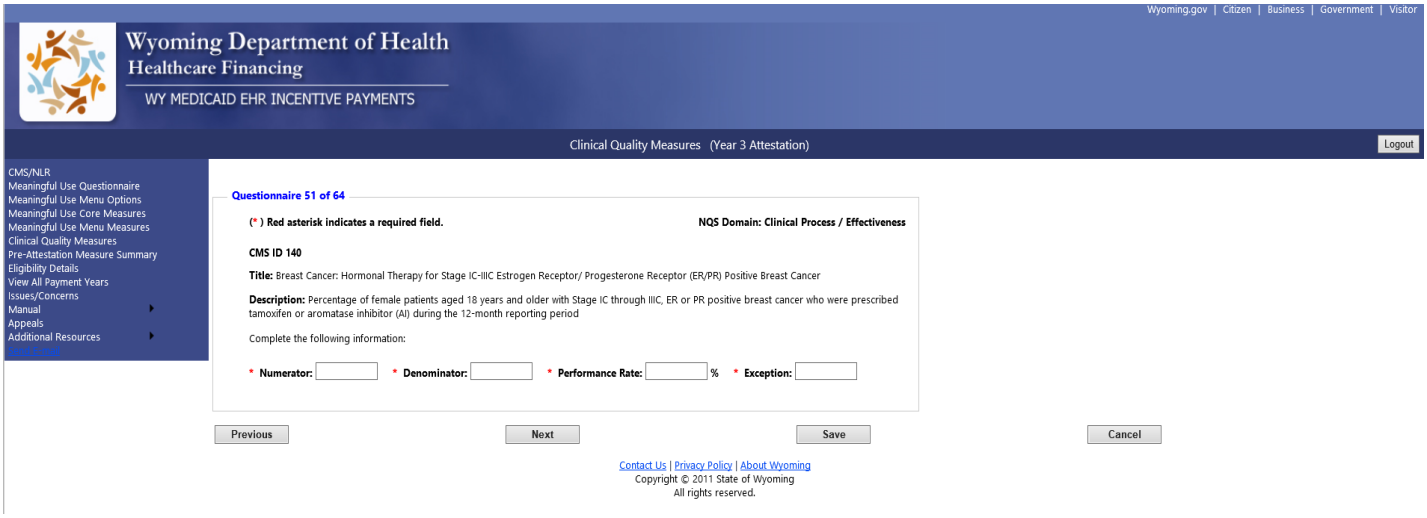
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.51 Clinical Quality Measure Screen 51 CMS ID 140



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

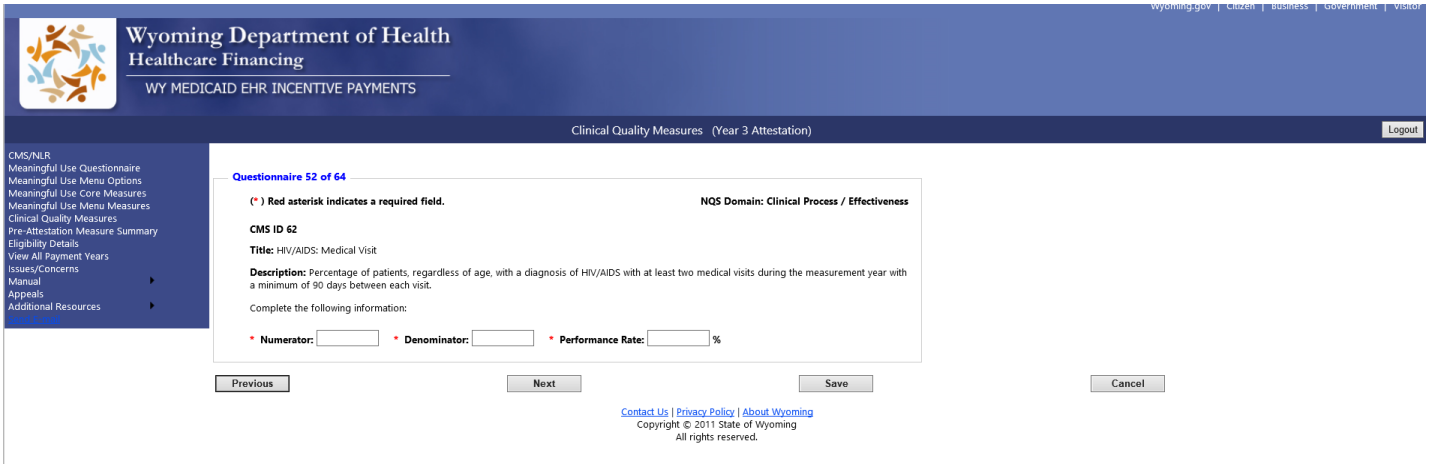
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.52 Clinical Quality Measure Screen 52- CMS ID 62



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

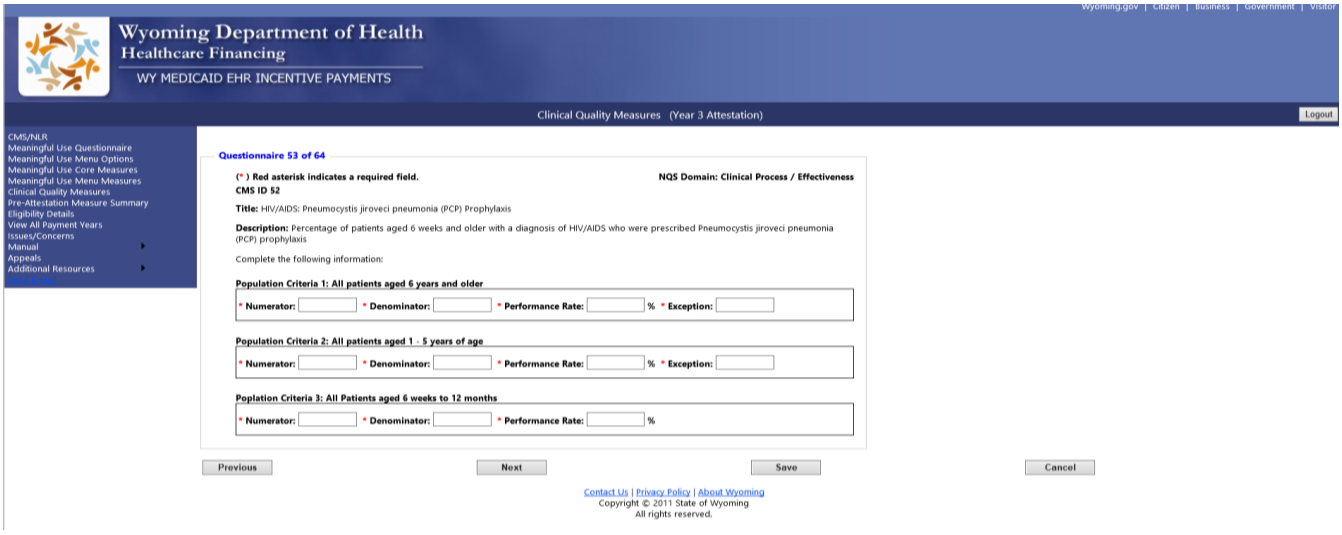
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.53 Clinical Quality Measure Screen 53- CMS ID 52



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

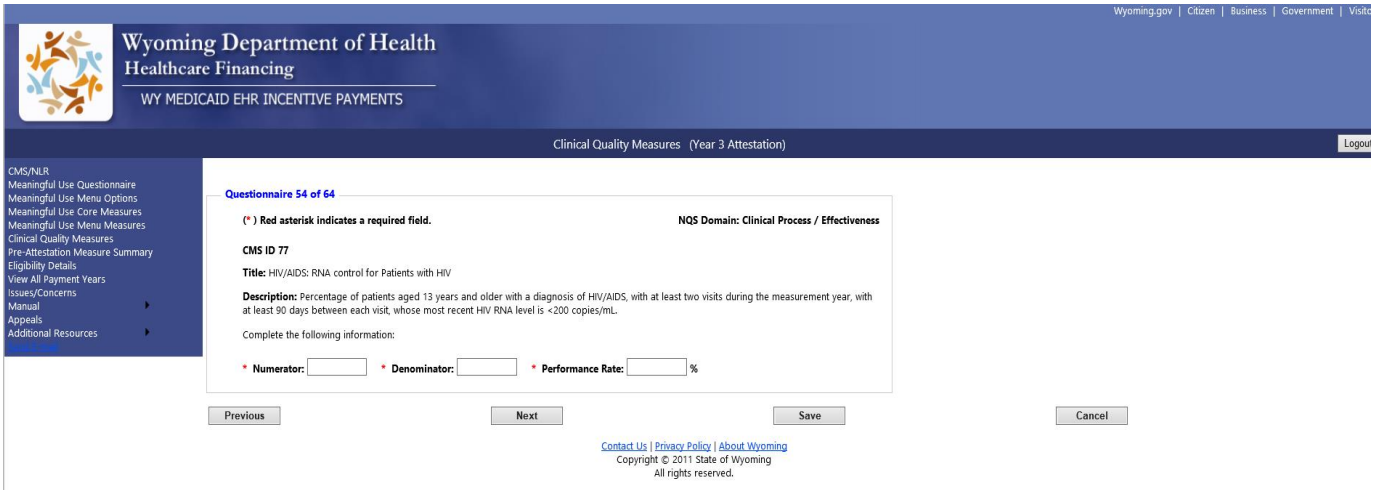
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.54 Clinical Quality Measure Screen 54- CMS ID 77



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

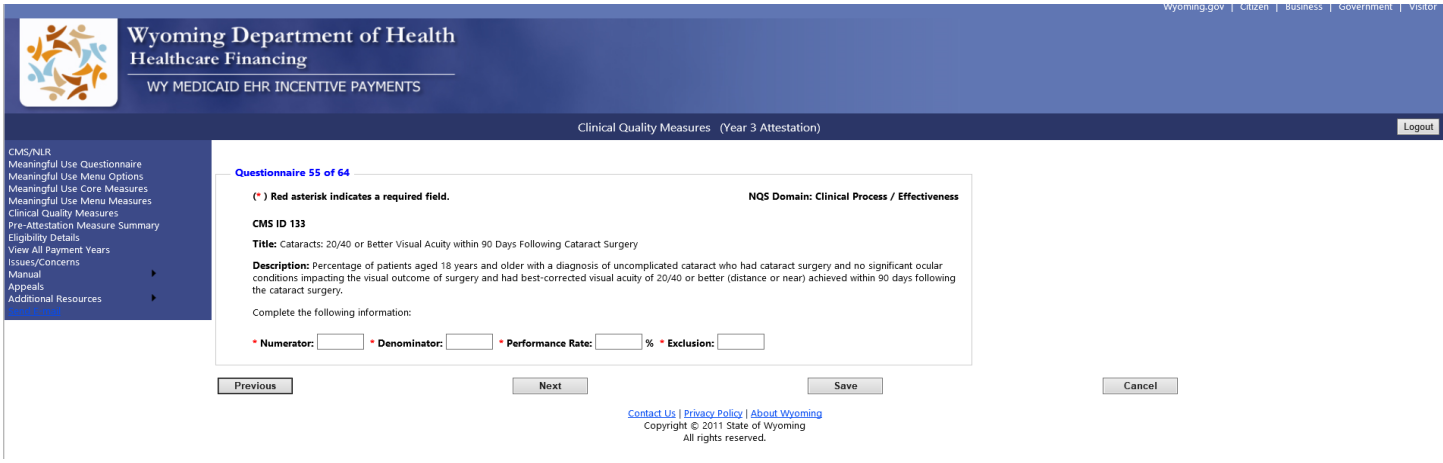
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.55 Clinical Quality Measure Screen 55- CMS ID 133



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

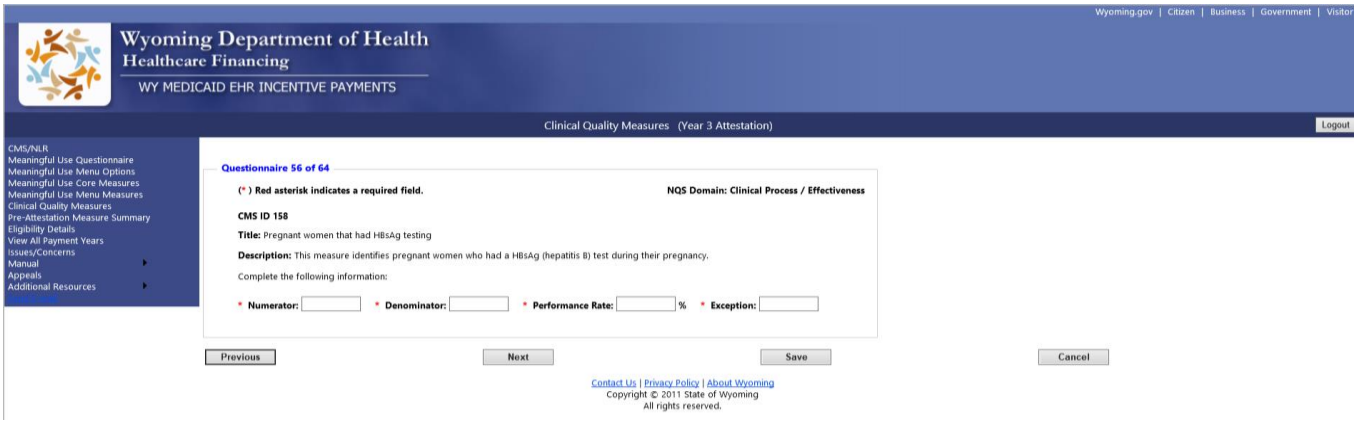
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.56 Clinical Quality Measure Screen 56- CMS ID 56



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

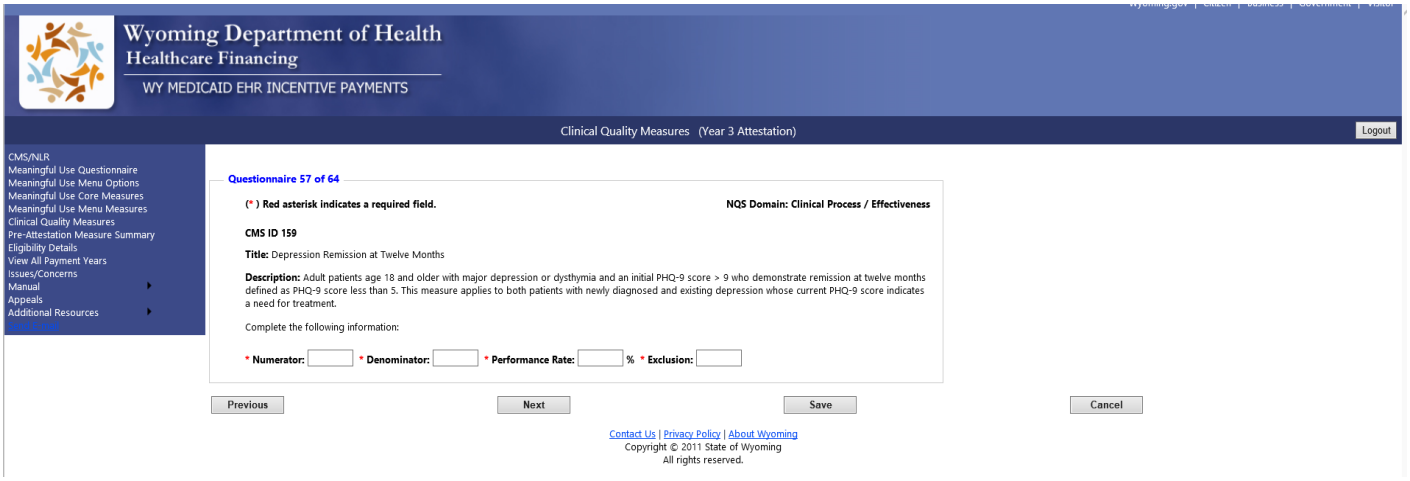
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.57 Clinical Quality Measure Screen 57- CMS ID 159



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.58 Clinical Quality Measure Screen 58- CMS ID 160

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

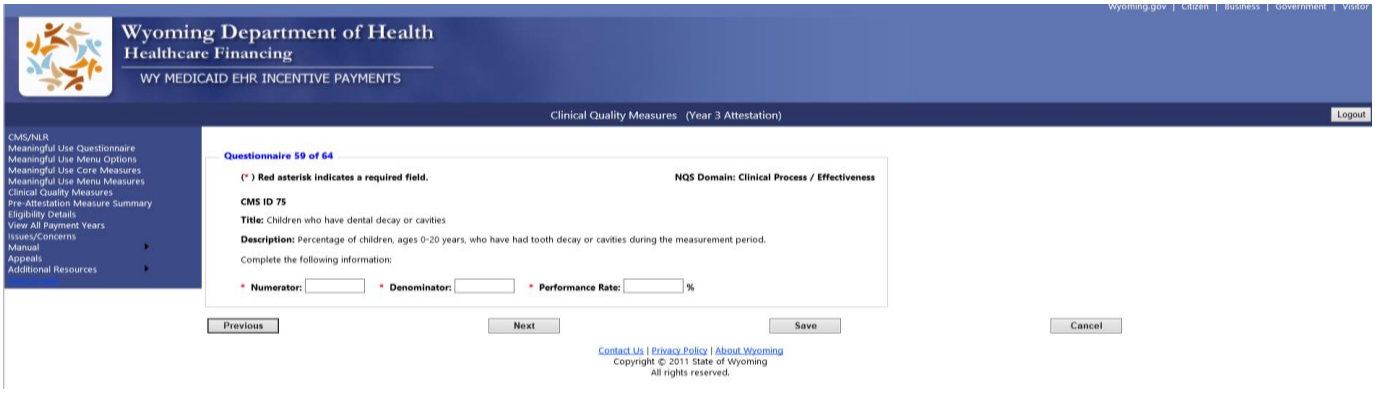
Previous button – will not save the data selected and return the EP to the previous screen.

Next button- automatically saves information entered in the fields and moved to the next screen.

Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.

Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.59 Clinical Quality Measure Screen 59- CMS ID 75



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

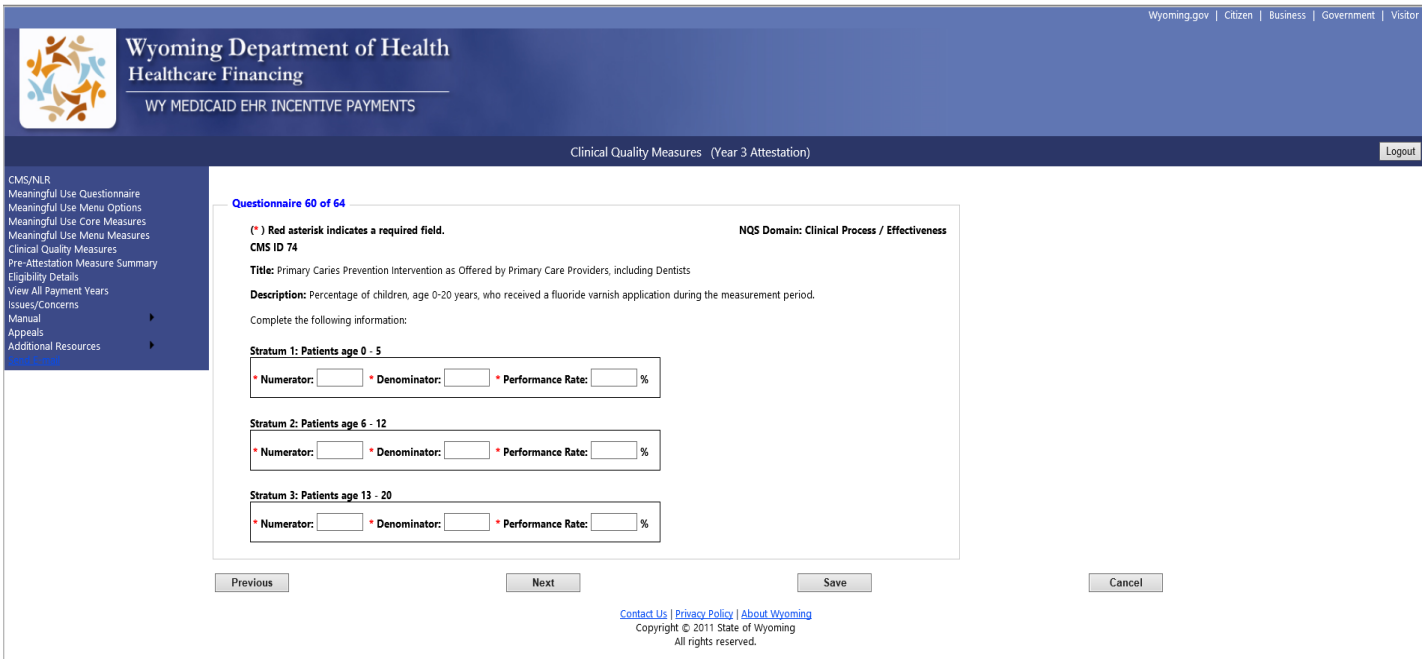
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.60 Clinical Quality Measure Screen 60- CMS ID 74



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

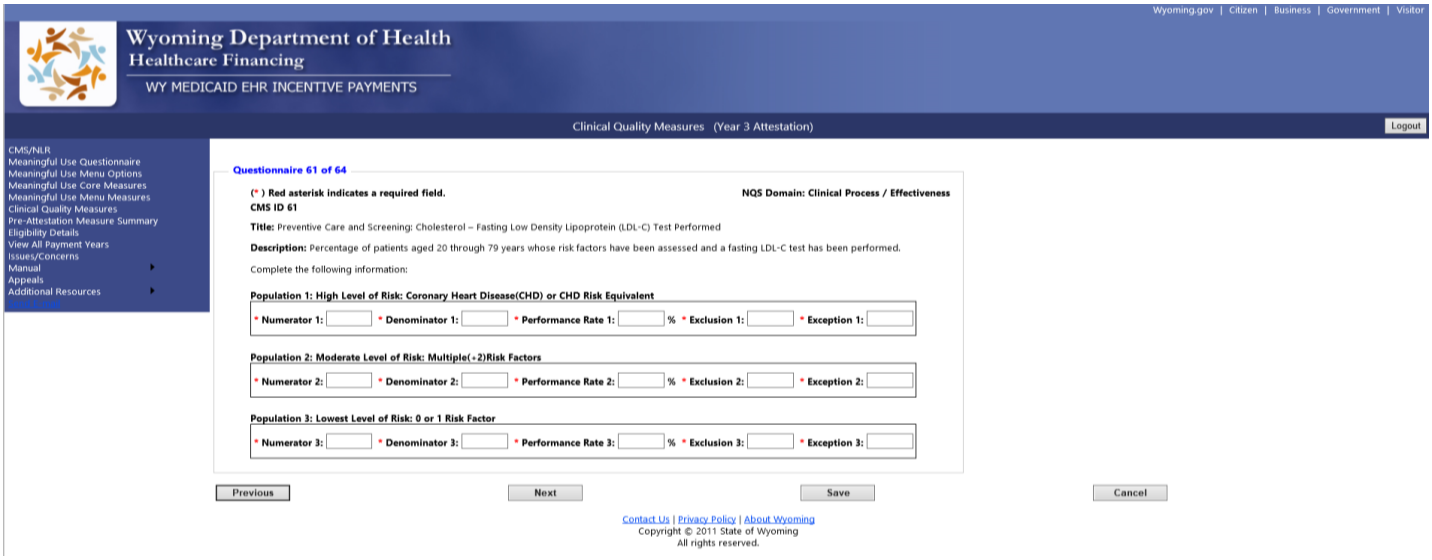
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.61 Clinical Quality Measure Screen 61- CMS ID 61



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.62 Clinical Quality Measure Screen 62- CMS IS 64

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

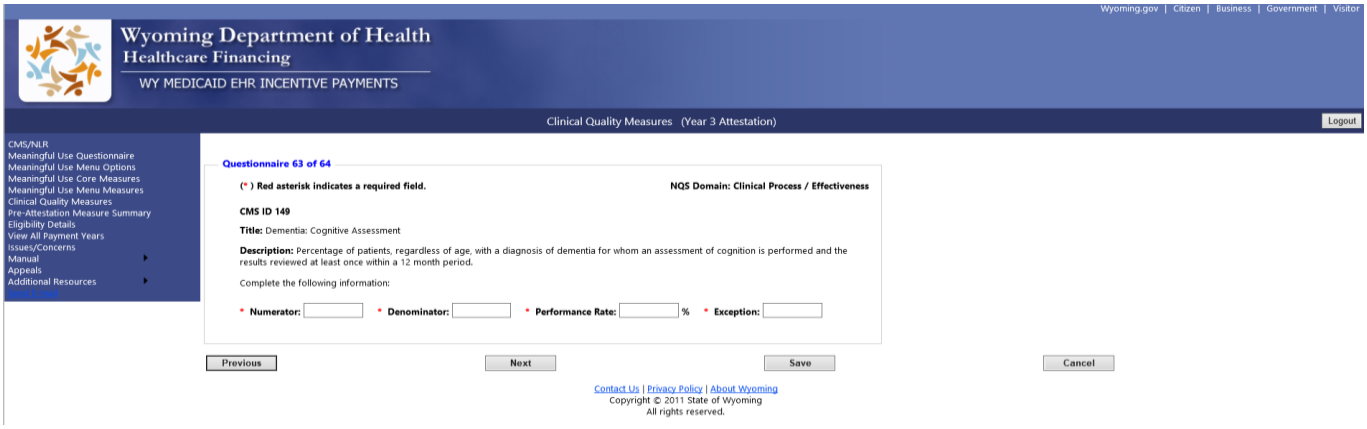
Previous button – will not save the data selected and return the EP to the previous screen.

Next button- automatically saves information entered in the fields and moved to the next screen.

Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.

Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.63 Clinical Quality Measure Screen 63- CMS ID 149



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

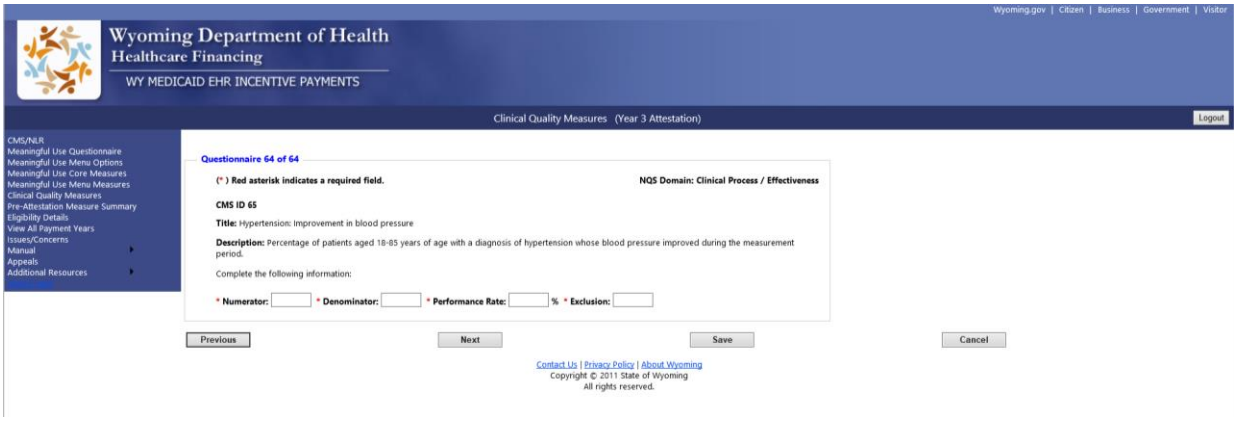
- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reported by the EHR technology
- Exceptions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.3.64 Clinical Quality Measure Screen 64- CMS ID 65



All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reported by the EHR technology
- Exclusions must be a whole number greater than or equal to 0

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous button – will not save the data selected and return the EP to the previous screen.
Next button- automatically saves information entered in the fields and moved to the next screen.
Save button– will save the data selected. This data will be updatable until the attestation has been completed by the EP.
Cancel button- will clear the information entered into the fields out while remaining on the same page.

9.4 Pre Attestation Summary

Meaningful Use Core Measures Summary – Takes the EP to a summary screen of their entries for the Core MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Meaningful Use Menu Measures Summary – Takes the EP to a summary screen of their entries for the Menu MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Clinical Quality Measures Summary – Takes the EP to a summary screen of their entries for the Clinical Quality Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Navigation:

Logout Button – Returns the EP to the login page
Meaningful Use Core Measures Link – Takes the EP to the summary screen for Meaningful Use Core Measures
Meaningful Use Menu Measures Link - Takes the EP to the summary for Meaningful Use Menu Measures
Core Clinical Quality Measures Link – Takes the EP to the Summary of all Clinical Quality Measures
Previous – Take the EP to the CMS/NLR screen
Next – Takes the EP to the Incentive Payment Calculations screen

9.4.1 Meaningful Use Measures Screen – Pre-Attestation Summary

This screen lists the objective, measure, and data entered by the EP for each Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry.

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Summary of Meaningful Use Core Measures (Year 3 Attestation / Program Year 2015)

Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Send E-mail

Meaningful Use Measure List Table

Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue .

ObjectiveText	Description	Data Entered	Selection
Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of data stored in Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Yes	Edit
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one Clinical Decision Support Rule	Yes	Edit
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	The EP enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	Yes	Edit
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or 	Numerator = 31 Denominator = 100	Edit
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Excluded	Edit
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Excluded	Edit
Generate and transmit permissible prescriptions electronically (eRx).	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.	Numerator = 41 Denominator = 100	Edit
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care that -- (1) use CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	Numerator = 101 Denominator = 1000	Edit
Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Numerator = 11 Denominator = 100	Edit
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Numerator = 51 Denominator = 100	Edit
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.	Excluded	Edit
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	Excluded	Edit
Use secure electronic messaging to communicate with patients on relevant health information.	During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the EP was fully enabled.	Yes	Edit

Previous Next

Contact Us | Privacy Policy | About Wyoming
Copyright © 2011 State of Wyoming
All rights reserved.

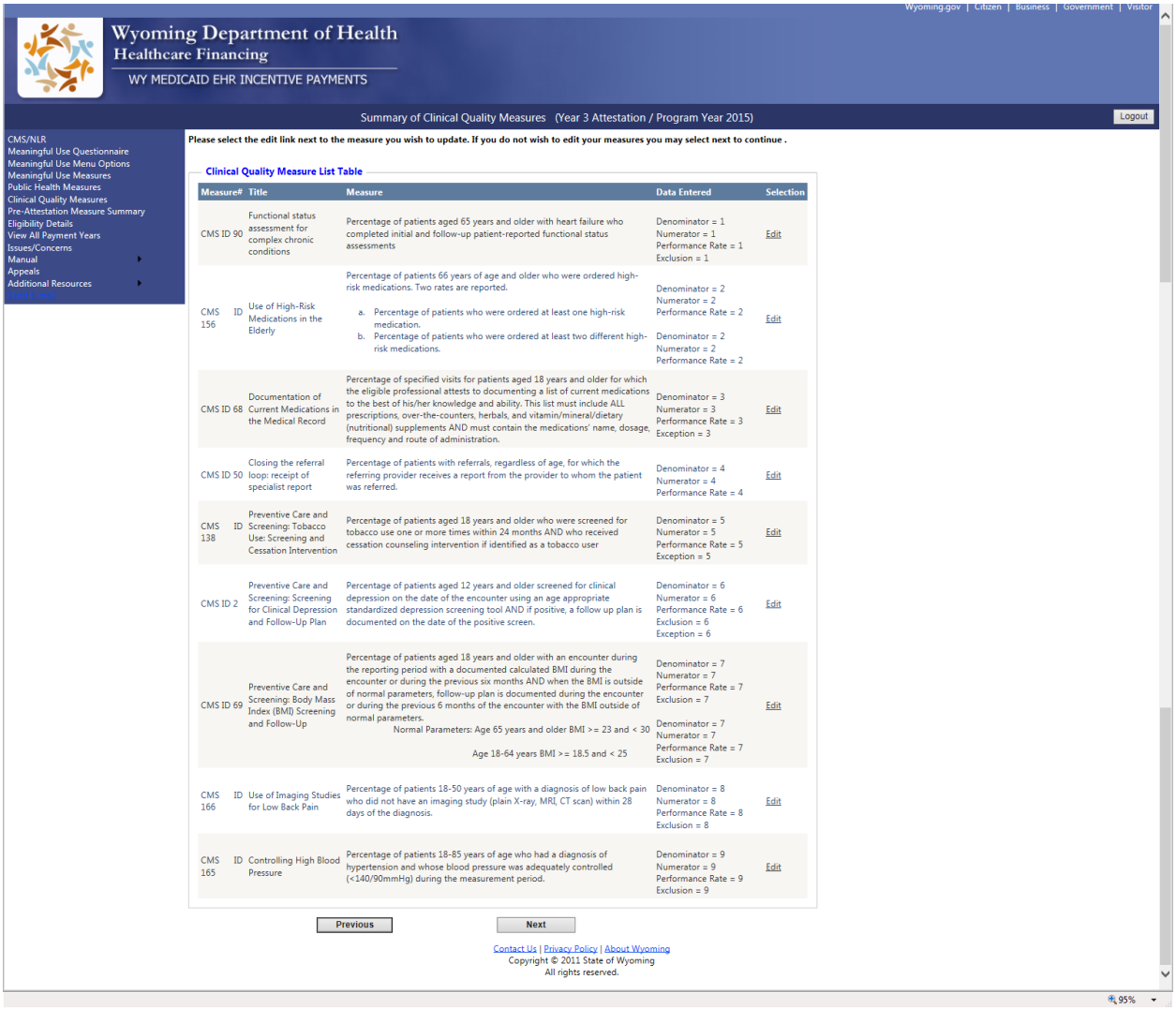
100%

9.4.2 Public Health Reporting Measures Screen – Pre-Attestation Summary

This screen lists the objective, measure, and data entered by the EP for each Public Health Reporting Measure that was responded to by the EP during their attestation. The EP may click on 'Edit' on a measure row to return to that measure and update their entry.

9.4.3 Summary of Clinical Quality Measures Screen – Pre-Attestation Summary

This screen lists the objective, measure, and data entered by the EP for each Menu Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry.



9.5 Measure Editing prior to Attestation

The EP may update any field on the measure that they have previously entered. The field editing for the measure will still apply upon the EP clicking save.

If the user decides they did not want to make any changes then they can select the 'Return to Summary' button to return to the previous summary of measures page.

Navigation

Logout Button – returns the EP to the login page
Save Button – saves the data once all applicable edits are resolved.
Return to Menu Button – takes the EP back to the Measure Summary selection page.

9.6 Incentive Payment Calculation Screen

The screen lists the estimated payment for the EP for the current attestation. (The example shown is a year 2 estimated payment for a 'Pediatrician')

9.7 Documentation Upload Screen

This page will allow the EP to attach documentation with their current year attestation.

Clicking on the 'Browse' button will allow the EP to search and select the documents they would like to attach

Clicking on the 'Upload' button will attach and save the document relating to the current attestation payment year.

Only PDFs are allowed to be uploaded

9.8 Attestation Statements Screen

Wyoming.gov | Citizen | Business | Government | Visitor

Wyoming Department of Health
Healthcare Financing
WY MEDICAID EHR INCENTIVE PAYMENTS

Attestation Statement (Year 2 Attestation) Logout

CMS/NLR
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Alternate Clinical Quality Measures
Additional Clinical Quality Measures
Pre-Attestation Measure Summary
Eligibility Details
View All Payment Years
Issues/Concerns
Manual
Appeals
Additional Resources
Send Email

Attestation Statements

You are about to submit your attestation for the Wyoming Medicaid EHR Incentive Program

Please check the box next to each statement below to attest, and read the following information before submitting 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. ☐

If a zero was reported in the denominator of a measure then the EP did not care for any patients in the denominator population during the EHR reporting period. ☐

As a meaningful EHR user at least 50% of my patient encounters during the EHR reporting period occurred at the practice location given in my attestation information and is equipped with certified EHR technology. ☐

This is to certify that the foregoing information is true, accurate and complete. I understand that the Medicaid EHR Incentive payments submitted under this provider number will be from Federal funds, and any falsification, or any concealment of a material fact may be prosecuted under Federal and State laws.

I hereby agree to keep such records as are necessary to demonstrate that I met all Wyoming EHR Incentive Program requirements and to furnish those records to the Wyoming Department Health, the U.S. Department of Health and Human Services or contractor(s) acting on their behalf. I understand that I must retain all support documentation for incentive program requirements, including but not limited to that pertaining to patient volume determination, for a minimum of six years from the last year of my participation in the incentive program, and will make such information available for audit(s) conducted by the Wyoming Medicaid, the U.S. Department of Health and Human Services, or contractors acting on their behalf.

No EHR incentive payment may be paid unless this application is completed as required be existing law and regulations. Failure to provide required information will result in delay of payment or may result in denial of EHR incentive payment. Failure to furnish requested information of documents post incentive payment will result in the issuance of an overpayment demand letter, followed by recoupment procedures.

Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this application may, upon conviction, be subject to fine and imprisonment under applicable Federal laws. Information from this Wyoming Medicaid EHR Incentive Program application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the EHR Incentive Program.

I understand that it is mandatory that I inform the Wyoming Department of Health if I believe that I have been overpaid under the EHR Incentive Program. I certify that I am not receiving Medicaid incentive funds from any other state or commonwealth and have not received an EHR incentive payment from the Wyoming Department of Health and Human Services for attested participation year.

I shall retain documentation for a minimum of six years that demonstrates acquisition, purchase, or access to certified EHR technology prior to the incentive. The documentation must show a LEGAL or FINANCIAL COMMITMENT to the adoption, implementation, or upgrade to certified EHR technology [naming the product(s) and version(s)]. Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a SUPPLEMENT. Such a letter will not be regarded as stand-alone support documentation.

I understand that to qualify for an EHR incentive payment, a Medicaid Eligible Professional must not be hospital-based, defined as any provider who furnishes 90 percent or more of their Medicaid services in the following two place of service (POS) codes for HIPAA standard transactions: 21 – Inpatient Hospital, 23 – Emergency Room; I hereby certify that I am not hospital-based, and that this attestation can be supported by data from the year preceding this participation year. Also, if I have indicated reassignment of my incentive payment, I hereby certify that the reassignment of my incentive payment is to an employer or entity with which I have a contractual arrangement, consistent with all rules governing reassignments including 42 CFR PART 424 SUBPART F. By requesting a reassignment of incentive payment, I understand that I am attesting that such reassignment is consistent with applicable Medicaid laws, rules, and regulations, including, without limitation, those related to fraud, waste and abuse.

All * fields are required fields.

Initials: *

NPI: *

Note: Once you press the submit button below, you will not be able to change your information.

Previous Submit

The EP must check all checkboxes and enter their initials and NPI in order to submit their attestation.

9.9 Accepted Attestation Screen

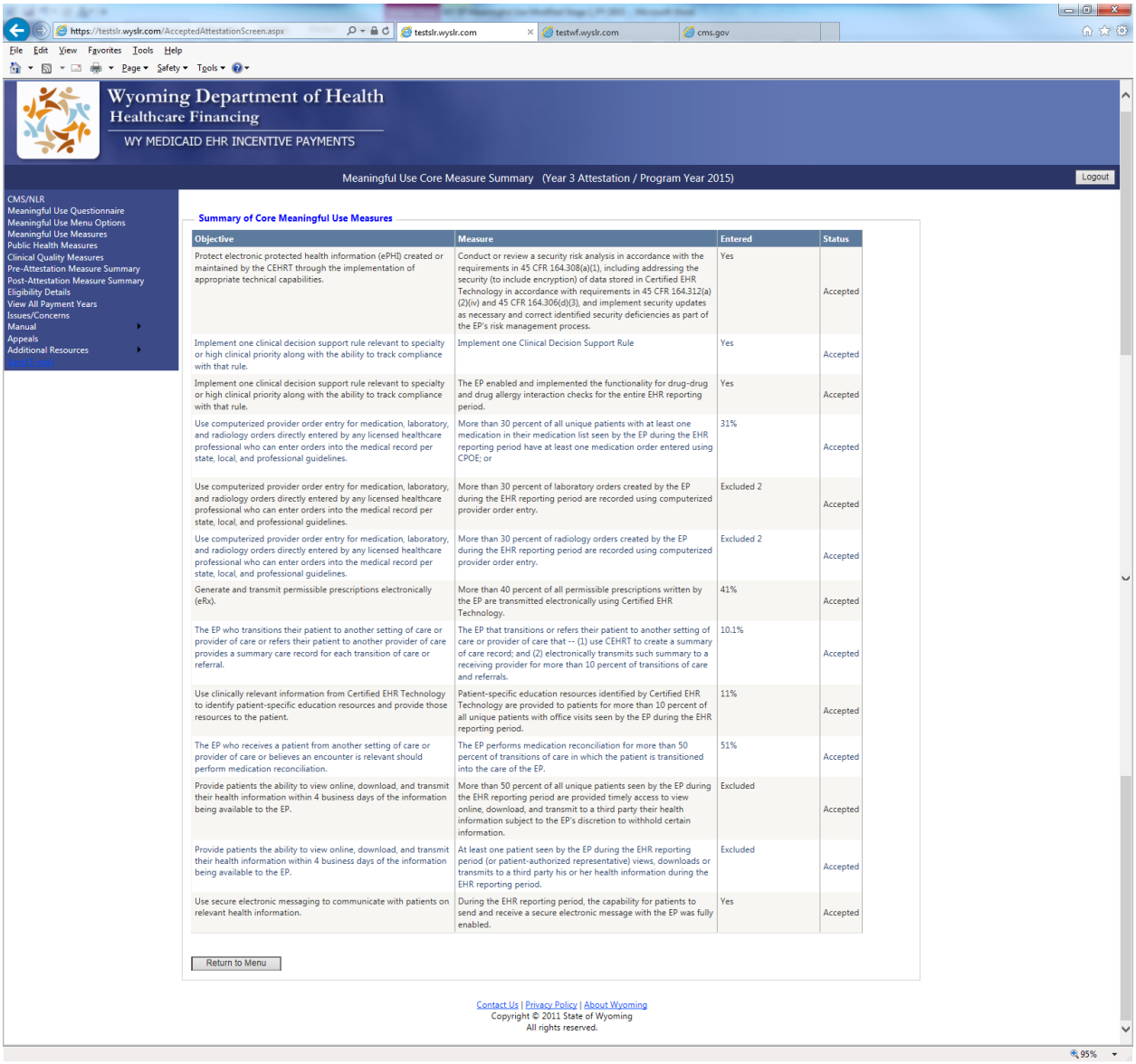
The EP can view their measure summaries for all measure entries. The attestation will be sent for internal review and final approval for payment.

9.10 Unaccepted Attestation Screen

If your attestation is not accepted you can review the summary of measures and look for the indication of which measure were not accepted.

The EP will be allowed to re-attest once the EP is able to meet the measure requirements.

9.10.1 Meaningful Use Measure Summary – Post Attestation



Objective	Measure	Entered	Status
Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of data stored in Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Yes	Accepted
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one Clinical Decision Support Rule	Yes	Accepted
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	The EP enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	Yes	Accepted
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or	31%	Accepted
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Excluded 2	Accepted
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Excluded 2	Accepted
Generate and transmit permissible prescriptions electronically (eRx).	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.	41%	Accepted
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	The EP that transitions or refers their patient to another setting of care or provider of care that -- (1) use CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	10.1%	Accepted
Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	11%	Accepted
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 percent of transitions of care in which the patient is transitioned into the care of the EP.	51%	Accepted
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.	Excluded	Accepted
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	Excluded	Accepted
Use secure electronic messaging to communicate with patients on relevant health information.	During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the EP was fully enabled.	Yes	Accepted

The summary of measures for the Core MU Measures is read only and contains columns for the following information:

Object – gives the object of the measure
Measure – gives the detail measure information
Measure Calculation
Accepted/Rejected – indicates if the measure was accepted or rejected

9.10.2 Menu Meaningful Use Measure Summary – Post Attestation

The summary of measures for the Core MU Measures is read only and contains columns for the following information:

Object – gives the object of the measure
Measure – gives the detail measure information
Measure Calculation
Accepted/Rejected – indicates if the measure was Accepted or Rejected

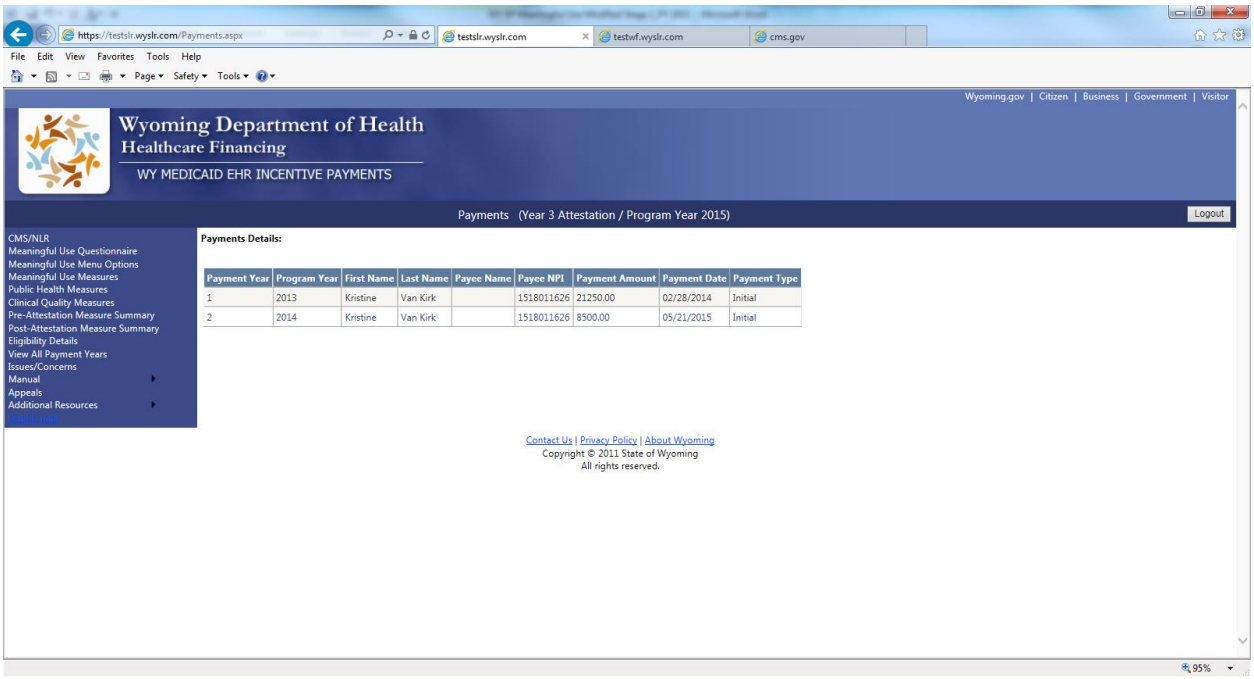
9.10.3 Clinical Quality Measures Summary – Post Attestation

The summary of measures for the Clinical Quality Measures is read only and contains columns for the following information:

Title – gives the title of the measure
Description – gives the detail measure information
Status – indicates if the measure was Accepted or Rejected

10 View All Payments Screen

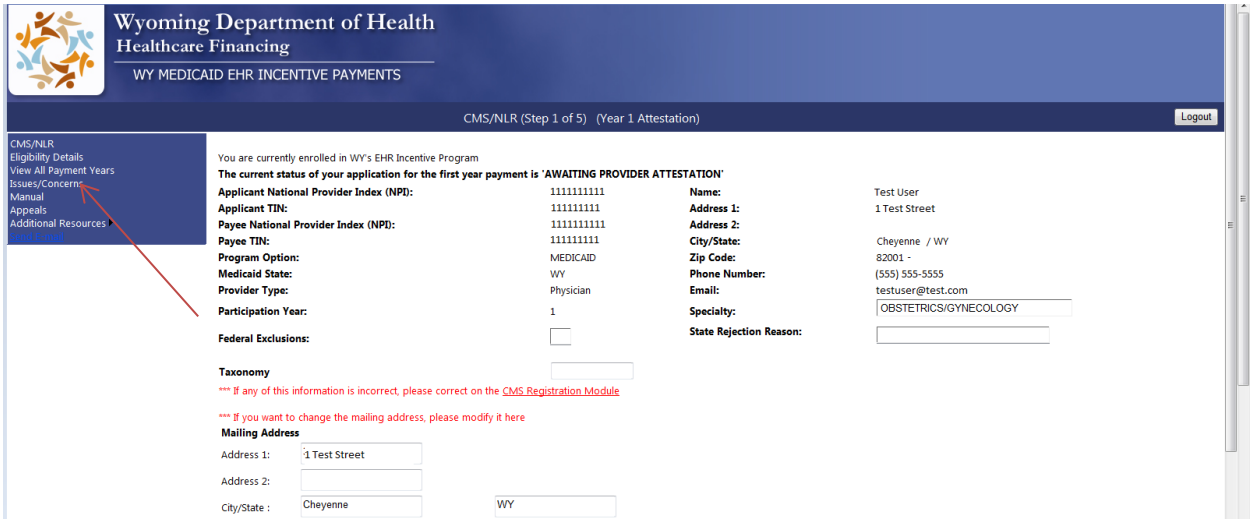
The View All Payments screen is accessed by a link that is located on the left navigation menu. This screen is a read only screen that displays any payments or adjustments made to the EP by payment year.



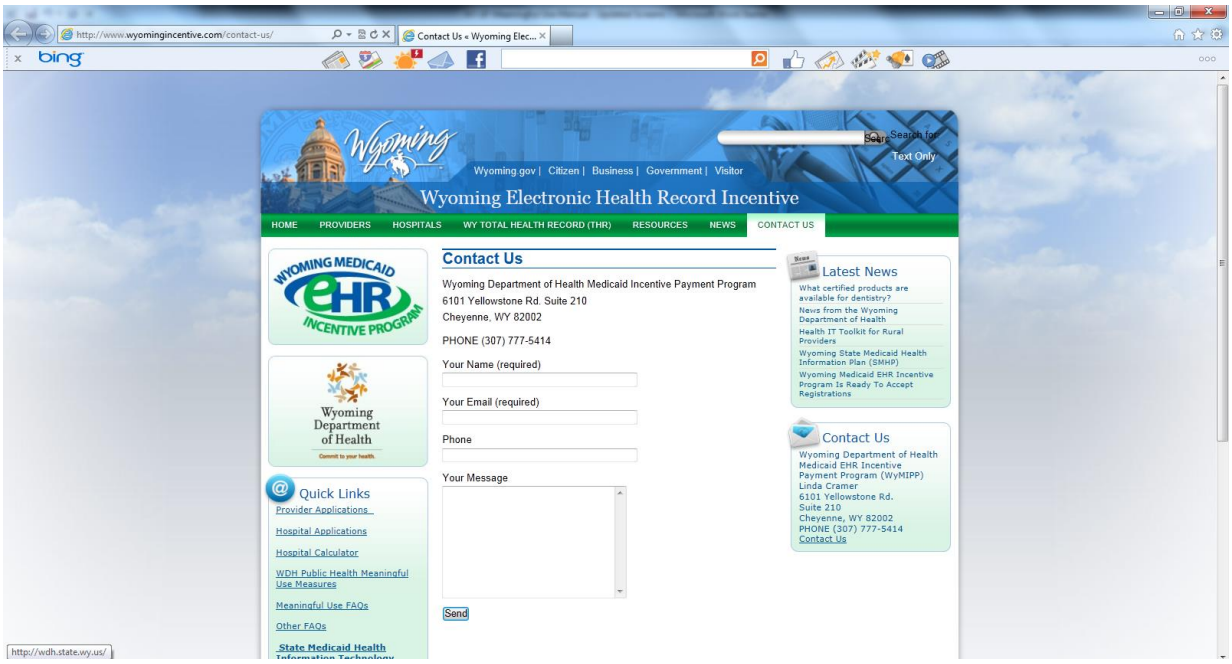
Payment Year	Program Year	First Name	Last Name	Payee Name	Payee NPI	Payment Amount	Payment Date	Payment Type
1	2013	Kristine	Van Kirk		1518011626	21250.00	02/28/2014	Initial
2	2014	Kristine	Van Kirk		1518011626	8500.00	05/21/2015	Initial

11 Issues / Concerns Screen

The Issues / Concerns link is located on the left navigation menu seen below:



The Issues / Concerns link will open a new window that gives the provider access to the Wyoming contact us page.

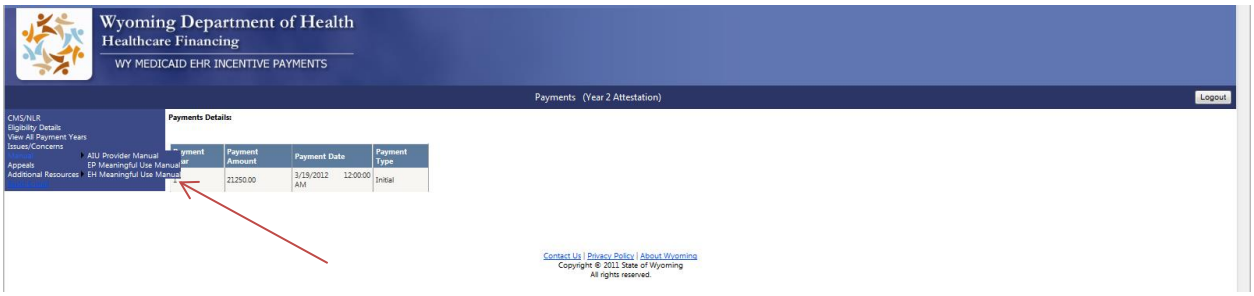


The provider can submit their issue or concern by entering their name, email, phone number (not required), an explanation of the issue or concern, and clicking the send button on the web page.

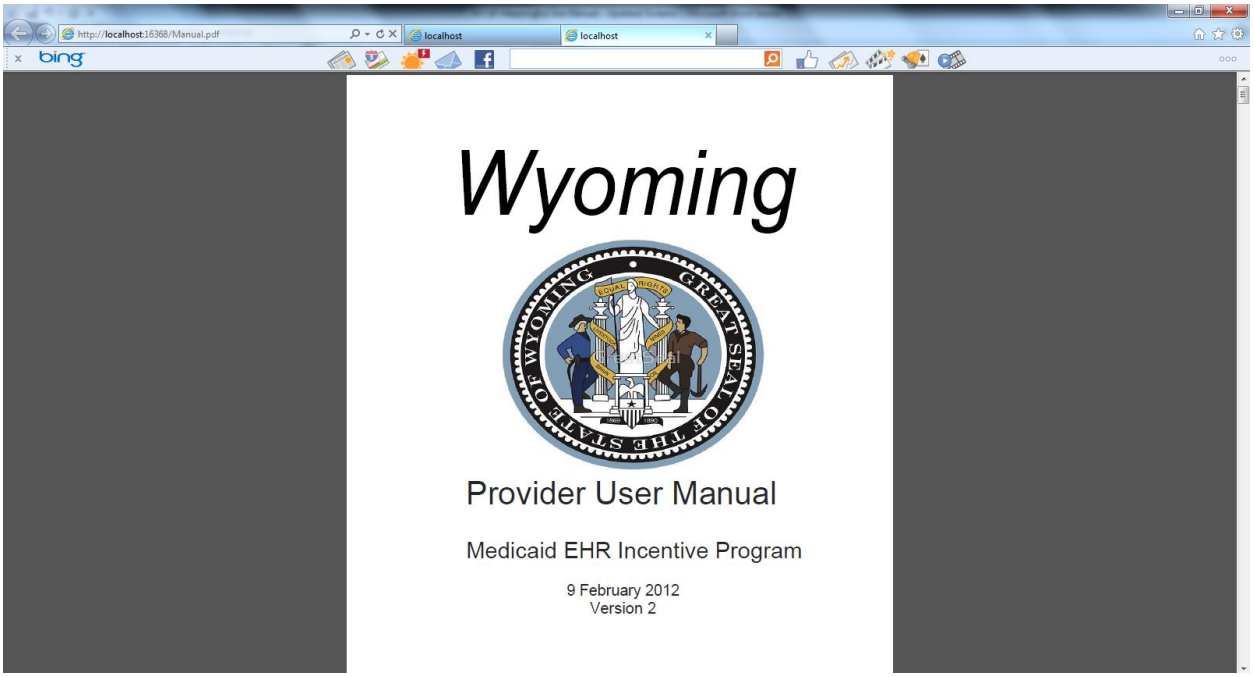
The Wyoming EHR staff monitors the submissions and will respond to the issue or concern by email or phone depending on the information given by the provider.

12 Manual

The Manual link is located on the left navigation menu seen below:



The Manual link will give the provider quick access to the EHR manuals from their Attestation. By clicking on the link a new window will open in the internet browser and will display the user manual that the provider can review as necessary.



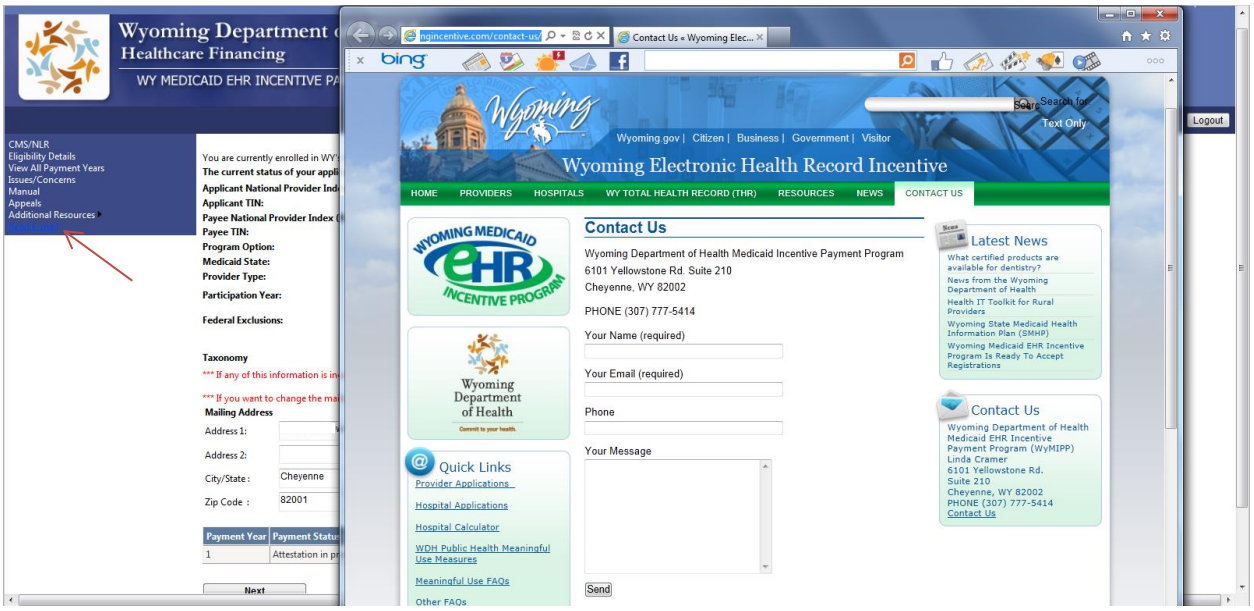
13 Appeals Screen

The Appeals screen is a read only screen that informs the EP of how to initiate an appeal and provides contact information for the appeal.

14 Additional Resources

The Manual link is located on the left navigation menu seen below:

The Additional Resources link gives the provider quick access to the Wyoming Medicaid EHR site as well as the CMS EHR site. By clicking on either of those links a new internet browser page will be opened to either of those sites.

15 Send Email

The Send email link can be found on the left navigation menu. This provides quick access to email the Wyoming EHR staff for any questions you have during your attestation. The provider can submit their email by entering their name, email, phone number (not required), their message, and clicking the send button on the web page. The Wyoming EHR staff monitors the submissions and will respond to the issue or concern by email or phone depending on the information given by the provider.