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North Dakota Promoting Interoperability (PI) Program

Eligible Professionals

User Guide – Meaningful Use

Last Updated:
06/30/2021

Contents

North Dakota Medicaid EHR Promoting Interoperability (PI) Program

Registration Steps for Eligible Professionals

Please note: *All Eligible Professionals (EPs) must first be registered with the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability (PI) Programs Registration System at:* https://ehrincentives.cms.gov/hitech/login.action

Please note: *The last year to register to attest for EPs and Eligible Hospitals (EHs) was 2016*

Each EP will receive a CMS Electronic Health Record (EHR) confirmation number that will be needed to start the ND attestation process. Please allow for 24 hours after registering with CMS for the number to be valid in the North Dakota State Level Repository (SLR) Portal.

Access ND Registration and Attestation Portal
https://apps.nd.gov/dhs/mmis/hitech/login.htm

Login
Enter the login information – Refer to the "Creating a Portal Login" document, located on the ND Medicaid Promoting Interoperability (PI) Program website, if you have not created a User ID and Password.

User Profile

The first time a user logs in, a profile must be completed. The information entered should be for the person that is attesting on behalf of a provider or the provider if they are self-attesting.

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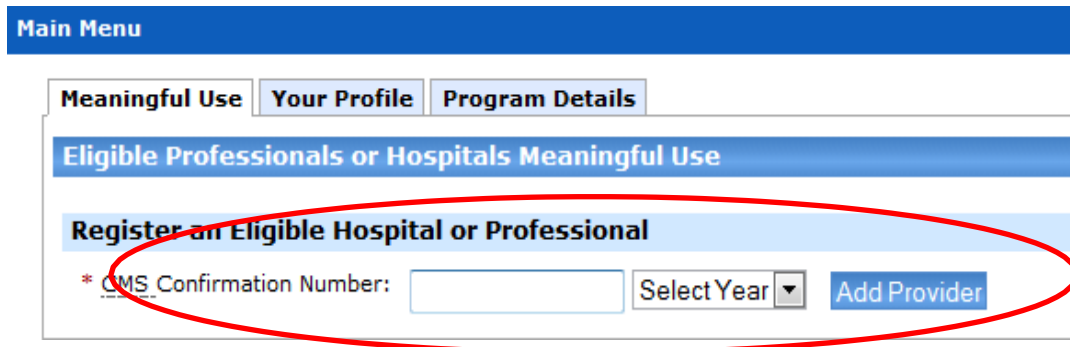
Add an EP to the Profile

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

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

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

Meaningful Use Attestation Process

Please note: Any core measures or clinical quality measures depicted throughout this document are only to be used for examples to understand how the system functions and may not be up-to-date based on current program year core measure and clinical quality measure content.

Please note: Menu measures have phased out and are no longer a requirement; therefore, the instructions for attesting to menu measures are no longer included in this document.

Beginning the Attestation Process & Patient Volume

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

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

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

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

Meaningful Use

*Required

Group or Individual

*Is this Attestation for a group using Group Proxy patient volume calculation?   ◯ Yes   ⦿ No

Pediatrician

*Is this Attestation for a Pediatrician?   ◯ Yes   ⦿ No

Professional Provider Selection

Name	NPI	TIN	CCN	Program Year	Participation Year
				2021	5

90 day Medicaid Patient Volume

*Begin Date: 01/01/2020   (mm/dd/yyyy)

End Date: 3/30/2020

Medicaid Volume Calculation

Total Medicaid Encounters: 97

*Total Encounters: 212

7. Clicking continue navigates to the Meaningful Use (MU) section, Return to Menu navigates to the main menu.

Meaningful Use Main

Meaningful Use Information

Name: Meghan Ann Dockter   NPI 1972842698   TIN   SSN: CCN   Pediatrician: N

Medicaid Volume 90 Day Period – Edit

Begin Date: 01/01/2020

End Date: 03/30/2020

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

Medicaid Volume Calculation – Edit

Paid Medicaid Encounters: 97

Total Encounters: 212

Medicaid Volume: 45.75%

Medicaid Number – Add

Medicaid Number:

Enter the EP's ND Medicaid Number

EHR Certification Information – Add

All participants in the Medicaid Promoting Interoperability Program are required to use 2015 Edition CEHRT.
in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition cri
functionality for the full EHR reporting period. In many situations the product may be deployed but pending

CMS EHR Certification ID:

Enter the CMS EHR Certification ID

EHR Reporting Period – Add

Begin Date:

End Date:

Enter the MU Reporting Period

Click the Add/Edit links to enter or change information

EHR Certification Information

1. Click "Edit" to enter the provider's Certified Electronic Health Record Technology (CEHRT) ID. The CEHRT ID should be obtained from a letter provided by the facility or EP's EHR vendor. The letter must include the vendor's letterhead.

   Please note that product ID and CEHRT ID are different, and that the product ID will not be accepted in place of the CEHRT ID. The CEHRT ID should be a total of 15 characters. If a valid CEHRT ID is entered into the system, the characters will appear green.

Medicaid Number - Add

Medicaid Number:

EHR Certification Information - Edit

All participants in the Medicaid Promoting Interoperability Program are required to use 2015 Edition CEHRT. The 2015 Edition in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification.

CMS EHR Certification ID: 0015EJA24MTY03D

EHR Reporting Period - Add

Begin Date:
End Date:

EHR Reporting Period

2. Enter the Attestation Reporting Period by selecting "Edit"

EHR Reporting Period - Edit

   Begin Date: 01/01/2021
   End Date: 03/31/2021

3. Select the length of reporting period. EPs must report on a minimum of a 90-day eCQM reporting period.

EHR Reporting Period
*Required

   *Is this attestation period for 90 days or for 1 Year?
   90 day attestation reporting period. ⦿
   1 year attestation reporting period. ○

   *Begin Date: 01/01/2021 (mm/dd/yyyy)
   End Date: 03/31/2021

Cancel Save

Register and Attest Questions

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

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

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 8 complete	✗	Begin
Meaningful Use Objectives	0 of 8 complete	✗	Begin
Clinical Quality Measures	0 of 47 complete	✗	Begin

Question #1 – Is the provider currently sanctioned

Question #1

*Are you currently sanctioned by Medicaid or Medicare?

○ Yes.

◉ No.

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

Question #2

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

○ Yes.

◉ No.

Question #3 – Have you applied for Medicaid Promoting Interoperability Incentive Payment in any other state?

Question #3

*Have you applied for Medicaid Promoting Interoperability Incentive Payment in any other state? (Eligible hospitals/professionals may only apply in one state at a time)

○ Yes.

◉ No.

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

Question #4

*Do you practice at more than one location?

⦿ Yes

○ No

Location	Address	City	Action
XYZ Clinic	100 Main St	Bismarck	Add

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

Question #5

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

⦿ Yes

○ No

Question #6 – Do you practice in an FQHC, RHC, or Tribal Clinic?

Question #6

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

○ Yes

⦿ No

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

Question #7

Percentage of Payer Mix

*Percentage of Paid Medicaid Encounters: 38

*Percentage of Paid Medicare Encounters: 12

*Percentage of Paid BCBSND Encounters: 30

*Percentage of Other Paid Commercial Encounters: 10   Name: All Other Commercial

*Percentage of Other Paid Encounters: 10   Name: Sliding Fee/No Pay

Question #8 – Do you wish to assign Payment to an organization? If no, payment will be issued to the provider using the Social Security number Provided. If yes, payment will be issued to the facility indicated.

Question #8

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

(•) Yes

( ) No

*Organization/Individual Name: XYZ Clinic

*Address to which payment should be sent: 258 Main Ave

*TIN or EIN: 123456748

*Phone Number for assignee: 7015555555

*Email Address for assignee: JOE@XYZclinic.org

[Cancel]   [Save & Return]

Select Save & Return to return to the Menu

Meaningful Use Objectives

Select Begin or Continue on the Meaningful Use Objectives to enter data for all measures.

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 8 complete	✗	Begin
Meaningful Use Objectives	0 of 8 complete	✗	Begin
Clinical Quality Measures	0 of 47 complete	✗	Begin

Objective 1

*Required

Objective Details

Objective: Protect Patient Health Information - Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of the appropriate technical, administrative, and physical safeguards.

Measure 1

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

Complete the following information:

*If the SRA is not uploaded with the attestation submission, you will be required to submit the SRA to the ND Pre-verification Team no later than December 31, 2021, or your funds will be recouped. If the SRA is completed before the attestation is submitted, please upload it in the documents section on the providers attestation profile. A Security Risk Analysis (SRA) must be completed by December 31, 2021. Will you complete an SRA by the end of calendar year 2021?

◯ Yes   ◯ No

Measure 1

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

Complete the following information:

*Have you conducted or reviewed your security risk analysis, and if necessary implemented security updates, and corrected any identified security deficiencies per the requirements of this measure? An EP must attest yes to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiency to meet this measure.

◯ Yes   ◯ No

All fields must be completed before the EP is allowed to save and continue to the next objective.

Attestation Requirements: Measure 1

- Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.

- Eligible professionals (EPs) must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.
  - If you have completed the SRA prior to the date you are attesting, the SRA is required to be submitted with the attestation. If you do not submit the SRA by December 31st, 2021, the incentive payment will be recouped.

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

Objective 2

*Required

Objective Details

Objective: Electronic Prescribing (eRX) - Generate and transmit permissible prescriptions electronically (eRX).

Patient Records

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

○ This data was extracted from ALL patient records not just those maintained using CEHRT.

○ This data was extracted only from patient records maintained using CEHRT.

Measure 1

Measure: More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusion

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

Any EP who writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period. An exclusion from this measure does not prevent an EP from achieving meaningful use.

*Does this exclusion apply?   ○ Yes ○ No

Any EP who does not have a pharmacy within their 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 PI reporting period. An exclusion from this measure does not prevent an EP from achieving meaningful use.

*Does this exclusion apply?   ○ Yes ○ No

Complete the following information:

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

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

Calculation

*Numerator: [   ]   *Denominator: [   ]

Actual:

All fields must be completed before the EP is allowed to save and continue to the next objective.

Attestation Requirements Measure 1:

- DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.
- NUMERATOR: The number of prescriptions in the denominator that are generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  - Writes fewer than 100 permissible prescriptions during the EHR reporting period; or
  - Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of their EHR reporting period.

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

Objective 3

*Required

Objective Details

Objective: Clinical Decision Support - Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure: EPs must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.

Measure 1

Measure: Implement five CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

Complete the following information:

*An EP must attest YES to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire PI reporting period.

⦿ Yes ◯ No

Measure 2

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

Exclusion

Any EP who writes fewer than 100 medication orders during the PI reporting period.

*Does this exclusion apply?   ◯ Yes ⦿ No

Complete the following information:

*EPs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.

⦿ Yes ◯ No

All fields must be completed before the EP is allowed to save and continue to the next objective.

Attestation Requirements Measure 1:

- EPs must attest "YES" to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period.

Attestation Requirements Measure 2:

- EPs must attest "YES" to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
- EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

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

Objective 4

*Required

Objective Details

Objective: Computerized Provider Order Entry (CPOE) - Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Measure: An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

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 Electronic Health Record Technology (CEHRT).

○ This data was extracted from ALL patient records not just those maintained using CEHRT.

○ This data was extracted only from patient records maintained using CEHRT.

Measure 1

Measure: More than 60 percent of medication orders created by the eligible professional (EP) during the Promoting Interoperability (PI) reporting period are recorded using CPOE.

Exclusion

Any EP who writes fewer than 100 medication orders during the PI reporting period.

*Does this exclusion apply? ○ Yes ○ No

Complete the following information:

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

Denominator: Number of medication orders created by the EP during the PI reporting period.

Calculation

All fields must be completed before the EP is allowed to save and continue to the next objective.

Attestation Requirements Measure 1:
- DENOMINATOR: Number of medication orders created by the EP during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Attestation Requirements Measure 2:
- DENOMINATOR: Number of laboratory orders created by the EP during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Attestation Requirements Measure 3:
- DENOMINATOR: Number of diagnostic imaging orders created by the EP during the HER reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 diagnostic imaging orders during the HER reporting period.

Objective 5

*Required

Objective Details

Objective: Patient Electronic Access - The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Measure: An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.

Measure 1

Measure: For more than 80 percent of all unique patients seen by the EP: 1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and 2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record (CEHRT).

Exclusion

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

An EP may exclude from the measure if they have no office visits during the Promoting Interoperability (PI) reporting period.

*Does this exclusion apply? ○ Yes ○ No

Any EP that 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measure.

*Does this exclusion apply? ○ Yes ○ No

Complete the following information:

Numerator: The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.

Denominator: The number of unique patients seen by the EP during the PI reporting period.

Calculation

*Numerator: [   ]   *Denominator: [   ]

Actual:

All fields must be completed before the EP is allowed to save and continue to the next objective.

Attestation Requirements Measure 1:
- DENOMINATOR: The number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the EP's CEHRT.
- THRESHOLD: The resulting percentage must be more than 80 percent for an EP to meet this measure.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    o They have no office visits during the EHR reporting period.
    o They conduct 50 percent or more of their 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 Federal Communications Commission (FCC) on the first day of the EHR reporting period may exclude the measure.

Attestation Requirements Measure 2:
- DENOMINATOR: The number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.
- THRESHOLD: The resulting percentage must be more than 35 percent for an EP to meet this measure.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    o They have no office visits during the EHR reporting period.
    o They conduct 50 percent or more of their 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 exclude the measure.

Objective 6

*Required

Objective Details

Objective: Coordination of Care Through Patient Engagement - Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient's care.

Measure: An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.

Measure 1

Measure: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the electronic health record made accessible by the provider and either: 1. View, download or transmit to a third party their health information; or 2. Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or 3. A combination of (1) and (2).

Exclusion

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

An EP may exclude from the measure if they have no office visits during the PI reporting period.

*Does this exclusion apply?   ○ Yes ○ No

Any EP that 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 Federal Communications Commission (FCC)on the first day of the PI reporting period may exclude the measure.

*Does this exclusion apply?   ○ Yes ○ No

Complete the following information:

Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the PI reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the PI reporting period.

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

Calculation

*Numerator: [   ]   *Denominator: [   ]

Actual:

All fields must be completed before the EP is allowed to save and continue to the next objective. Please note the screenshot above does not show the entire objective.

Attestation Requirements Measure 1:

- DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.
- THRESHOLD: The resulting percentage must be more than 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the EHR reporting period, or:
  - Any EP that conducts 50 percent or more of their 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 exclude the measure.

Attestation Requirements Measure 2:

- DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a

secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

- THRESHOLD: The resulting percentage must be more than 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the EHR reporting period, or;
    - Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability 4 according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Attestation Requirements Measure 3:

- DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator for whom data from non-clinical settings, which may include patient generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.
- THRESHOLD: The resulting percentage must be more than 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the EHR reporting period, or;
    - Any EP that conducts 50 percent or more of their 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 exclude the measure.

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

Objective 7

*Required

Objective Details

Objective: Health Information Exchange - The eligible professional (EP) provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of certified electronic health record technology (CEHRT).

Measure: An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.

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 Electronic Health Record Technology (CEHRT).

◯ This data was extracted from ALL patient records not just those maintained using CEHRT.

◯ This data was extracted only from patient records maintained using CEHRT.

Measure 1

Measure: For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record.

Exclusion

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

Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the Promoting Interoperability (PI) reporting period.

*Does this exclusion apply?   ◯ Yes ◯ No

Any EP that 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 PI reporting period may exclude the measure.

*Does this exclusion apply?   ◯ Yes ◯ No

Complete the following information:

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

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

Calculation

All fields must be completed before the EP is allowed to save and continue to the next objective. Please note the screenshot above does not show the entire objective.

Attestation Requirements Measure 1:

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

- NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

- THRESHOLD: The percentage must be more than 50 percent in order for an EP to meet this measure.

- EXCLUSION: An EP may take an exclusion from the measure if any of the following apply: o They transfer a patient to another setting or refers a patient to another provider fewer than 100 times during the EHR reporting period.

    o They conduct 50 percent or more of their 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.

Attestation Requirements Measure 2:

- DENOMINATOR: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

- NUMERATOR: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified HER technology.

- THRESHOLD: The percentage must be more than 40 percent in order for an EP to meet this measure.

- EXCLUSION: An EP may take an exclusion from the measure if any of the following apply: o The total transitions or referrals received and patient encounters in which they have never encountered the patient, is fewer than 100 during the EHR reporting period.
  - o They conduct 50 percent or more of their 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.

Attestation Requirements Measure 3:

- DENOMINATOR: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

- NUMERATOR: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

- THRESHOLD: The resulting percentage must be more than 80 percent in order for an EP to meet this measure.

- EXCLUSION: An EP may take an exclusion from this measure if the total transitions or referrals received and patient encounters in which they have never before encountered the patient, is fewer than 100 during the EHR reporting period.

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

Objective 8

*Required

Objective Details

Objective: Public Health and Clinical Data Registry Reporting - The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.

Measure: An EP must satisfy two measures for this objective. If the EP cannot satisfy at least two measures, they may take exclusions from all measures they cannot meet.

Active Engagement

Active engagement may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the PI reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR 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 PI 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 or, where applicable, the CDR within 30 days; failure to respond twice within a PI 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 or CDR.

Measure 1

Measure: Immunization Registry Reporting - The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Exclusion

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

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the Promoting Interoperability (PI) reporting period.

*Does this exclusion apply?   ○ Yes ○ No

Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI reporting period.

*Does this exclusion apply?   ○ Yes ○ No

Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of 6 months prior to the start of the PI reporting period.

*Does this exclusion apply?   ○ Yes ○ No

All fields must be completed before the EP is allowed to save and continue to the next objective. Please note the screenshot above does not show the entire objective.

Attestation Requirements Measure 1:
- YES/NO: The EP must attest "YES" to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  - They do not administer immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the EHR reporting period;
  - They practice in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - They practice in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.

Attestation Requirements Measure 2:
- YES/NO: The EP must attest "YES" to being in active engagement with a PHA to submit syndromic surveillance data.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    o They are not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
    o They practice in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
    o They practice in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of six months prior to the start of the EHR reporting period.

Attestation Requirements Measure 3:
- YES/NO: The EP must attest "YES" to being in active engagement with a PHA to submit case reporting of reportable conditions.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    o They do not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period;
    o They practice in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
    o They practice in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period.

Attestation Requirements Measure 4:
- YES/NO: The EP must attest "YES" to being in active engagement with a PHA to submit data to public health registries.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    o They do not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period;
    o They practice in a jurisdiction for which no PHA 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; or
    o They practice in a jurisdiction where no PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.

Attestation Requirements Measure 5:

- YES/NO: The EP must attest "YES" to being in active engagement to submit data to a CDR.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
    - They do not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the EHR reporting period;
    - They practice in a jurisdiction for which no CDR 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; or
    - They practice in a jurisdiction where no CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.

Please note: Selecting Save & Continue will take you to the next measure

Electronic Clinical Quality Measures

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

EPs are required to report on any six eCQMs related to their scope of practice. In addition, Medicaid EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one other high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 8 complete	✗	Begin
Meaningful Use Objectives	0 of 8 complete	✗	Begin
Clinical Quality Measures	0 of 47 complete	✗	Begin

CQM Main Menu

Name: Meghan Ann Dockter NPI: 1972842698 TIN: SSN: CCN:

Clinical Quality Measures   **0 of 47 Complete**

Legend: ✓ Complete ▬ Incomplete

Requirements:

- Please note: EPs are only required to attest to 6 of the eCQMs from the below list. Any additional eCQMs that are attested for beyond the required 6 will not be reviewed.
- NQS domain requirement has been removed.
- EPs are required to report to at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high-priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
- EP's eCQM reporting period is any continuous 90-day period within CY 2021
- Click for available eCQMs

CMS Measure ID	Objective	Status	Action
Domain - Communication and Care Coordination			
50	Closing the Referral Loop: Receipt of Specialist Report	✗	Answer
142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	✗	Answer
Domain - Community/Population Health			
155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	✗	Answer
138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	✗	Answer
153	Chlamydia Screening for Women	✗	Answer
117	Childhood Immunization Status	✗	Answer

CQM Requirements

The following are the requirements for the CQMs:

- EPs must report on 6 of the approved available eCQMs. Any additional eCQMs that are attested for beyond the required 6 will not be reviewed.
- NQS domain requirement has been removed.
- EPs are required to report to at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high-priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
- EP's eCQM reporting period is any continuous 90-day period within CY 2021

To attest to the 6 required CQM's, locate the CQM from the main menu list and select Answer

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

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

Name: Meghan Ann Dockter NPI: 1972842698 TIN: SSN: CCN:

| **Clinical Quality Measures** | **6 of 47 Complete** |

Legend: ✓ Complete ▬ Incomplete

Requirements:

- EPs must report on 6 of the approved available eCQMs
- NQS domain requirement has been removed and EPs must attest to 6 eCQMs that are relevant to the EP's scope of practice
- EPs are required to report to at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high-priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
- EP's eCQM reporting period is any continuous 90-day period within CY 2021
- Click for available eCQMs

CMS Measure ID	Objective	Status	Action
Domain - Communication and Care Coordination			
50	Closing the Referral Loop: Receipt of Specialist Report	✓	Edit
142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	✗	Answer
Domain - Community/Population Health			
155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	✗	Answer
138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	✗	Answer
153	Chlamydia Screening for Women	✗	Answer
117	Childhood Immunization Status	✓	Edit

➢ Once the 6 CQM's have been met it will be indicated on the top of the screen.

➢ A green check indicates the measure was answered

➢ A red X indicates a measure has not been answered

➢ If all 6 measures have been completed and they covered at least 3 domains, the main menu will indicate the CQMs have been met by a green check.

Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 8 complete	✗	Begin
Meaningful Use Objectives	0 of 8 complete	✗	Begin
Clinical Quality Measures	6 of 47 complete	✓	Continue

Required Documents to Upload

➔ ✖ indicates the document is required

➔ ▬ indicates the document is optional and can be uploaded

➔ ✓ indicates the document has been uploaded successfully

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

Please note: Uploading a letter of a signed legal contract or letter from vendor including the accurate CEHRT ID is now required.

Document Name	Status	Action
Legal Authorization to attest on behalf of the facility/provider	▬	Upload
Patient Volume Excel Report	✖	Upload
Letter from EHR Vendor Depicting CEHRT ID	✖	Upload
EHR MU Dashboard Report	✖	Upload
W-9	▬	Upload
Security Risk Analysis	▬	Upload

1.1. Legal Authorization to attest ➔ Must be a current dated letter from the CEO/CIO of the facility granting permission to the person attesting on behalf of the facility

1.2. Volume Calculation ➔ **MUST** Use the calculation template located at: http://www.healthit.nd.gov/medicaid/

1.3. Signed Legal Contract ➔ Legal binding contract of the EHR system used at the facility

1.4. W-9 ➔ Current W-9 to whom the payment is being made (usually the facility)

1.5. MU Dashboard ➔ If attesting to MU, the Core, Menu, and CQM dashboard from the EHR must be provided to verify the MU data

Attestation Submission

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

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