North Dakota Promoting Interoperability (PI) Program

Eligible Professionals

User Guide – Meaningful Use

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11/25/2020

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North Dakota Medicaid EHR Promoting Interoperability (PI) Program

Registration Steps for Eligible Professionals

Please note: *All EPs must first be registered with the CMS Promoting Interoperability Programs Registration System at: https://ehrincentives.cms.gov/hitech/login.action*

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

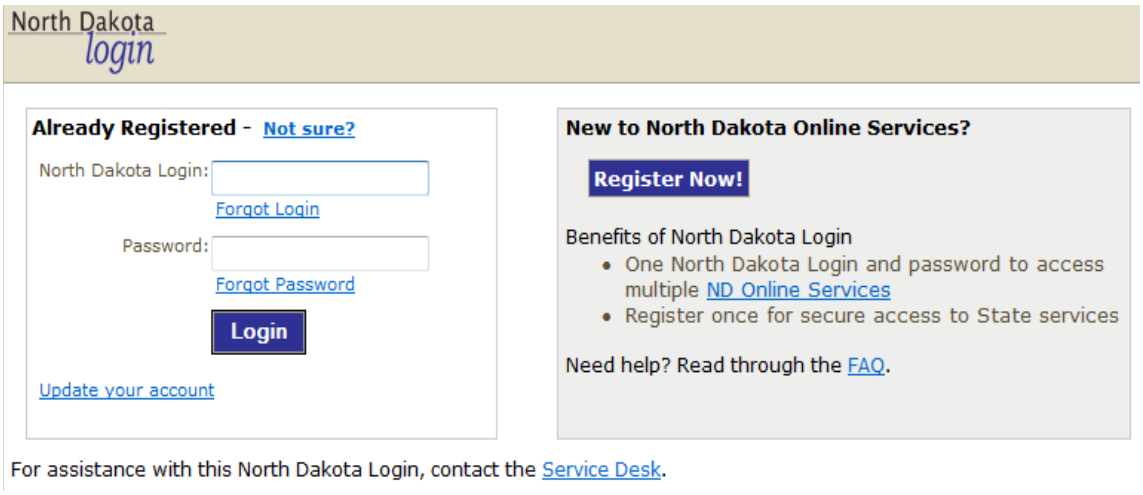
Each EP will receive a CMS EHR Confirmation number that will be needed to start the ND attestation. Please allow 24 hours after registering with CMS for the number to be valid in the ND Portal.

Access ND Registration and Attestation Portal

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

Login

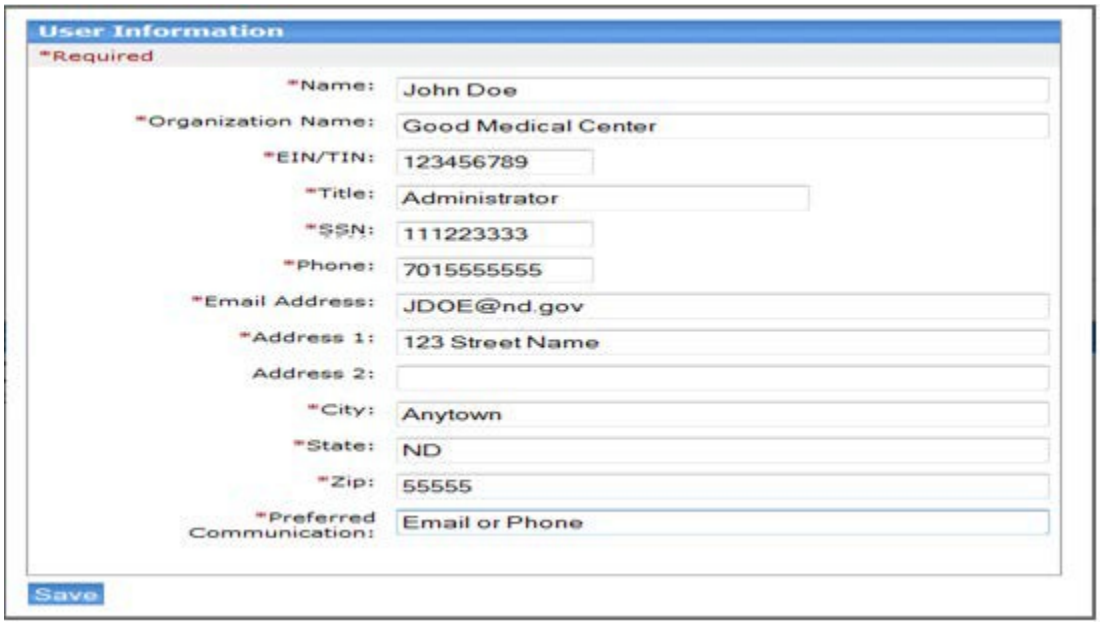
Enter the login information – Refer to the account creation document if you have not created a User ID and Password



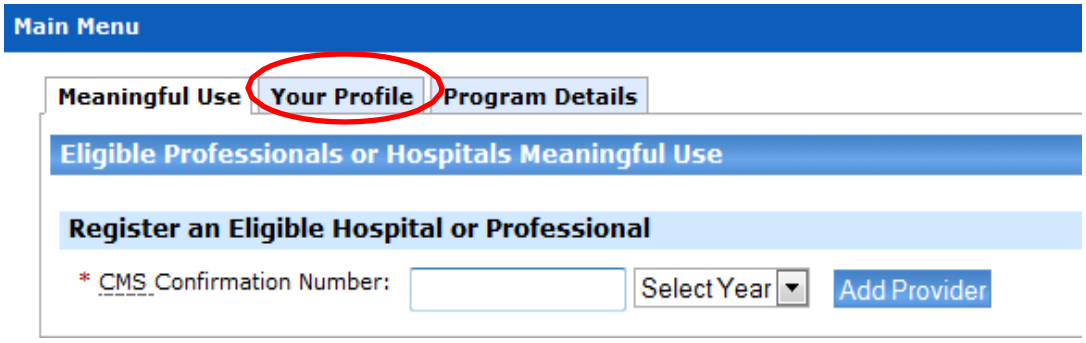
User Profile

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

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



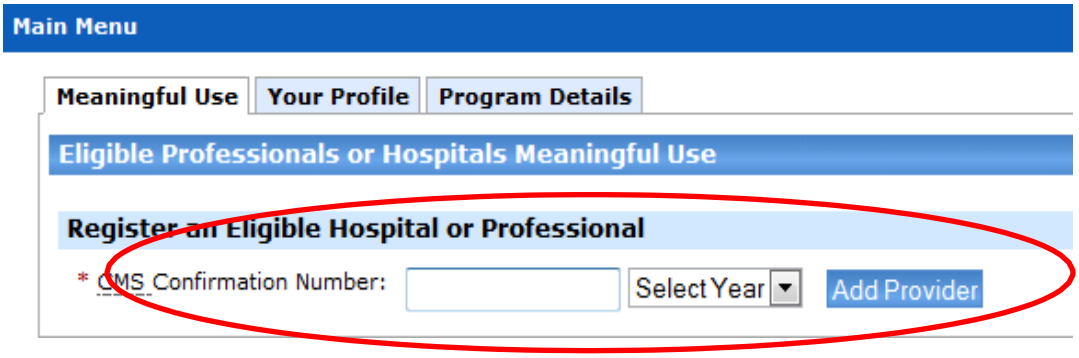
To edit this information at any time, you can access this information from the "Your Profile" tab on the main menu.



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.

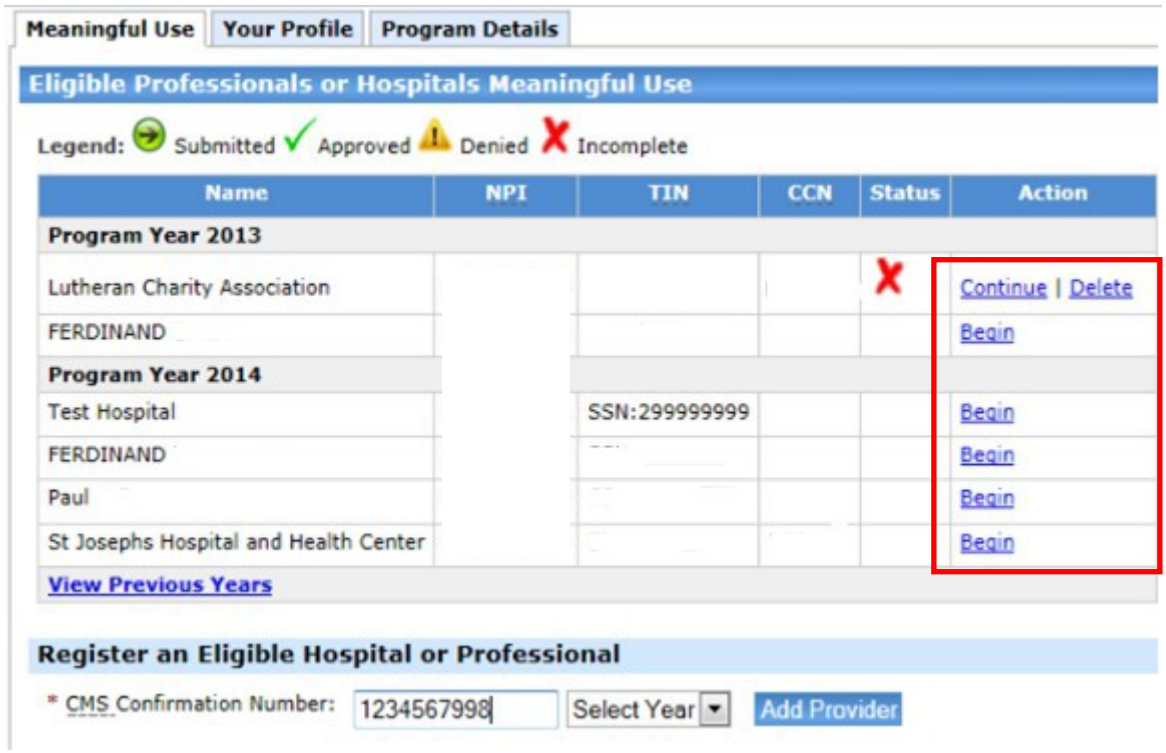
Meaningful Use Attestation Process

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 are not up-to-date based on current program year core measure and clinical quality measure content.*

Please note: *Menu measures have phased out, therefore the instructions are no longer included in this document.*

Beginning and Patient Volume

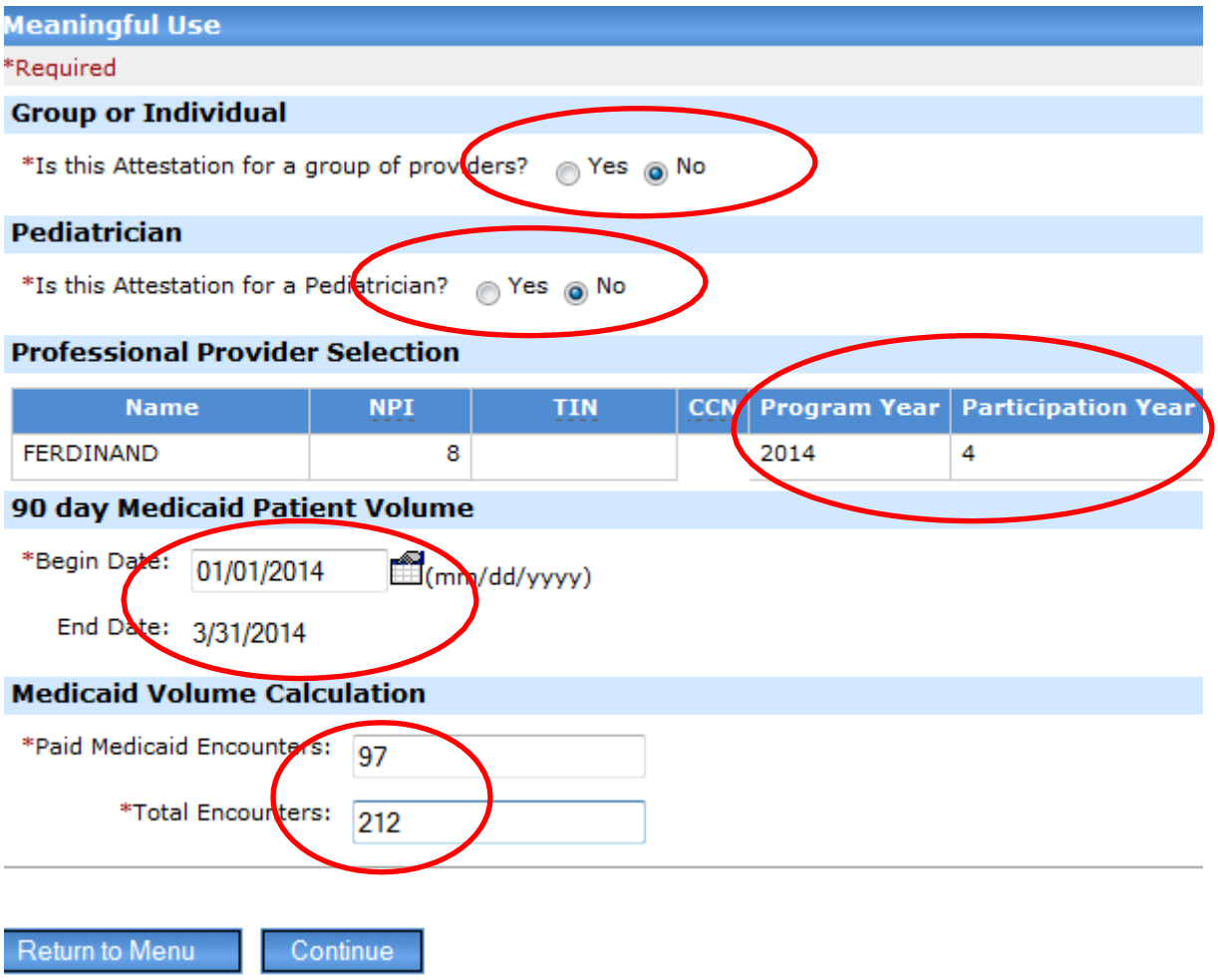
1. Under Action, Click Begin or Continue if you have previously started an attestation.
   Delete will clear all information that was previously entered.
   The Status column will indicate the status of the attestation.



2. Is this Attestation for a group of provider ➔ If Yes, refer to the Group Proxy Methodology userguide
3. Is this attestation for a pediatrician ➔ Must select yes if the provider is apediatrician
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 attestationdate
6. Medicaid Volume Calculation ➔ Volume must be equal to or greater than 30% or equal toor greater than 20% for pediatricians

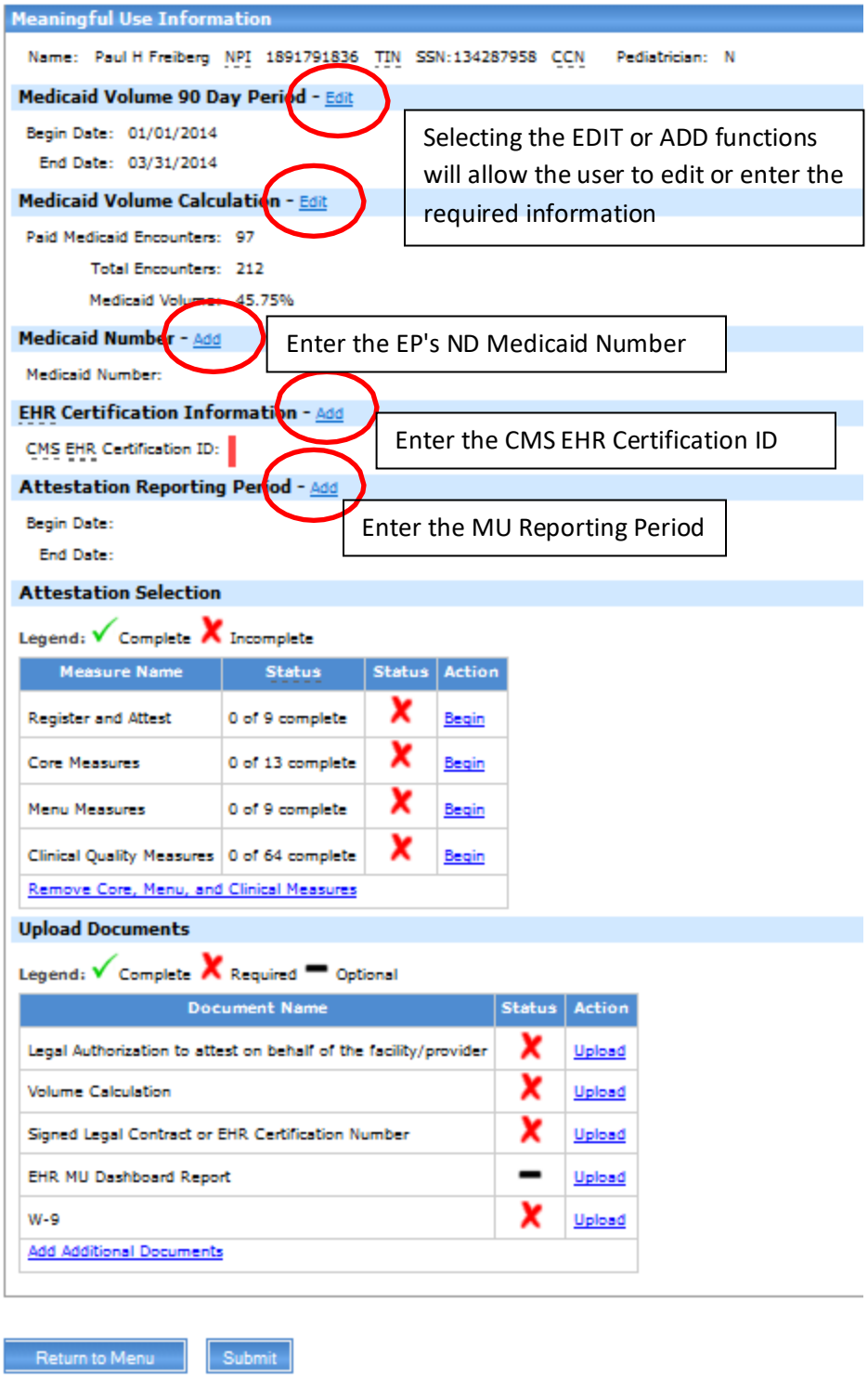
   Medicaid Encounters = All encounters the EP had that were from patients that were enrolled with Medicaid at the time of the encounter

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



7. Continue navigates to the MU section, Return to Menu navigates to the mainmenu.

Meaningful Use Main



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

Enter the EP's ND Medicaid Number

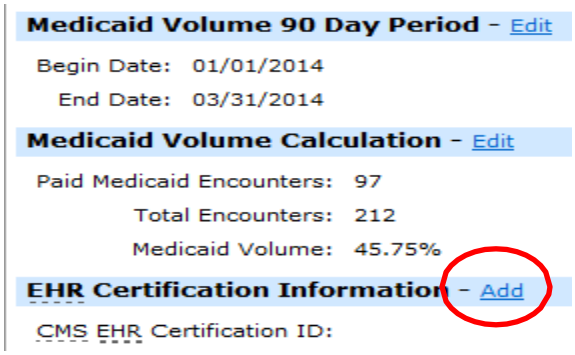
Enter the CMS EHR Certification ID

Enter the MU Reporting Period

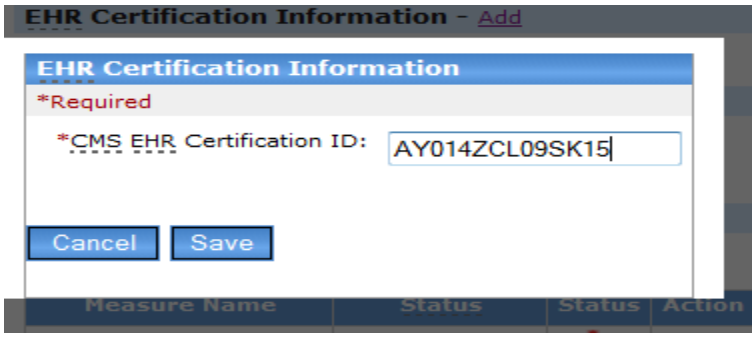
Select the Add/Edit links to enter or change information

EHR Certification Information

1. Click "Add" 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.

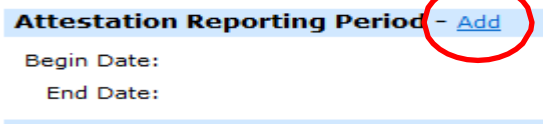


2. A Valid certification must be entered – A valid number will show green, invalid red.

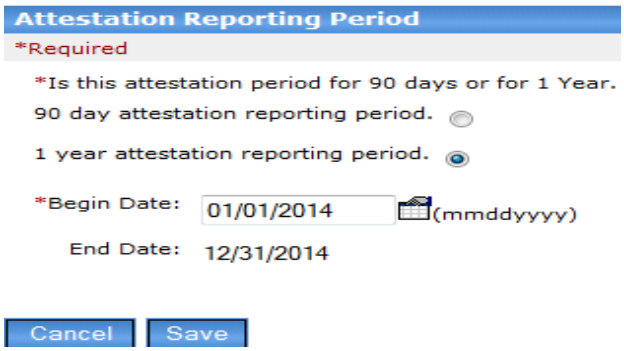


Attestation Reporting Period

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



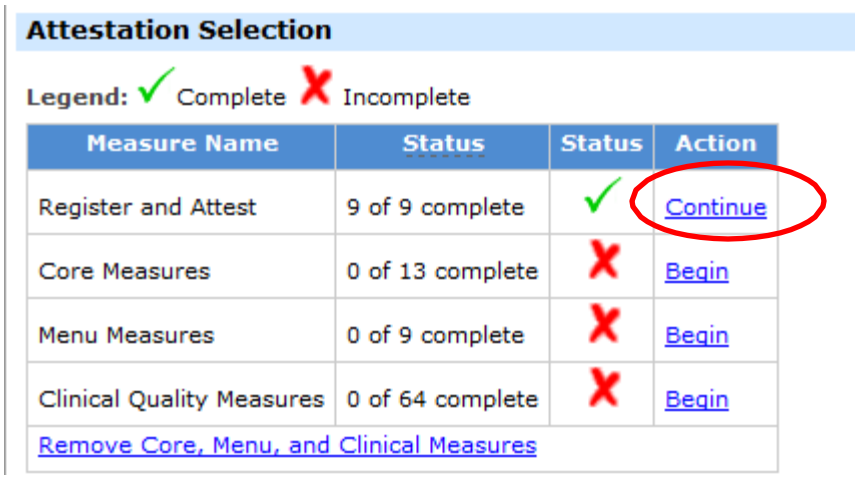
4. Select the length of reporting period ➔ If this is the providers first year of reporting MU orprogram year 2014, a 90 day period can be used. If the attestation is not for program year 2014 and this is the second year and beyond of reporting MU, one year reporting is required. Reporting dates must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



Register and Attest Questions

1. 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.

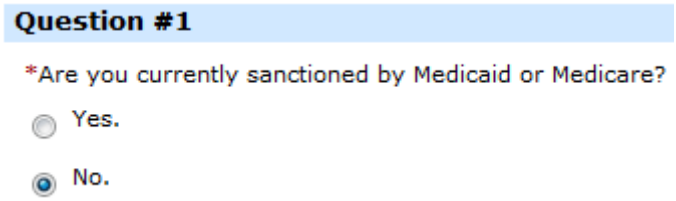


Attestation Selection

Legend: ✓ Complete ✗ Incomplete

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

2. Question #1 – Is the provider currently sanctioned

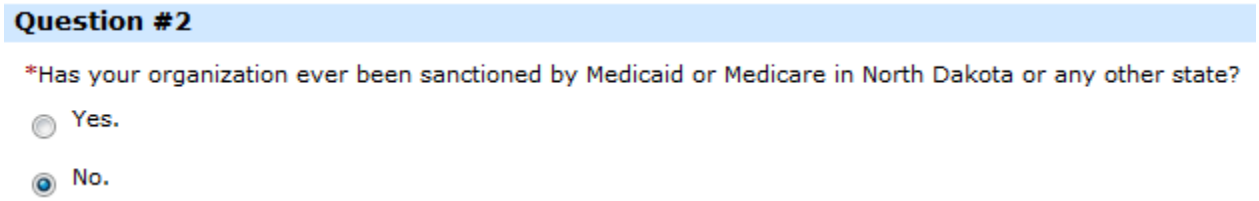


Question #1

*Are you currently sanctioned by Medicaid or Medicare?

- ○ Yes.
- ◉ No.

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

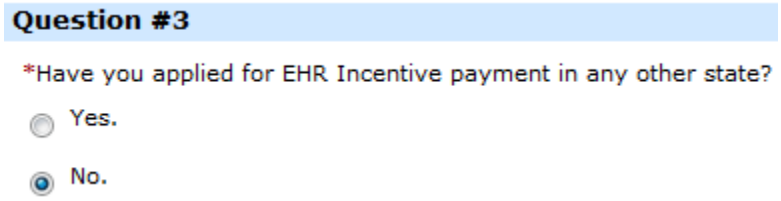


Question #2

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

- ○ Yes.
- ◉ No.

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

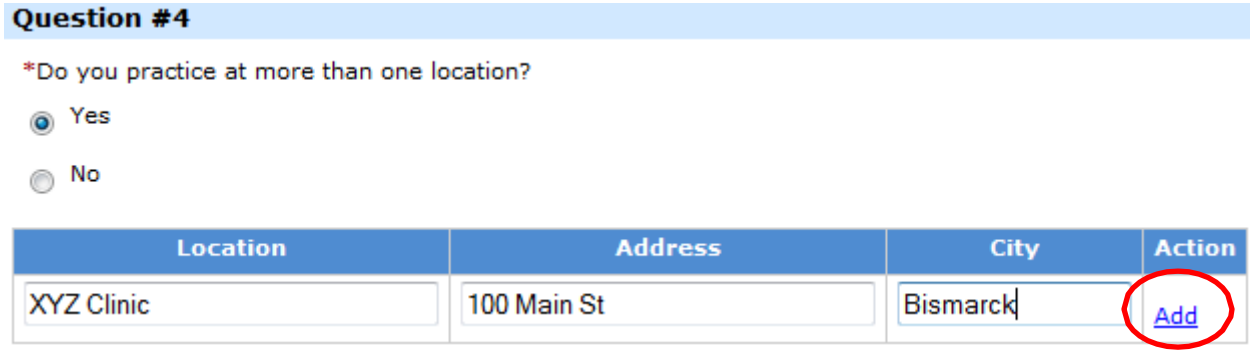


Question #3

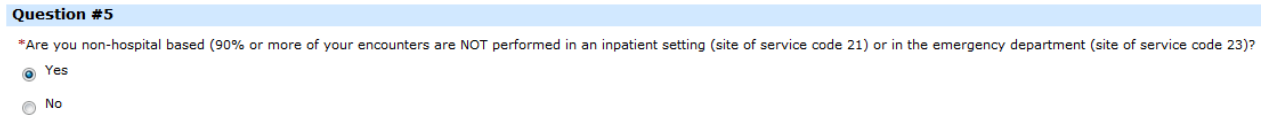
*Have you applied for EHR Incentive payment in any other state?

- ○ Yes.
- ◉ No.

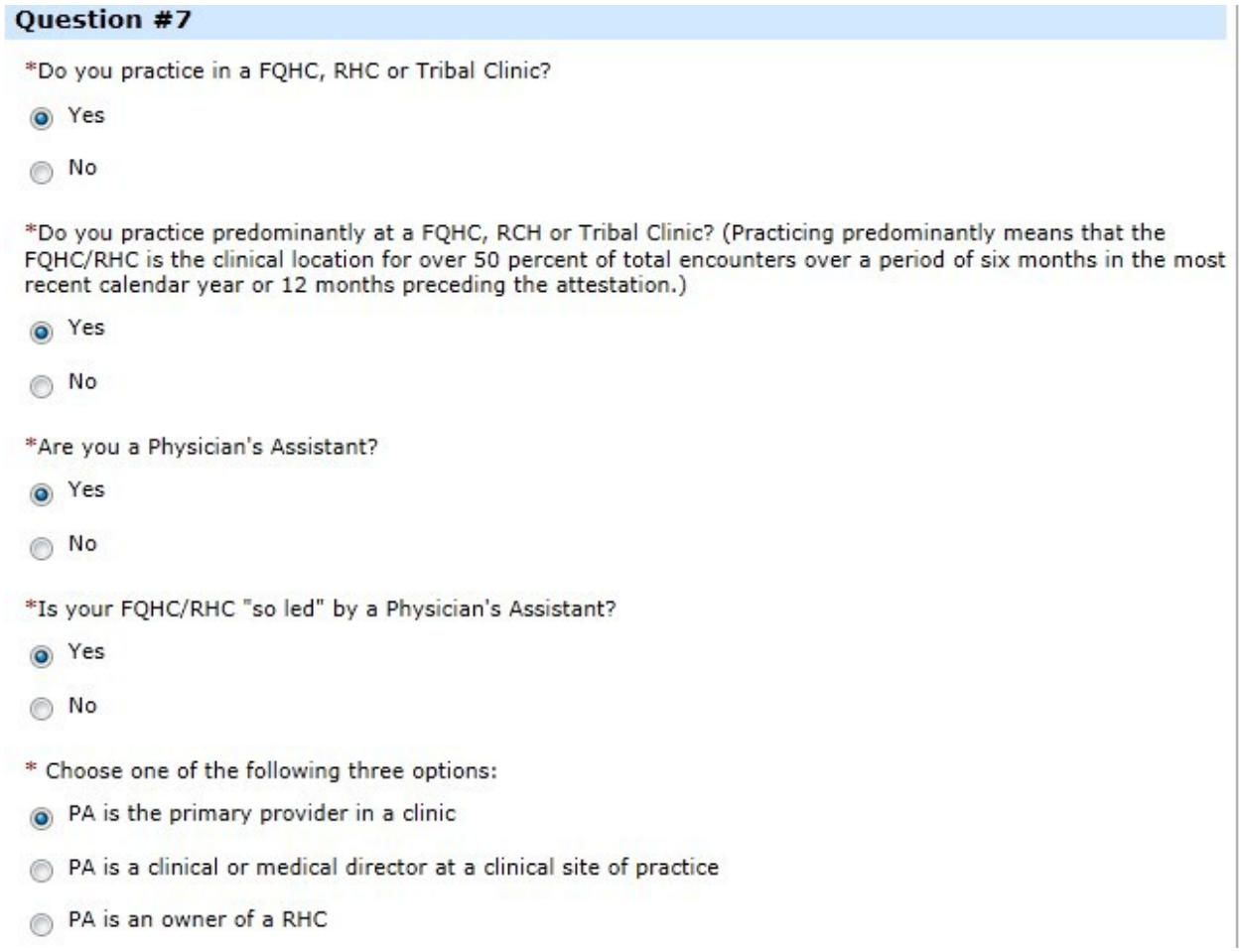
5. Question #4 – Does the provider practice in more than 1 location. If yes, enter the other facility information and then select "ADD"



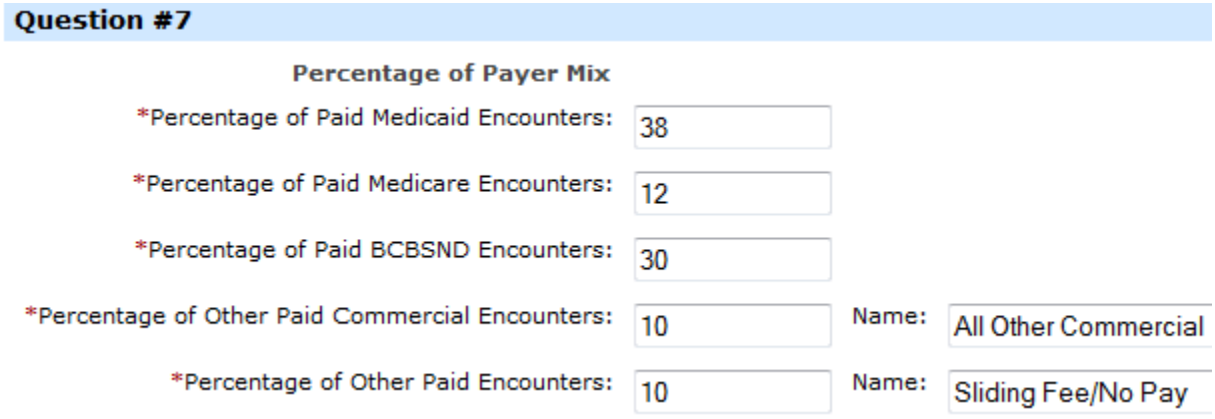
6. Question #5 – Is the provider non-hospital based – The provider must not see more than 90% of patients in POS 21 or 23



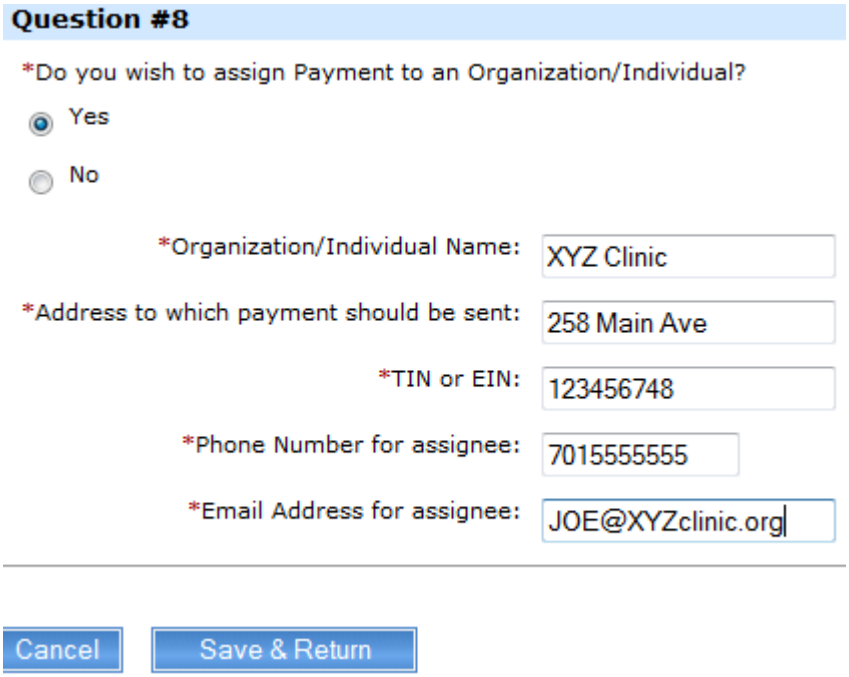
7. Q #6 – Do you practice in an FQHC, RHC, or Tribal Clinic? If Yes, Do you practice predominantly Are you a Physician's Assistant ➔ If YES, is the facility PA led? ➔ Choose the PAtype



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



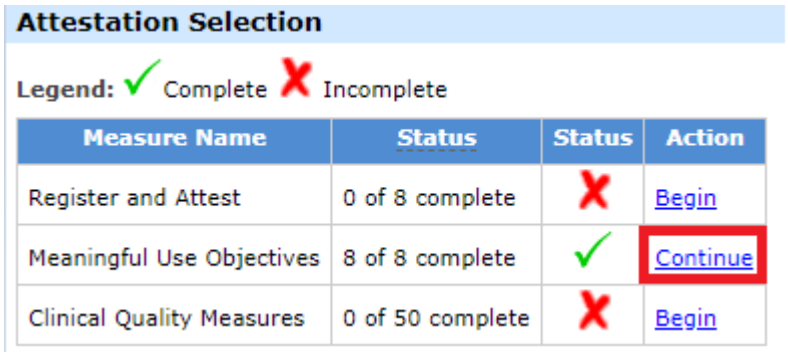
9. Question #8 – Do you wish to assign Payment to an Organization
   If No, Payment will be issued to the provider using the Social Security Number Provided
   If Yes, Payment will be issued to the facility indicated



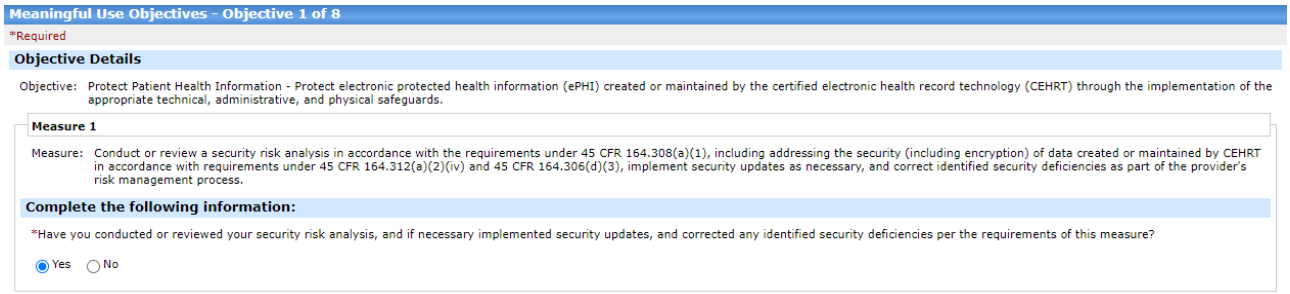
10. Select Save & Return to return to the Menu

Meaningful Use Objectives

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



Objective 1



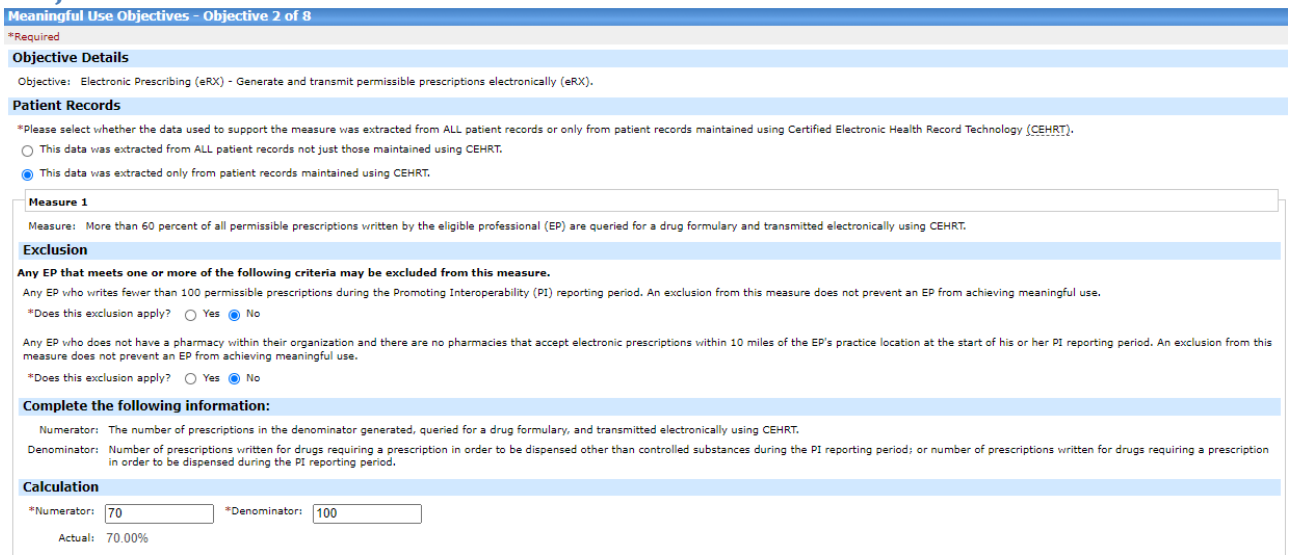
All fields must be completed before the EP is allowed to save and continue to the next objective.

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.

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



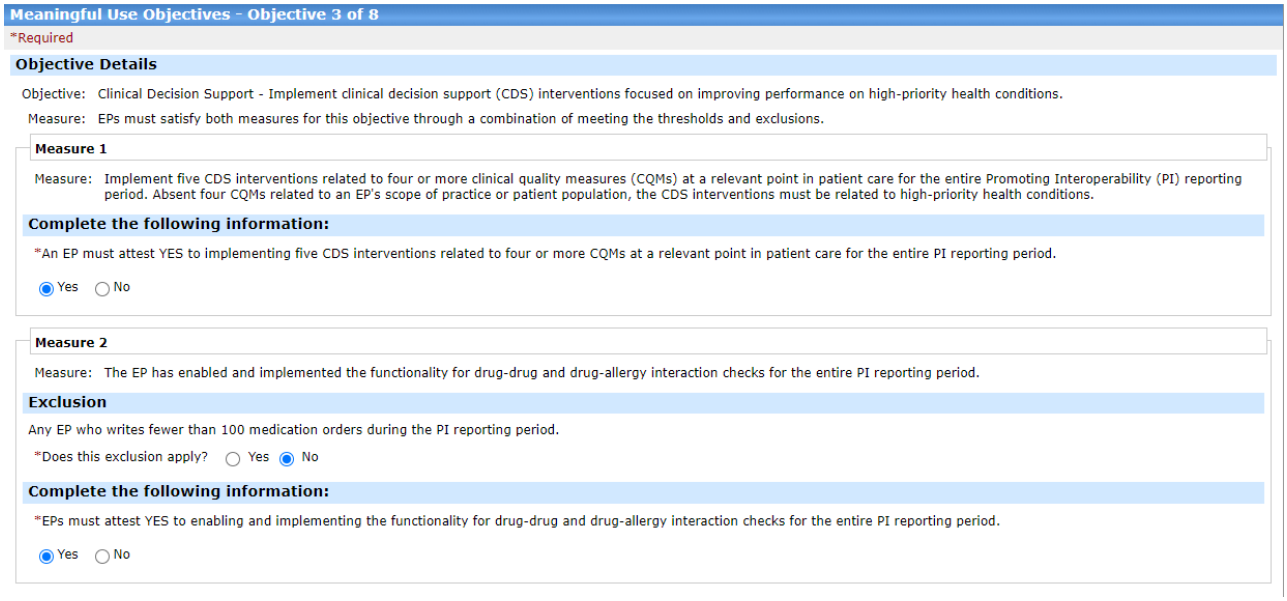
All fields must be completed before the EP is allowed to save and continue to the next objective.

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



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

Attestation Requirements Measure 1:

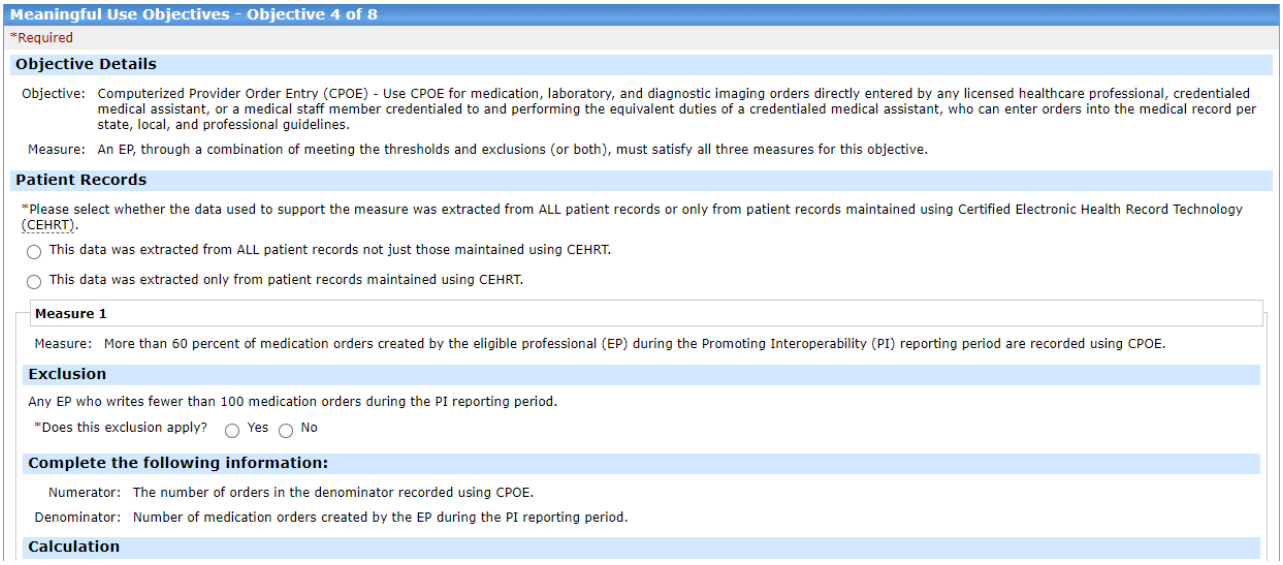
- EPs must attest "YES" to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period.

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



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.

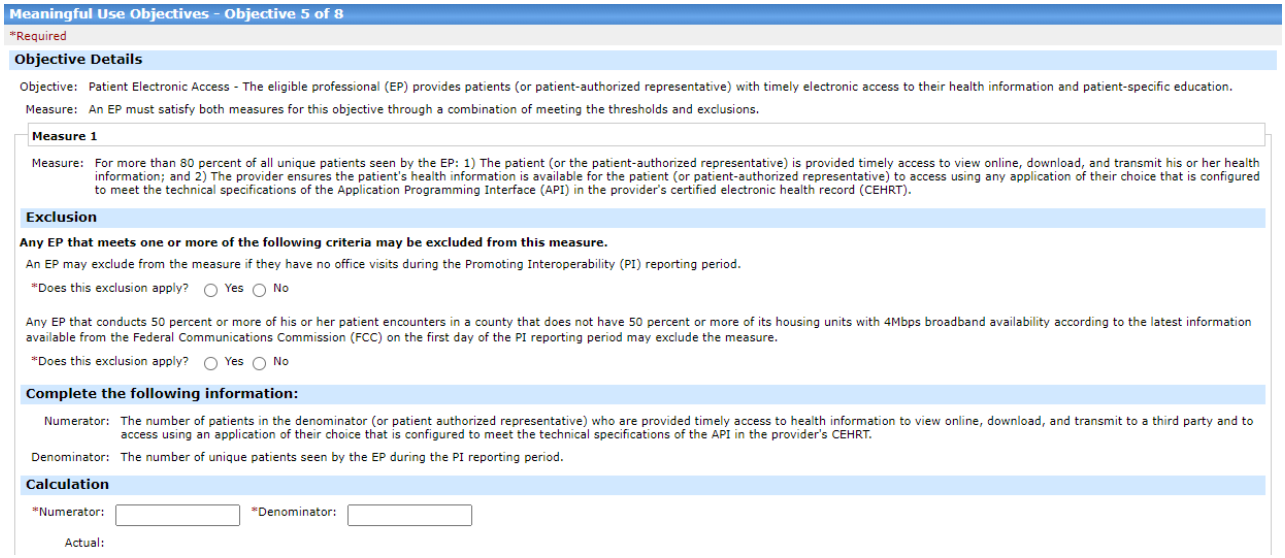
Attestation Requirements Measure 2:

- 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


Meaningful Use Objectives - Objective 5 of 8

*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.

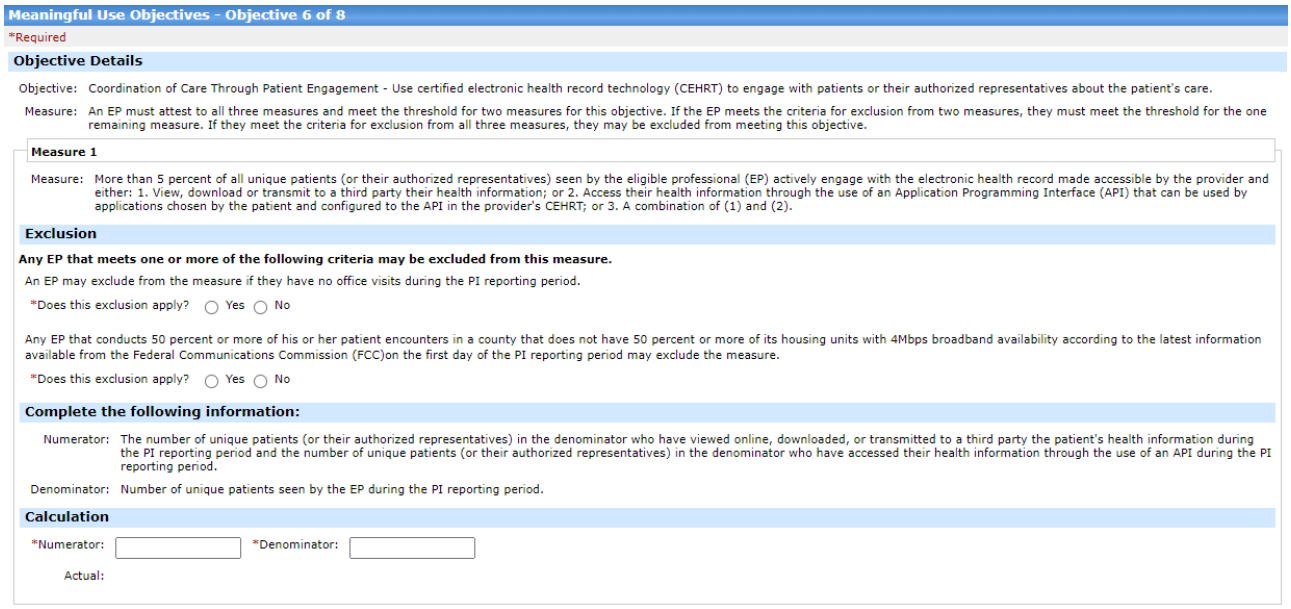
Attestation Requirements Measure 1:

- 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:
    - They have no office visits during the EHR reporting period.
    - 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.

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:
    - They have no office visits during the EHR reporting period.
    - 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



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.

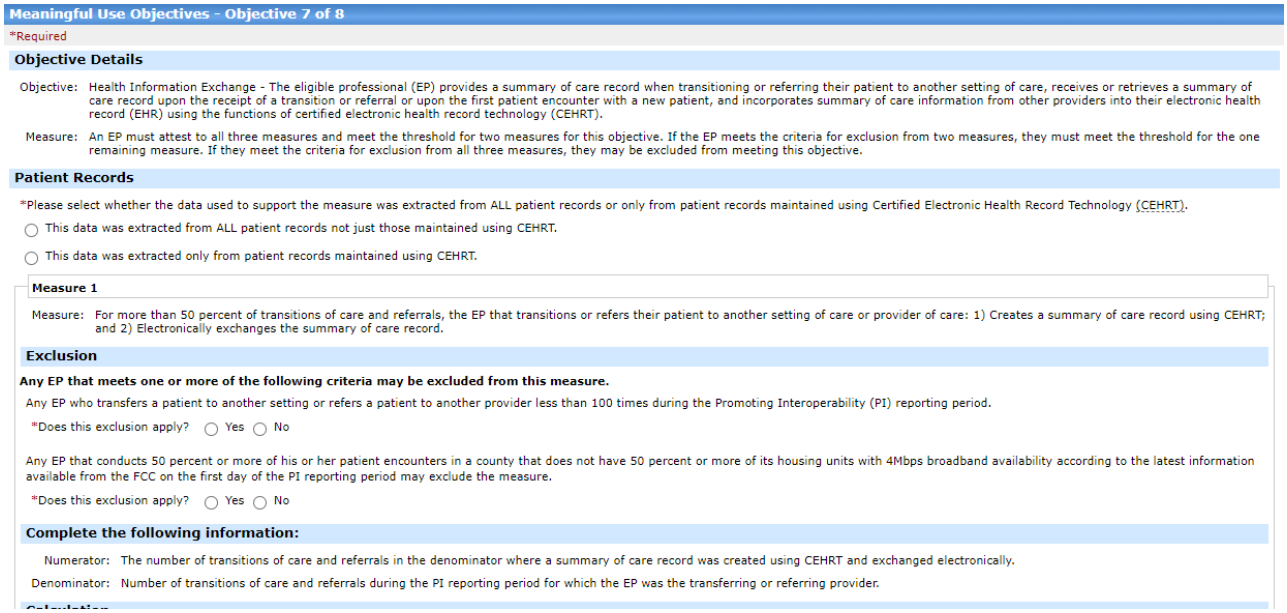
- THRESHOLD: The resulting percentage must be more than 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the EHR reporting period, or;
    - Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or 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



Meaningful Use Objectives - Objective 7 of 8

*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.

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.
    - 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:

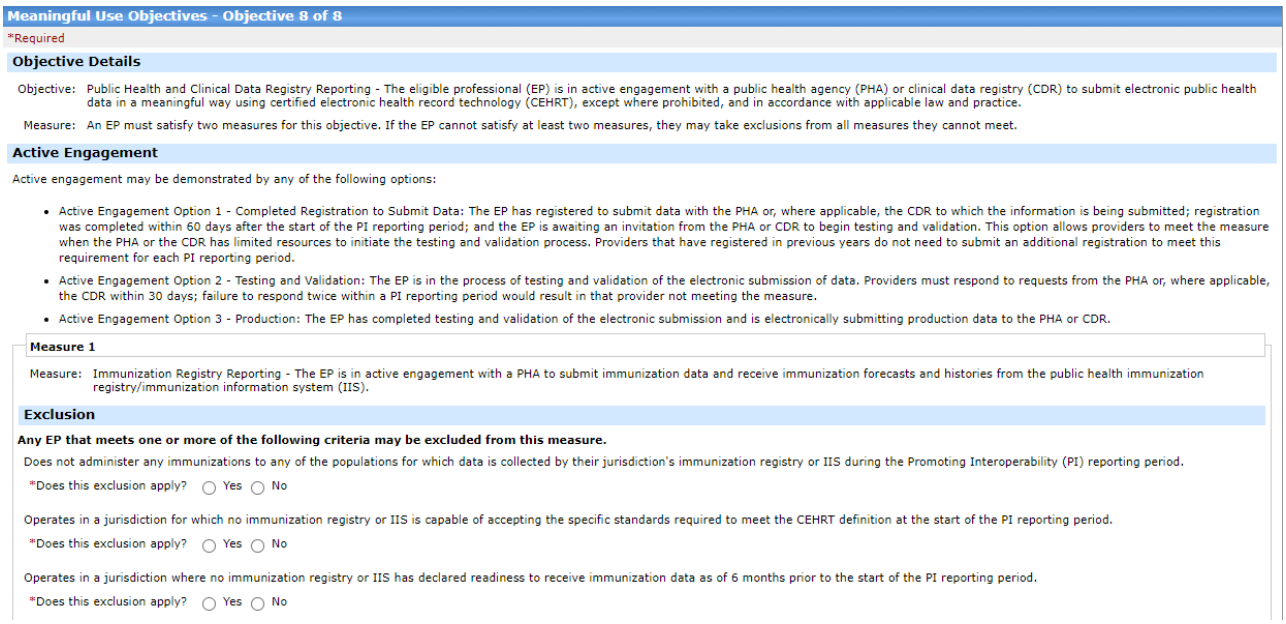
- DENOMINATOR: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.
- NUMERATOR: Number of patient encounters in the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



Meaningful Use Objectives - Objective 8 of 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:
    - They are not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
    - 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
    - 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:
    - 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;
    - 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
    - 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:
    - 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;
    - 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
    - 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.

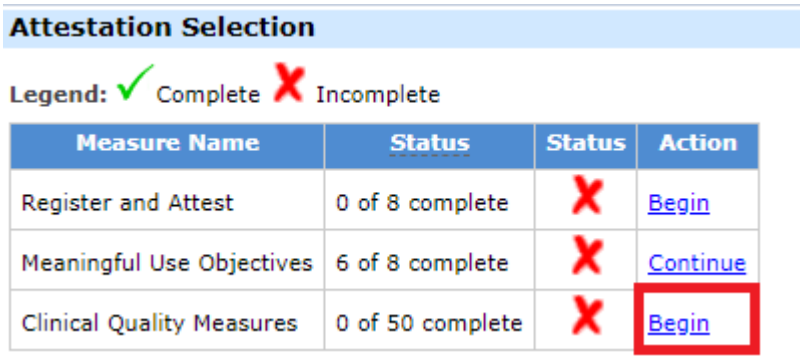
Attestation Requirements Measure 5:

- 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*

Clinical Quality Measures

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

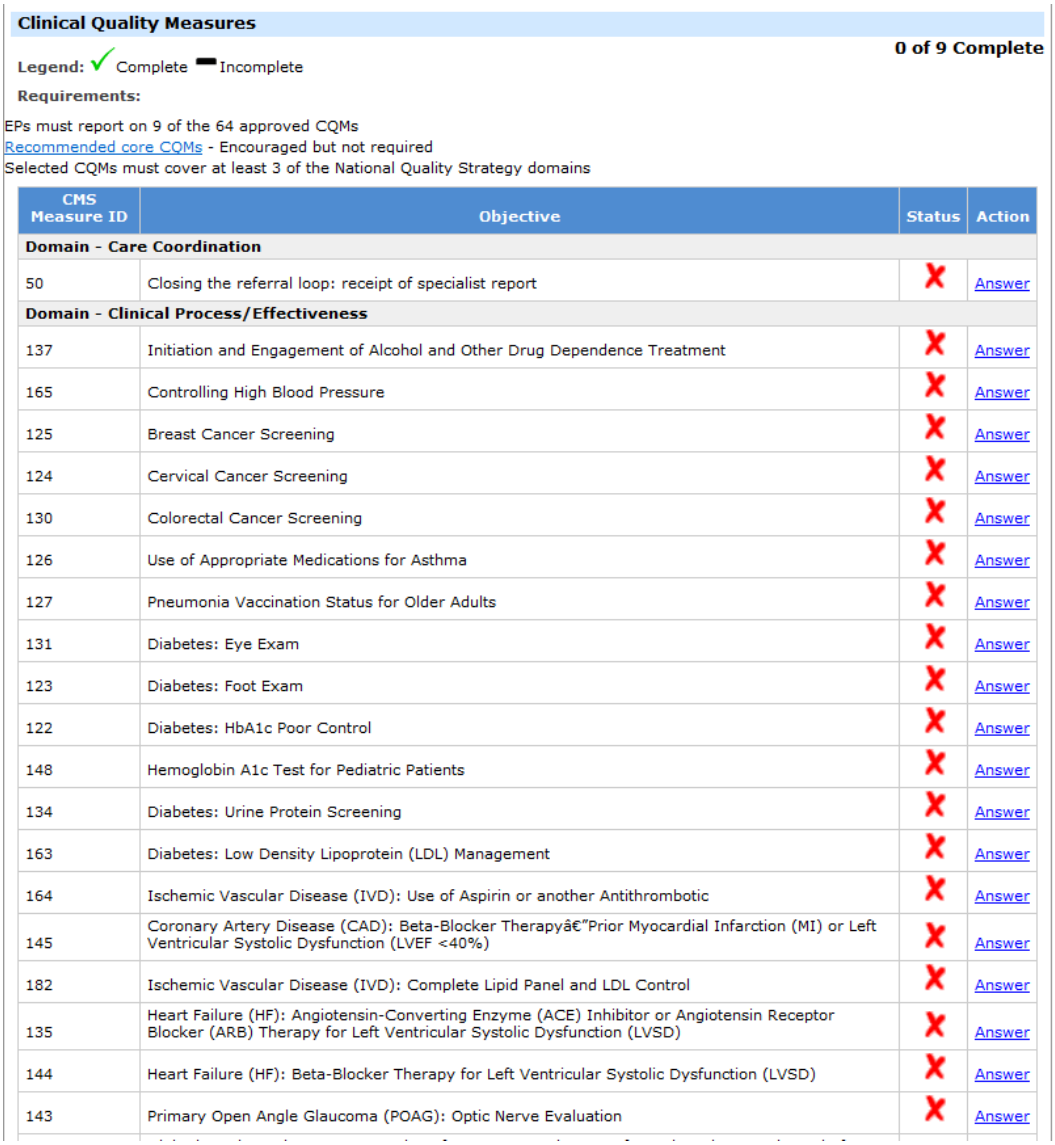


Attestation Selection

Legend: ✓ Complete ✗ Incomplete

Measure Name	Status	Status	Action
Register and Attest	0 of 8 complete	✗	Begin
Meaningful Use Objectives	6 of 8 complete	✗	Continue
Clinical Quality Measures	0 of 50 complete	✗	Begin

CQM Main Menu



Clinical Quality Measures

0 of 9 Complete

Legend: ✓ Complete ▬ Incomplete

Requirements:

EPs must report on 9 of the 64 approved CQMs
Recommended core CQMs - Encouraged but not required
Selected CQMs must cover at least 3 of the National Quality Strategy domains

CMS Measure ID	Objective	Status	Action
Domain - Care Coordination			
50	Closing the referral loop: receipt of specialist report	✗	Answer
Domain - Clinical Process/Effectiveness			
137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✗	Answer
165	Controlling High Blood Pressure	✗	Answer
125	Breast Cancer Screening	✗	Answer
124	Cervical Cancer Screening	✗	Answer
130	Colorectal Cancer Screening	✗	Answer
126	Use of Appropriate Medications for Asthma	✗	Answer
127	Pneumonia Vaccination Status for Older Adults	✗	Answer
131	Diabetes: Eye Exam	✗	Answer
123	Diabetes: Foot Exam	✗	Answer
122	Diabetes: HbA1c Poor Control	✗	Answer
148	Hemoglobin A1c Test for Pediatric Patients	✗	Answer
134	Diabetes: Urine Protein Screening	✗	Answer
163	Diabetes: Low Density Lipoprotein (LDL) Management	✗	Answer
164	Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic	✗	Answer
145	Coronary Artery Disease (CAD): Beta-Blocker Therapyâ€"Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	✗	Answer
182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	✗	Answer
135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	✗	Answer
144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	✗	Answer
143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	✗	Answer

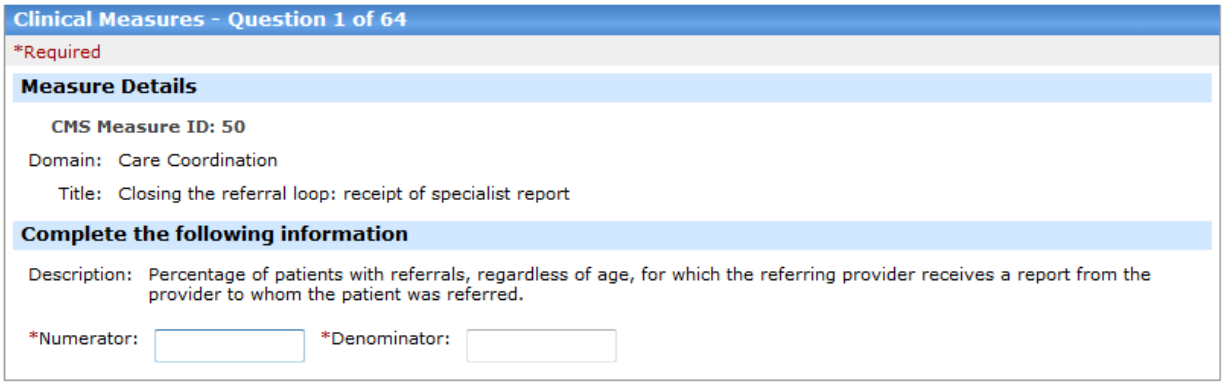
CQM Requirements

The following are the requirements for the CQMs:

- 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 who are returning participants must attest to a full year eCQM reporting period whether submitting through attestation or electronically
- EPs who are first-time meaningful users may attest using a 90-day eCQM reporting period
- 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.

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

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



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.

Clinical Quality Measures

9 of 9 Complete

Legend: ✓ Complete ▬ Incomplete

Requirements:

EPs must report on 9 of the 64 approved CQMs
Recommended core CQMs - Encouraged but not required
Selected CQMs must cover at least 3 of the National Quality Strategy domains

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

- Once the 6 CQM's have been met it will be indicated on the top of thescreen.
- 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 9 complete	✗	Begin
Core Measures	13 of 13 complete	✓	Continue
Menu Measures	5 of 9 complete	✓	Continue
Clinical Quality Measures	9 of 64 complete	✓	Continue
Remove Core, Menu, and Clinical Measures			

Required Documents to Upload

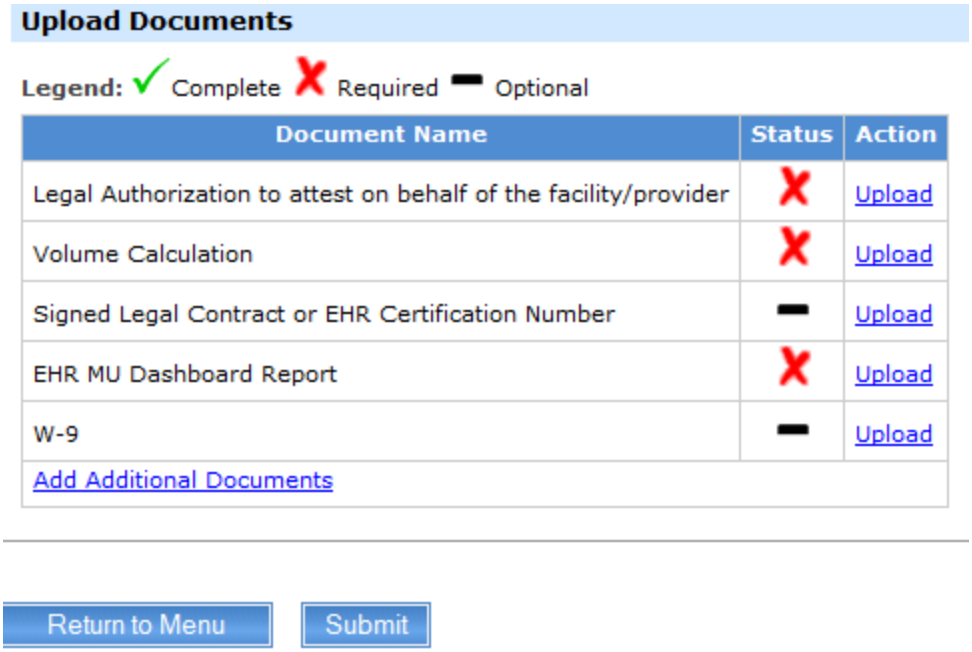
➔ ✗ indicates the document is required

➔ ▬ indicates the document is optional and can beuploaded

➔ ✓ 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.*



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

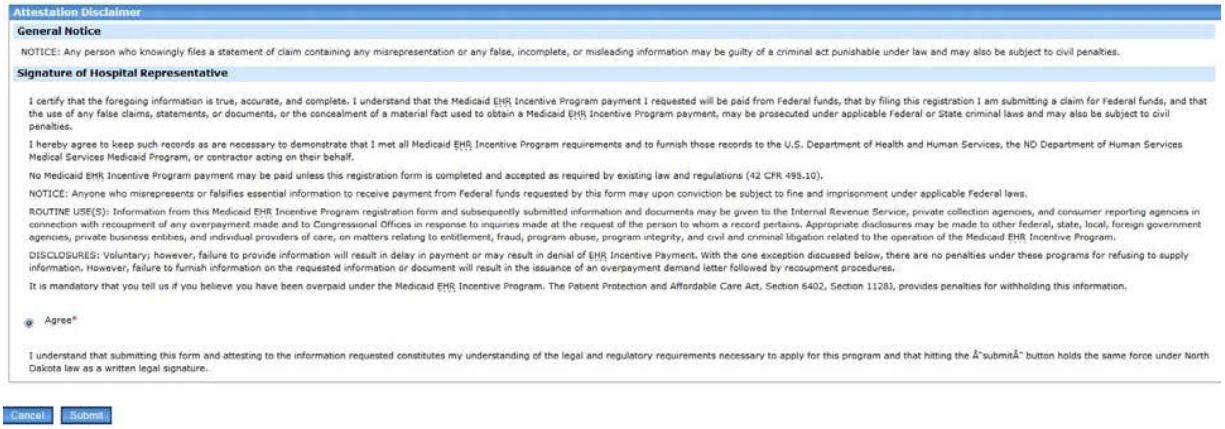
1.2. Volume Calculation ➔ **MUST** Use the calculation Template located at: http://www.healthit.nd.gov/medicaid/

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 thefacility)

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

Attestation Submission

1. If complete, select "Submit" to complete theAttestation.
2. The user must agree to theterms/disclaimer

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