Eligible Professional Reference Guide for Stage 1 Meaningful Use

October 1, 2013
## REVISION HISTORY

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
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Introduction

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for Electronic Health Record (EHR) Incentive Program payments to eligible professionals (EPs) and eligible hospitals (EHs) including critical access hospitals (CAH) participating in Medicare and Medicaid programs as they demonstrate adoption, implementation, upgrade or meaningful use of certified EHR technology (CEHRT).

To facilitate the vision of transforming our nation’s health care system to improve quality, safety and efficiency of care to EHR technology, the Health Information Technology for Economic and Clinical Health Act (HITECH) established programs under Medicare and Medicaid.

The Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator (ONC) have released final rules to guide and implement the provisions of ARRA.

The New Hampshire Office of Medicaid Business and Policy (OMBP) is responsible for the implementation of New Hampshire’s Medicaid EHR Incentive Program. OMBP will disburse payments to providers who adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology in their first year of participation in the program and successfully demonstrate meaningful use in subsequent years throughout the duration of the program.

These incentive programs are designed to support providers in this period of Health Information Technology (HIT) transition, accelerate the adoption of HIT and instill the use of qualified EHRs in meaningful ways to help our nation to improve the quality, safety and efficiency of patient health care.

New Hampshire’s Medicaid EHR Incentive Program

The New Hampshire Department of Health and Human Services has fiduciary responsibility to ensure that Medicaid supplemental funds are disbursed accurately in compliance with federal and state regulations. Providers must meet eligibility criteria mandated by federal statute in order to receive a Medicaid EHR Incentive Program payment. In addition, the use of EHR technology that has been certified by the ONC Authorized Testing and Certification Body and is listed on the Certified Health Information Technology Product List is required.

Two key components of the Medicaid EHR Incentive Program are registration and attestation.

Registration

The registration process allows providers to participate in the Medicaid EHR Incentive Program. Providers must complete Federal- and State-level registration processes.

Attestation

The attestation process allows providers to attest to the Medicaid EHR Incentive Program eligibility criteria as they demonstrate adoption, implementation, upgrade or meaningful use of CEHRT.
EHR Resources

Federal

EPs can learn more information about the Medicaid EHR Incentive Program from these federal resources:

- CMS Medicare and Medicaid EHR Incentive Program Basics;
- CMS Frequently Asked Questions;
- Electronic Health Record (EHR) Information Center (for registration and attestation system inquiries): hours of operation: 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays; 1-888-734-6433 (primary number) or 888-734-6563 (TTY number);
- Office of the National Coordinator Incentives and Certification;
- Certified Health IT Product List.

State

This step-by-step reference guide will assist EPs as they attest for Meaningful Use Stage 1 criteria. For more information on the Medicaid EHR Incentive Program, please check the program website or contact New Hampshire Medicaid EHR Incentive Program staff at:

- Website: http://www.dhhs.nh.gov/ombp/ehr/index.htm;
- Telephone: (603) 271-9542;
- Email: info@NHMedicaidHIT.org.
The Regional Extension Center of New Hampshire (RECNH) is one of 62 RECs nationwide designated to serve New Hampshire as an unbiased, trusted resource with national perspective and local expertise to assist healthcare providers with EHR adoption, optimization and achievement of Meaningful Use.

The RECNH serves as a neutral source for credible EHR and HIT information—something much needed as healthcare providers seek to navigate EHR options and select vendors who meet new federal Meaningful Use requirements.

The RECNH strives to fully identify and provide solutions to the challenges New Hampshire healthcare providers face in adopting EHR systems. Finally, and most important, the program provides critical, “hands-on” services for EHR adoption as outlined below.

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The RECNH has a unique national perspective and local expertise and is committed to building connection and collaboration among the state’s healthcare community, ensuring that the individuals and organizations are connected to the right people, tools and resources to optimize success of EHRs and achievement of Meaningful Use of EHRs.

To take advantage of the RECNH services, please contact them directly at:

**Regional Extension Center of New Hampshire**

c/o New Hampshire Hospital Association
125 Airport Road
Concord NH 03301
603.717.5420
[www.recnh.org](http://www.recnh.org)
Eligible Professional Criteria

EPs must meet program eligibility criteria during each year of participation in the Medicaid EHR Incentive Program in order to receive a payment for that year.

Provider Type

EPs must be one of these provider types:

- Physician who holds a Doctor of Medicine or Doctor of Osteopathy degree;
- Physician classified as a Pediatrician who holds a Doctor of Medicine or Doctor of Osteopathy degree and is board certified in pediatric medicine; a pediatrician’s provider enrollment with New Hampshire Medicaid must indicate ‘pediatrician’ as a specialty or the provider must be a member of the American Academy of Pediatrics;
- Dentist who holds a Doctor of Dental Surgery or Dental Medicine degree
- Nurse practitioners;
- Certified nurse-midwives;
- Physician assistants (PA) who furnish services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant.

PAs in FQHCs/RHCs have an additional requirement; they must meet one of the following in order to participate in the EHR Incentive Program:

- PA is the primary provider in a clinic (Example: part-time physician and full-time PA);
- PA is a clinical or medical director at a clinical site of practice; or
- PA is an owner of an RHC.

Provider Qualifications

Providers must:

- Be enrolled in New Hampshire Medicaid;
- Be licensed to practice in New Hampshire;
- Not be sanctioned or otherwise deemed ineligible to receive payments from New Hampshire Medicaid;
- Be non-hospital-based (more than 10 percent of patient encounters must be outside of an inpatient hospital setting or emergency department during the prior calendar year);
- Practice predominantly (if working at an FQHC/RHC, more than 50 percent of encounters must have occurred at the FQHC/RHC in a 6-month period during the prior calendar year).

Patient Volume Methodologies

EPs are required to meet, or exceed, a specific patient volume threshold during each payment year. Reporting methods include Medicaid patient volume or the option of Needy Individual patient volume for providers in FQHCs/RHCs. Pediatricians using Medicaid patient volume may qualify based on a
Annual Eligibility Requirements

reduced patient volume threshold than other provider types. EPs also have an option to attest using individual patient volume or their Practice’s aggregate patient volume.

EPs may optionally include out-of-state patient encounters in their individual or Practice aggregate patient volume. If electing to do so, they must report each state’s Medicaid encounters separately. This will trigger an eligibility verification audit and require the New Hampshire Medicaid Office to contact the other state(s) to confirm patient encounter data. This will delay payment until the data is properly validated.

**Patient Volume Type - Medicaid**

Medicaid patient volume is calculated by dividing the total Medicaid encounters in any representative continuous 90-day period during the prior calendar year (numerator) by the total of all encounters during the same 90-day period (denominator) and multiplying this fraction by 100 to obtain a percentage.

EPs attesting based on Medicaid Patient Volume must have a minimum threshold of 30 percent to qualify for a Medicaid EHR Incentive Program payment. Pediatricians have an exception; they have an option of attesting to a minimum threshold of 30 percent to receive a full incentive payment or 20 to 29 percent for a 2/3 payment.

Under the Stage 2 Final Rule, a Medicaid patient encounter in New Hampshire is defined as “All services provided in a day by a specific provider to a Medicaid-enrolled individual.” This includes:

- Services in which Medicaid (including the program formerly known as “Healthy Kids Gold” and out-of-state Medicaid and Medicaid-managed care programs) paid for part or all of the services (including premiums, co-payments, and/or cost sharing); or
- Encounters where Medicaid paid zero dollars where Medicare (in the case of patients that are dually eligible for both Medicaid and Medicare) or by another third party paid for the encounter; or
- Encounters provided to Medicaid enrollees for which no payments were received; or
- Medical services provided that were not covered under New Hampshire’s Medicaid program.

[Note: Children’s Health Insurance Program (CHIP, the separate program formerly known in New Hampshire as “Healthy Kids Silver”) patients cannot be counted as Medicaid patient encounters.]

**Patient Volume Type - Needy Individual**

Needy Individual patient volume is calculated by dividing the total Needy Individual encounters in any representative continuous 90-day period during the prior calendar year (numerator) by the total of all encounters during the same 90-day period (denominator) and multiplying this fraction by 100 to obtain a percentage.

EPs working in FQHCs/RHCs can attest using Medicaid patient volume or Needy Individual patient volume. In both cases, EPs must have a minimum threshold of 30 percent to qualify for a Medicaid EHR Incentive Program payment.

Under the Stage 2 Final Rule, a Needy Individual patient encounter in New Hampshire is defined as “All services provided in a day by a specific provider to a Medicaid-enrolled individual.” This includes:
Annual Eligibility Requirements

- Services in which Medicaid (including the program formerly known as “Healthy Kids Gold” and out-of-state Medicaid and Medicaid-managed care programs) paid for part or all of the services (including premiums, co-payments, and/or cost sharing); or
- CHIP (the separate program formerly known in New Hampshire as “Healthy Kids Silver”) paid for part or all of the services (including premiums, co-payments, and/or cost-sharing); or
- Services were rendered to an individual on a sliding scale; or
- Services were uncompensated;
- Encounters where Medicaid paid zero dollars where Medicare (in the case of patients that are dually eligible for both Medicaid and Medicare) or another third party paid for the encounter; or
- Encounters provided to Medicaid enrollees for which no payments were received; or
- Medical services provided that were not covered under New Hampshire’s Medicaid program.

Patient Volume Methodology

EPs have the option to attest based on one of the following methodologies:

- Individual patient volume: the sum of the EP’s encounters during the reporting period; or
- Aggregate patient volume: the sum of a Practice’s encounters during the reporting period; encounters from all Medicaid providers (including those that are not eligible for a Medicaid EHR Incentive Program payment, must be included in the calculation.

To use aggregate patient volume, EPs must meet federal- and state-specific rules. In the event of audit, the EP and Practice must demonstrate that these rules have been satisfied during the payment year:

- The Practice’s patient volume is appropriate as a patient volume methodology calculation for the EP (i.e., for EPs that only see Medicare, commercial or self-pay patients, this is not an appropriate calculation);
- There is an auditable data source to support the Practice’s patient volume determination;
- All of the EPs in the Practice must use the same methodology for the payment year;
- The Practice uses the entire Practice’s patient volume and does not limit aggregate patient volume in any way;
- If the EP works both inside and outside of the Practice, then the patient volume calculation includes only those encounters associated with the Practice and not the EP’s outside encounters;
- Each Practice can include the encounters made by the EP at its own Practice in the aggregate calculation, however, the EP can register for only one incentive payment (i.e., the EP cannot register for an incentive payment at every Practice that uses his/her encounter information in its group calculation); and
- For purposes of the aggregate calculation, if two providers in the Practice provide services to the same Medicaid patient on the same day, then multiple encounters for the same Medicaid patient on the same day may be counted.

Practices must submit an ‘Establish Practice Request Form’ with the requisite supporting documents to the New Hampshire Medicaid Office. The New Hampshire Medicaid Office will verify the aggregate patient volume data and establish the Practice in ePIP (Electronic Provider Incentive Payment System), the New Hampshire Medicaid EHR Incentive Program state registration and attestation system. The New Hampshire Medicaid Office will conduct pre-payment verifications of the Practice-submitted
aggregate data and supporting documents and notify the Practice when EPs are permitted to attest on ePIP.

**Encounter Examples**
Under the Stage 2 Final Rule, examples of encounters that may be counted in the patient volume calculation include:

- Claims denied due to service limitation audits;
- Claims denied due to non-covered services;
- Claims denied due to timely filing; and
- Services rendered on Medicaid members that were not billed due to the provider's understanding of Medicaid business rules.

Examples of encounters that may not be counted in the patient volume calculation include:

- Claims denied due to the provider being ineligible for the date of service; and
- Claims denied due to the member being ineligible for the date of service.

**Hospital-based Criteria**
This criterion is applicable only to EPs that attest to Medicaid patient volume. These EPs must attest that they are not hospital-based, i.e., do not provide more than 90 percent of their covered professional services in a hospital setting. In the New Hampshire Medicaid EHR Incentive Program, a hospital setting is defined as Medicaid encounters at Place of Service (POS) codes for HIPAA standard transactions 21 (Inpatient Hospital) and 23 (Emergency Department).

The hospital-based criterion is based calculated using each individual EP's encounters data. (EPs may not use Practice data to attest to this criterion.) Provider attestations will be evaluated to determine if services rendered in hospital-based POS 21 and POS 23 exceed the 90 percent threshold.

Hospital-based is calculated by dividing the sum of the EP's Medicaid POS 21 and 23 encounters during the prior calendar year (numerator) by the total of all Medicaid patient encounters during the same full-year reporting period (denominator) and multiplying this fraction by 100 to obtain a percentage.

This criterion is not applicable to EPs in FQHCs/RHCs that attest using Needy Individual patient volume encounter data.

**Practice Predominantly Criteria**
This criterion is applicable only to EPs that attest to Needy Individual patient volume. These EPs must attest that during a six-month reporting period during the prior calendar year, the clinical location for over 50 percent of their patient encounters occurred at the FQHC/RHC facility.

The practice predominantly criterion is based on each individual EP’s encounters data. (EPs may not use Practice data to attest to this criterion.) Provider attestations will be evaluated to determine if
services rendered at the FQHC/RHC facility exceed the 50 percent threshold.

Practice predominantly is calculated by dividing the sum of the EP’s FQHC/RHC encounters during the six-month prior year reporting period (numerator) by the total of all patient encounters during the same six-month reporting period (denominator) and multiplying this fraction by 100 to obtain a percentage.

This criterion is not applicable to EPs that attest using Medicaid patient volume encounter data.
Eligible Professional – NH Medicaid EHR Incentive Program

Medicaid EHR Incentive Program Payments

Payment Schedule

The maximum incentive payment amount that an EP can receive in the Medicaid EHR Incentive Program is $63,750. Pediatricians meeting reduced patient volume thresholds (from 20 to 29 percent) can receive a maximum amount of $42,500. Both incentive payment amounts are paid over a six year schedule as denoted in the following table.

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Attestation Type</th>
<th>Payment Amount (Based on Patient Volume Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% (Pediatricians Only)</td>
</tr>
<tr>
<td>1</td>
<td>AIU</td>
<td>$21,250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$14,167</td>
</tr>
<tr>
<td>2</td>
<td>MU</td>
<td>$8,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$5,667</td>
</tr>
<tr>
<td>3</td>
<td>MU</td>
<td>$8,500</td>
</tr>
<tr>
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<td></td>
<td>$5,667</td>
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<td>4</td>
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<tr>
<td>6</td>
<td>MU</td>
<td>$8,500</td>
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<tr>
<td></td>
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<td>$5,667</td>
</tr>
</tbody>
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Payment Rules

EP payments are made based on calendar year; EPs may receive payments on a non-consecutive, annual basis. EPs must receive their first Medicaid EHR Incentive Program payment by 2016 in order to participate in the program. The last year that providers may request payments is 2021.

EPs may be eligible for both the Medicare EHR Incentive Program and the Medicaid EHR Incentive Program but can only receive an EHR Incentive Program payment per year from one EHR Incentive Program. EPs may switch one time between the Medicare EHR Incentive Program and Medicaid EHR Incentive Program but the switch must occur before 2015.

EPs assign incentive payments to a Tax Identification Number (TIN) in the CMS Registration System. This TIN must be associated with either the EP or re-assigned to a group or clinic with which the EP is affiliated in the New Hampshire Medicaid database.

There are currently no payment adjustments or penalties for Medicaid EPs. Payments may be recouped in cases of fraud or abuse or if a NH DHHS audit determines that a provider was not eligible to receive a Medicaid EHR Incentive Program payment.
Overview

The Stage 1 Meaningful Use (MU) reporting period is 90-days in the current calendar year during the first year of MU attestation and a full year (based on the current calendar year) for each subsequent attestation. 2014 is an exception; all providers, regardless of their payment year in the program, will only be required to report 90-days of MU based on the current calendar year. The intent is to allow vendors and providers the time to upgrade EHRs in accordance with Stage 2 requirements.

It is important to note the distinction between attestation reporting periods. Patient volume attestations are based on 90-days of data from the prior calendar year; MU, regardless of the reporting period, will always be based on data from the current calendar year.

Stage 1 Meaningful Use Measures

The CMS Stage 2 Final Rule introduced specific changes for Stage 1 MU criteria, some of which took effect on January 1, 2013 and are optional for Program Year 2013. For these criteria, the original and revised criteria have been included in ePIP; EPs may select which criterion to answer.

To meet Stage 1 Meaningful Use requirements, EPs must attest to meeting Meaningful Use criteria that consist of Core measures; Menu measures; and Clinical Quality Measures (CQMs). Each measure requires a unique response. Some responses can be yes/no attestations while others involve numerical entries such as a numerator and denominator. The following guidelines apply to Stage 1 MU attestations in 2013:

- For EPs that work at multiple practice locations, at least 50 percent of their total patient encounters must take place at a location(s) where certified EHR technology is available. (These EPs would base all MU measures only on those encounters that occurred at locations with certified EHR technology.) For the purpose of calculating this 50 percent threshold, all encounters (and not just Medicaid and/or Needy Individual encounters) should be considered in this calculation.
- Data for the Core and Menu measures does not necessarily have to be entered directly from reports generated by certified EHR technology; to provide complete and accurate information for certain of these measures, EPs may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology.
- CQM data must be reported directly from information generated by certified EHR technology.
- Regardless of the method used to generate Core, MU, and CQM data, all associated supporting documentation, screen shots, and reports must be uploaded at the time of attestation in order for the payment request to be processed with protected health information, i.e., HIPAA protected information, redacted (removed or blacked out).
- Each Core, Menu, or CQM measure webpage in ePIP includes a link to detailed information from the CMS website on that measure.
- MU measures may not be applicable to every clinical practice. (For example, dentists do not typically perform immunizations.) In these cases, providers would not have any eligible patients or actions for the measure denominator and could attest to an exclusion (i.e., be excluded from having to meet that measure). Claiming an exclusion (i.e., providing a ‘yes’ response to an exclusion) for a specific measure qualifies as submission of that measure.
2013 Stage 1 Meaningful Use Requirements

- Denominators entered must be greater than or equal to numerators entered. The numerator and denominator entries must be positive whole numbers.
- Measure results do not round up. For example, a numerator of 199 and a denominator of 1,000 is 19%.
- Measures that require a result greater than a given percentage must be more than that given percentage to pass. For example, in a measure requiring a result of greater than 80%, a result of 80.10% will pass, but a result of 80.0% will not pass.
- After completing all of the measures in a topic, ePIP will indicate that the topic is complete; this does not mean that the measures have passed or failed, only that they have been completed. Evaluation of the measures is made after the attestation is electronically signed and submitted to the Medicaid EHR Office.
- Users must adequately answer each measure by filling in the numerator and denominator or claiming exclusion (if exclusion requirements are met). There are two types of percentage-based measures used in demonstrating Meaningful Use; with this, there are two types of denominators:
  - All patients seen during the EHR reporting period. (The denominator is all patients regardless of whether their records are kept using certified EHR technology; or
  - Actions or subsets of patients seen during the EHR reporting period whose records are kept using certified EHR technology.

Core Measures
In 2013, EPs must meet 13 of 13 Core measures based on thresholds established by CMS. If EPs meet applicable criteria that allow them to claim exclusion for certain measures, then those measures are also considered to be met.

Menu Measures
EPs must meet 5 of 10 Menu measures based on thresholds established by CMS. At least one of the five Menu measures must be a Public Health measure. If the State of New Hampshire is unable to accept data for a Public Health measure, EPs will receive exclusion and the measure will be considered met.

Clinical Quality Measures
In 2013, there are two options for EPs to choose from in selecting CQMs.

EPs using 2011 certified EHR technology must meet a minimum of 6, or a maximum of 9, CQMs. These include:

- 3 Core CQMs;
- Up to 3 Alternate Core CQMs; an Alternate Core CQM must be reported as a substitute for each Core CQM that was reported with a denominator of 0;
- 3 of 38 Additional CQMs that relate to their practice. It is acceptable to use the value of zero as a CQM denominator if this value was produced by certified EHR technology.

EPs using 2014 certified EHR technology must complete:

- 2 Core CQMs (NQF 0013 not available);
- 1 Alternate Core CQM (required to replace NQF 0013);
2013 Stage 1 Meaningful Use Requirements

- Up to 2 other Alternate Core CQMs; an Alternate Core CQM must be reported as a substitute for each Core CQM that was reported with a denominator of 0);
- 3 of 27 Additional CQMs that relate to their practice. It is acceptable to use the value of zero as a CQM denominator if this value was produced by certified EHR technology.

Denominators for Meaningful Use Measures

There are two ways that percentage-based denominators are reported for MU measures. The first is when the denominator equals all patients seen or admitted during the EHR reporting period. In this instance, the denominator is all patients regardless of whether their records are maintained using certified EHR technology.

The second way that denominators are reported is based on actions or subsets of patients seen or admitted during the EHR reporting period. In this instance, the denominator only includes patients, or actions taken on behalf of those patients, whose records are maintained using certified EHR technology.

Meaningful Use and CQM Supporting Documentation

EPs must upload copies of EHR screenshots and other reports that fully support each attestation at the time of attestation in order for the payment request to be processed. Supporting documentation must have all Protected Health Information (PHI), i.e., HIPAA protected information, redacted (removed or blacked out). To prevent risk of modification of audit documents, print to a version that is not modifiable such as PDF and/or paper. Per the federal statute, EPs must retain documentation supporting their demonstration of meaningful use for 6 years.

Certified EHR Technology Documentation

All certified modules or EHRs that are available at a practice(s) at the start of the EHR reporting period must be added to the cart on the Office of the National Coordinator Certified Health IT Product List (CHPL) website to generate an accurate CMS EHR Certification ID. EPs must upload a screenshot of the CHPL webpage with the CMS EHR Certification ID at the time of attestation.

Core, Menu, and CQM Documentation

The primary MU and CQM documentation are the source documents that the EP used when completing the attestation. These documents should provide a summary of the data that supports the information entered during attestation. Ideally, this would be reports from the CEHRT, but EPs may upload other documents that demonstrate how the data was accumulated and calculated. All claimed exclusions must also have supporting documentation.

For Core and Menu measures, documentation must:

- Show proof that the report was generated from certified EHR technology (examples: EHR logo on report or step-by-step screenshots that demonstrate that the report was generated by an EHR);
- Have PHI data redacted (removed or blacked out);
2013 Stage 1 Meaningful Use Requirements

- Include the time period covered by the report;
- Show proof that the report is for the attesting EP (National Provider Identifier; CMS Certification Number; provider name; etc.);
- Show a summary of data that supports the attestation (ideally, these should be reports from CEHRT that demonstrate how data was accumulated and calculated);
- For percentage-based measures, include numerators and denominators;
- For Yes/No measures, include one or more CEHRT screenshots that are dated during the MU reporting period and provide evidence that the report was generated for the EP that is attesting (with PHI data redacted); (exception: the security risk analysis does not need to be uploaded, however, it must be made available upon request);
- Show proof that supports claimed exclusions

CQM data must be reported directly from the CEHRT; associated reports must identify the EHR, date, etc., and evidence that the report was generated for the EP that is attesting with PHI, i.e., HIPAA protected information, redacted (removed or blacked out).
Registration

To request a Medicaid EHR Incentive Program payment in year 1, EPs must first register on two websites: the CMS Registration System and Electronic Provider Incentive Payment System (ePIP), New Hampshire’s registration and attestation system.

In subsequent payment years, when requesting Medicaid EHR Incentive Program payments, EPs do not have to re-register with CMS or ePIP if their registration and payment information is up to date. They can log on directly to ePIP to begin the attestation process.

If registration and payment information has changed, EPs can access either, or both, the CMS Registration website and ePIP to update data.

ePIP Home Page

EPs attest for New Hampshire Medicaid EHR Incentive Program payments through the Electronic Provider Incentive Payment System (ePIP).

ePIP can be accessed at https://www.nhmedicaidepip.com. There is also a link to ePIP on the NH DHHS public website at http://www.dhhs.nh.gov/ombp/ehr/registration.htm. (Click the ePIP logo.)

To register for a Medicaid EHR Incentive Program Year 1 payment, click the Register tab (on the left panel). In subsequent payment years, EPs to not need to re-register, but can select the Log On tab to enter the usernames and passwords required to access ePIP. Once logged into ePIP, EPs are able to revise registration information that is out of date.
Eligible Professional – NH Medicaid EHR Incentive Program

Payment Year 2 Pre-Attestation

Log On Screen

Welcome to Your ePIP Account

Once logged on to ePIP, EPs may navigate to these options:

- **Welcome**: Display the Welcome page.
- **Manage My Account**: Review and edit contact information.
- **Attest**: Create attestations for separate program years.
- **Payments**: Track payments for separate program years.
- **Manage Documents**: Upload and maintain supporting documents.
- **Log Off**: Log off ePIP.

**EHR Cert Tool**: Validate CMS EHR Certification IDs.

Click **Attest** to begin an attestation.
Eligible Professional – NH Medicaid EHR Incentive Program

Begin A Payment Year 2 Attestation

Select A Payment Year

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EPs are required to attest to five modules: **Patient Volume; General Requirements; Meaningful Use Core Measures; Meaningful Use Menu Measures; and Meaningful Use Clinical Quality Measures.**

EPs begin their attestation by entering data into the **Patient Volume** module, followed by the **General Requirements** module. Once criteria for both modules have been met, EPs can attest in the meaningful use modules. (No particular sequence is required).

If EPs do not meet criteria in the **Patient Volume** and **General Requirements** modules, ePIP will not allow entry into the three **Meaningful Use** modules.

Click **Begin** to attest in the **Patient Volume** module.
Patient Volume Module

Patient Volume Type

Select One of the Following:

If you are attesting to:

**Medicaid Patient Volume:** please use pages 21 through 23.

**Needy Individual Patient Volume:** please use pages 24 – 26.
Patient Volume Attestation – Medicaid Patient Encounters

Patient Volume Attestation – Medicaid Patient Encounters

Eligible Professionals must meet a minimum threshold of 30 percent patient volume during any continuous 90-day period in the prior calendar year.

Reporting Period
Patient Volume Reporting Period Start Date
Patient Volume Reporting Period End Date

EP Total Encounters
EP Total Encounters

New Hampshire Medicaid Encounters
New Hampshire Medicaid Encounters

Optional Border States
Optional Border States

Vermont Medicaid Encounters
Vermont Medicaid Encounters

Maine Medicaid Encounters
Maine Medicaid Encounters

Massachusetts Medicaid Encounters
Massachusetts Medicaid Encounters

Medicaid Patient Volume Calculation

Reporting period: Representative, 90-day continuous period during the prior calendar year.

Example: For a 2014 payment, the patient volume reporting period must start and end in 2013.

Numerator: Medicaid Encounters
(New Hampshire and optional out-of-state) X 100

Denominator: Total Encounters
(New Hampshire and out-of-state if included in numerator)

To receive a full incentive payment, patient volume must be 30% or greater.

Pediatricians have the option to submit patient volume between 20-29% to receive a partial payment.

Note: this screen will only display for EPs attesting to individual Medicaid Patient Volume. It will not display for EPs attesting to Needy Individual, or Aggregate, Patient Volume.

Patient volume is calculated based on 90-days of encounter data from the prior calendar year.

Patient Volume Reporting Period Start Date: Enter the first day of the 90-day reporting period.

Patient Volume Reporting Period End Date: Enter the last day of the 90-day reporting period.

EP Total Encounters: Enter the total encounters during the 90-day reporting period. It is optional to include out-of-state encounters in the patient volume calculation; if included, all encounters from each state(s) must be included.

New Hampshire Medicaid Encounters: Enter the total number of New Hampshire Medicaid encounters during the reporting period.

Optional Border States: EPs have the option to include out-of-state encounters when reporting patient volume. Medicaid encounters must be reported separately by state.

Click Next to save the selections and move to the next webpage; click Previous to return to the previous webpage; click Cancel to return to the Attest webpage.
Hospital-based Attestation (Medicaid Patient Volume)

The Hospital-based criterion is required only for EPs that attest to Medicaid Patient Volume. It is based on a full year of encounter data from the prior calendar year.

EPs attest using their own Hospital-based encounters, i.e., aggregate practice data cannot be used.

**Hospital-Based Reporting Period Start Date**: Enter the first day of the 365-day reporting period.

**Hospital-Based Reporting Period End Date**: Enter the last day of the 365-day reporting period.

**EP Total Medicaid Encounters**: Enter the total Medicaid encounters during the 365-day reporting period.

**EP Medicaid Inpatient Hospital Encounters**: Enter the Medicaid hospital inpatient (Place of Service 21) encounters during the reporting period.

**EP Medicaid Emergency Department Patient Encounters**: Enter the emergency department (Place of Service 23) encounters during the reporting period.

**Hospital-Based Calculation**

**Reporting period**: full calendar year prior to the payment year

Example: for a 2014 payment, the reporting period is January 1, 2013 through December 31, 2013.

**Numerator**: Sum of Medicaid Inpatient (POS 21) and Medicaid Emergency Department (POS 23) encounters

**Denominator**: Total Medicaid Encounters

\[ \text{Numerator} \times 100 \]

Click **Next** to save the selections and move to the next webpage; click **Previous** to return to the previous webpage; click **Cancel** to return to the Attest webpage.
This page displays a summary of the EP’s Medicaid patient volume attestations and calculates Medicaid patient volume eligibility.

The top two sections (Patient Volume Attestation and Medicaid Hospital-based Attestation) summarize patient volume and hospital-based attestation data.

The bottom section (Eligibility Results) displays the calculated patient volume threshold percentage and hospital-based percentage. ePIP will not allow EPs to advance to the next module if either calculation does not meet program eligibility criteria.

If both eligibility criteria are met, EPs can click Save & Continue to save the selections and return to the Submit An Attestation webpage; click Previous to return to the previous webpage; click Cancel to return to the Attest webpage.

Eligibility Thresholds

Medicaid Patient Volume:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Minimum Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>30%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>30% (full payment)</td>
</tr>
<tr>
<td></td>
<td>20%-29% (2/3 payment)</td>
</tr>
<tr>
<td>Dentist</td>
<td>30%</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>30%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>30%</td>
</tr>
</tbody>
</table>

Hospital-based Percentage: EPs must provide 90 percent of their services in a hospital-based setting during the reporting period.

** PLEASE CONTINUE ON PAGE 27 **
Patient Volume Module

Patient Volume Attestation - Needy Individual Patient Encounters

Needy Individual Patient Volume Calculation

**Reporting period**: Representative, 90-day continuous period during the prior calendar year

**Example**: for a 2014 payment, the patient volume reporting period must start and end in 2013.

**Numerator**: Needy Individual Encounters

*New Hampshire and optional out-of-state*  

**Denominator**: Total Encounters  

*New Hampshire and out-of-state if included in numerator*  

\[
\text{Patient Volume} = \frac{\text{Numerator}}{\text{Denominator}} \times 100%
\]

To receive an incentive payment, patient volume must be 30% or greater.

Note: this screen will only display for EPs attesting to Needy Individual Patient Volume. It will not display for EPs attesting to Medicaid Individual, or Aggregate, Patient Volume.

Patient volume is calculated based on 90-days of encounter data during the prior calendar year.

**Patient Volume Reporting Period Start Date**: Enter the first day of the 90-day reporting period.

**Patient Volume Reporting Period End Date**: Enter the last day of the 90-day reporting period.

**EP Total Encounters**: Enter the total patient encounters during the 90-day reporting period. It is optional to include out-of-state encounters in the patient volume calculation; if included, total encounters from all applicable state(s) must be included.

**New Hampshire Needy Individual Encounters**: Enter the number of New Hampshire Needy Individual encounters (*Medicaid; CHIP; Patients Paying Below Cost*) during the reporting period.

**Optional Border States**: EPs have the option to include out-of-state encounters when reporting patient volume. Needy Individual encounters must be reported separately by state.

Click **Next** to save the selections and move to the next webpage; click **Previous** to return to the previous webpage; click **Cancel** to return to the **Attest** webpage.
Practice Predominantly Attestation (Needy Individual Patient Volume)

The Practice Predominantly criterion is required only for EPs that attest to Needy Individual Patient Volume. It is based on six months of encounter data from the prior calendar year.

EPs must attest using their own Practice Predominantly encounters, i.e., aggregate practice data cannot be used.

**Practice Predominantly Reporting Period Start Date:** Enter the first day of the six month reporting period.

**Practice Predominantly Reporting Period End Date:** Enter the last day of the six month reporting period.

**EP Total Encounters:** Enter the total encounters (at all facilities) during the six-month reporting period.

**EP FQHC/RHC Encounters:** Enter the EP’s encounters at the FQHC/RHC during the reporting period.

Click **Next** to save the selections and move to the next webpage; click **Previous** to return to the previous webpage; click **Cancel** to return to the **Attest** webpage.

### Practice Predominantly Calculation

**Reporting period:** continuous six month period in the calendar year prior to the payment year

Example: for a 2014 payment, the reporting period must start and end in 2013.

**Numerator:** FQHC/RHC encounters

**Denominator:** Total Encounters

\[
\text{Numerator} = \text{FQHC/RHC encounters} \times 100
\]
Patient Volume Module

Patient Volume – Eligibility Results (Needy Individual Patient Volume)

This page displays a summary of the EP’s Needy Individual patient volume attestations and calculates Needy Individual patient volume eligibility.

The top two sections (Patient Volume Attestation and Practice Predominantly Attestation) summarize patient volume and practice predominantly attestation data.

The bottom section (Eligibility Results) displays the calculated patient volume threshold percentage and practice predominantly percentage. ePIP will not allow EPs to advance to the next module if either calculation does not meet program eligibility criteria.

If both eligibility criteria are met, EPs can click Save & Continue to save the selections and return to the Submit An Attestation webpage; click Previous to return to the previous webpage; click Cancel to return to the Attest webpage.

Eligibility Thresholds

Needy Individual Patient Volume:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Minimum Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>30%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>30% (full payment)</td>
</tr>
<tr>
<td></td>
<td>20%-29% (2/3 payment)</td>
</tr>
<tr>
<td>Dentist</td>
<td>30%</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>30%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>30%</td>
</tr>
<tr>
<td>Physician Assistant (when practicing in an FQHC/RHC that is led by a Physician Assistant)</td>
<td>30%</td>
</tr>
</tbody>
</table>

Practice Predominantly Percentage: EPs must practice 50 percent or more at the FQHC/RHC during the reporting period.
Submit An Attestation

The Patient Volume module is completed. Click Modify to review, or change, your patient volume attestations.

Click Begin to attest in the General Requirements module.
General Requirements (continued on next page)
General Requirements (continued)

Be sure to select the **Add** button to save each location’s address and encounter data or the **Delete** button to remove information that has already been entered.

ePIP will use the encounter data to automatically calculate the EP’s percentage of encounters at locations with, and without, certified EHR technology. To be eligible for a Medicaid EHR Incentive Program payment, EPs must meet the **50% Rule** criterion which requires that at least 50% of encounters must be at locations with certified EHR technology.

Click **Next** to save the general requirements data; click **Previous** to return to the previous webpage; click **Cancel** to return to the **Attest** webpage.
General Requirements Module

General Requirements – Eligibility Results

This page displays a summary of the EP’s attestations in the General Requirements module.

The top section summarizes certified EHR technology information. The middle section (EHR Reporting Period) summarizes the Meaningful Use attestation reporting period. The bottom section (50% Rule) displays the calculated threshold percentage of encounters for which certified EHR technology is used.

EPs must meet the criteria and thresholds in this module in order to attest for Meaningful Use. If any criterion does not meet program eligibility criteria, ePIP will not allow EPs to advance to the next screen.

If eligibility criteria are met, EPs can click Save & Continue to save the selections and return to the Submit An Attestation webpage; click Previous to return to the previous webpage; click Cancel to return to the Attest webpage.
Stage 1 Meaningful Use Core Measures Overview

This module includes the 13 required Stage 1 Meaningful Use Core Measures. Each measure is denoted on a separate webpage with the objective listed first, followed by a description of the measure that must be met. A link at the top of each page connects you to the Meaningful Use specification sheet that provides detailed information about that measure. (For more information on the Stage 1 Meaning Use Core measures, please refer to the CMS document, All Stage 1 EHR Specification Sheets for Eligible Professionals.)

The CMS Stage 2 Final Rule introduced specific changes for Stage 1 Meaningful Use criteria, some of which took effect on January 1, 2013 and are optional for Program Year 2013. For these criteria, the original and revised criteria have been included in ePIP; EPs may select which criterion to answer.

The following are general guidelines for attesting to Stage 1 Meaningful Use Core Measures in New Hampshire.

- A numerator and denominator or Yes/No response are required for each measure with the exception of an exclusion (which may require a different response).
- Fields denoted with red asterisks (*) are required and must be populated.
- Denominators must be greater than, or equal to, their associated numerators.
- Data must be entered as non-negative, whole numbers.
- Once a measure has been completed, click Next to validate the data.
  - A red message will display at the top of the webpage if an error(s) is detected.
  - If no error(s) exists, the data will be saved, and you may select the next Core Measure.
- Click Delete to remove data that has been entered for a measure.
- Click Cancel to return to the Menu Measures webpage.
- Click Help at the top of each Core measure webpage to display CMS specifications for that measure.

If an attestation is not completed during a session, the system will save Meaningful Use Core Measure data that has been entered so it is available to the EP (or designated representative) at a future time.
Submit An Attestation

The Patient Volume module and General Requirements modules are completed. Click Modify to review, or change, attestation data.

You may complete any of the three Meaningful Use modules in any order. For simplicity, this user guide will follow the order in which the modules are listed.

Click Begin to attest in the Meaningful Use Core Measures module.
Effective Professional – NH Medicaid EHR Incentive Program

Meaningful Use Core Measures

Core Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Objective</th>
<th>Measure</th>
<th>Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use computerized provider order entry (CPOE) for medication orders entered by any licensed healthcare professional who can enter orders into the medical record per state, federal, and professional guidelines.</td>
<td>More than 20 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.</td>
<td>Select</td>
</tr>
<tr>
<td>13</td>
<td>Provide clinical summaries for patients for each office visit.</td>
<td>Clinical summaries provided to patients for more than 50 percent of all office visits within 5 business days.</td>
<td>Select</td>
</tr>
</tbody>
</table>

EPs are required to complete all 13 Core measures listed on this webpage. Each is denoted by its measure number, objective, and measure.

As each measure is completed, ePIP will save the attestation data and return to this webpage so that another Core measure can be selected. Data for each completed measure will display in the Attestation column.

The Core measures may be completed in any order. For simplicity, this user guide will follow the order in which the measures are listed.

Click Select by a measure to display that measure.
Meaningful Use Core Measures

Original Core Measure 1: CPOE for Medication Orders

In 2013, the federal statute allows EPs to attest to either an original, or optional, version of this measure. This webpage displays the original version of this measure.

Enter data as appropriate to complete the measure or attest to exclusion. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.
In 2013, the federal statute allows EPs to attest to either an original, or optional, version of this measure. This webpage displays the optional version of this measure.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Meaningful Use Core Measures

Core Measure 2: Drug Interaction Checks

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Meaningful Use Core Measures

Core Measure 3: Maintain Problem List

Enter data as appropriate to complete the measure or attest to exclusion. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.
Core Measure 4: e-prescribing (eRx)

For this measure, the denominator must include all prescriptions written by the EP during the reporting period regardless of whether a patient requests a paper prescription.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Meaningful Use Core Measures

Core Measure 5: Active Medication List

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.

Core Measure 6: Medication Allergy List

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Core Measure 7: Record Demographics

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePI will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.
In 2013, the federal statute allows EPs to attest to either an original, or optional, version of this measure. This webpage displays the original version of this measure.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Meaningful Use Core Measures

Optional Core Measure 8: Record Vital Signs

In 2013, the federal statute allows EPs to attest to either an original, or optional, version of this measure. This webpage displays the optional version of this measure.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Core Measure 9: Record Smoking Status

Enter data as appropriate to complete the measure or attest to exclusion. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.
### Core Measure 11: Clinical Decision Support Rule

Drug-drug and drug-allergy interaction alerts cannot be used to meet the meaningful use objective for implementing one clinical decision support rule. EPs must implement one clinical decision support rule in addition to drug-drug and drug-allergy interaction checks.

Enter data as appropriate to complete the measure or attest to exclusion. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.

<table>
<thead>
<tr>
<th>Core Measure 11</th>
<th><strong>Meaningful Use</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Measure 11</strong></td>
<td><a href="#">Click HERE</a> to review CMS guidelines for this measure.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.</td>
</tr>
<tr>
<td><strong>Measure:</strong></td>
<td>Implement one clinical decision support rule.</td>
</tr>
<tr>
<td>Complete the following information:</td>
<td></td>
</tr>
<tr>
<td>* Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>[Cancel] [Delete] [Next]</td>
<td></td>
</tr>
</tbody>
</table>
Core Measure 12: Electronic Copy of Health Information

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Drug-drug and drug-allergy interaction alerts cannot be used to meet the meaningful use objective for implementing one clinical decision support rule. EPs must implement one clinical decision support rule in addition to drug-drug and drug-allergy interaction checks.

Enter data as appropriate to complete the measure or attest to exclusion. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Core Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Core Measures** webpage.
Meaningful Use Core Measures

Core Measure 15: Protect Electronic Health Information

EPs are not required to upload the security risk analysis, however, it must be made available upon request to the NH Medicaid Office or designated representative during audit.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Core Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Core Measures webpage.
Attestation data for all 13 Core measures will display in the **Attestation** column once all have been completed.

Click **Return to Modules** to return to the **Submit an Attestation** webpage.
Meaningful Use Menu Measures

Meaningful Use Menu Measures Overview

This module includes the 10 Stage 1 Meaningful Use Menu measures. Eligible Professionals are required to complete 5 of the Menu measures, one of which must be a Public Health Menu measure. Each measure is denoted on a separate webpage with the objective listed first, followed by a description of the measure that must be met. A link at the top of each page connects you to the Meaningful Use specification sheet that provides detailed information about that measure. (For more information on the Stage 1 Meaning Use Menu measures, please refer to the CMS document, All Stage 1 EHR Specification Sheets for Eligible Professionals.)

IMPORTANT: At this time, New Hampshire is not able to accept either of the two Public Health Menu Measures (immunization registry and syndromic surveillance data). As a result, Eligible Professionals will select one Public Health Menu Measure for which they will be authorized to claim exclusion. This Public Health Menu Measure will count towards the 5 required Menu Measures. Hence, EPs will need to attest to 4 additional non-Public Health Menu Measures.

The following are general guidelines for attesting to Stage IMU Use Menu Measures in New Hampshire.

- A numerator and denominator or Yes/No response are required for each measure with the exception of an exclusion (which may require a different response).
- Fields denoted with red asterisks (*) are required and must be populated.
- Denominators must be greater than, or equal to, their associated numerators.
- Data must be entered as non-negative, whole numbers.
- Once a measure has been completed, click Next to validate the data.
  - A red message will display if an error(s) is identified.
  - If no error(s) exists, the data will be saved, and the next Menu Measure will display.
- Click Delete to remove data that has been entered for a measure.
- Click Cancel to return to the Menu Measures webpage.
- Click Help at the top of each Menu measure webpage to display CMS specifications for that measure.

If an attestation is not completed during a session, the system will save Meaningful Use Core Measure data that has been entered so it is available to the EP (or designated representative) at a future time.
EPs are required to complete 5 of the 10 Menu measures listed on this webpage. Each is denoted by its measure number, objective, and measure.

**IMPORTANT**

The first two Menu measures are Public Health measures; EPs are required to complete one of the two Public Health measures. Because New Hampshire is not currently accepting attestations for either measure at this time, EPs are authorized to select either one of the two measures and claim exclusion.

EPs are encouraged to select Menu measures that are relevant to their scope of practice. As each measure is completed, ePIP will save the attestation data and return to this webpage so that another Menu measure can be selected. Data for each completed measure will display in the **Attestation** column.

The Menu measures may be completed in any order. For simplicity, this user guide will follow the order in which the measures are listed.

Click **Select** by a measure to display that measure.
Menu Measure 1: Drug Formulary Checks

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Menu Measure 2: Clinical Lab Test Results

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Menu Measure 3: Patient Lists

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Menu Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Menu Measures** webpage.
Menu Measure 4: Patient Reminders

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Meaningful Use Menu Measures

Menu Measure 5: Patient Electronic Access

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Menu Measure 6: Patient-specific Education Resources

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Menu Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Menu Measures**.
Menu Measure 7: Medication Reconciliation

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Menu Measure 8: Transition of Care Summary

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

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

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

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

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Enter data as appropriate to complete the measure or attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage; click Cancel to return to the Menu Measures webpage.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Meaningful Use Menu Measures

Menu Measure 9: Immunization Registries Data Submission

IMPORTANT:
New Hampshire is not currently accepting attestations for this Public Health Menu measure. EPs may claim exclusion by answering No for Exclusion 1 and selecting Yes for Exclusion 2.

Selecting this Public Health Menu measure and claiming exclusion will count towards the 5 required Stage 1 Menu measures.

Enter data as appropriate to attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Meaningful Use Menu Measures

Menu Measure 10: Syndromic Surveillance Data Submission

IMPORTANT:
New Hampshire is not currently accepting attestations for this Public Health Menu measure. EPs may claim exclusion by answering No for Exclusion 1 and selecting Yes for Exclusion 2.

Selecting this Public Health Menu measure and claiming exclusion will count towards the 5 required Stage 1 Menu Measures.

Enter data as appropriate to attest to exclusion. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Menu Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Menu Measures webpage.
Meaningful Use Menu Measures

Attestation data for 5 of 10 Menu measures will display in the Attestation column once all have been completed. Click Return to Modules to return to the Submit an Attestation webpage.

Return to Modules
Meaningful Use Clinical Quality Measures

Meaningful Use Clinical Quality Measures Overview

Clinical Quality Measures (CQMs) measure and track the quality of healthcare services provided by Eligible Professionals. EPs must submit CQM data from certified EHR technology in order to receive a Medicaid EHR Incentive Program payment.

In 2013, EPs may choose from two options based on their edition of certified EHR technology (CEHRT) per the Office of the National Coordinator Certified Health IT Product List (CHPL).

The following number of CQMs must be completed if the CEHRT is ‘2011 Edition:’

- 3 (of 3) Core CQMs;
- 0-3 Alternate Core CQMs. (An Alternate Core CQM must be reported as a substitute for each Core CQM that had a denominator of 0);
- 3 (of 38) Additional CQMs that relate to the EP’s practice. It is acceptable to use the value of zero (0) as a denominator if this value was produced by CEHRT.

The following number of CQMs must be completed if the CEHRT is ‘Combination of 2011 and 2014 Edition’ or ‘2014 Edition:’

- 2 Core CQMs;
- 1 mandatory Alternate Core CQM plus 0-2 Alternate Core CQMs. (An Alternate Core CQM must be reported as a substitute for each Core CQM that was reported with a denominator of 0);
- 3 (of 27) Additional CQMs that relate to the EP’s practice. It is acceptable to use the value of zero (0) as a denominator if this value was produced by certified EHR technology.

The following are general guidelines for attesting to Stage 1 Meaningful Use Clinical Quality Measures in New Hampshire.

- It is acceptable to enter 0 as a CQM denominator as long as the value was reported from certified EHR technology.
- A numerator and denominator are required for each measure.
- Fields denoted with red asterisks (*) are required and must be populated.
- Denominators must be greater than, or equal to, their associated numerators.
- Data must be entered as non-negative, whole numbers.
- Once a measure has been completed, click Next to validate the data.
  - A red message will display at the top of the webpage if an error(s) is detected.
  - If no error(s) exists, the data will be saved, and you may select the next CQM Measure.
- Click Delete to remove data that has been entered for a measure.
- Click Cancel to return to the Clinical Quality Measures webpage.
- Click Help at the top of each CQM webpage to display CMS specifications for that measure.

If an attestation is not completed during a session, the system will save Meaningful Use CQM data that has been entered so it is available to the EP (or designated representative) in the future.
Clinical Quality Measures (CQMs)

<table>
<thead>
<tr>
<th>Measure#</th>
<th>Title</th>
<th>Description</th>
<th>Attestation</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCP 0513</td>
<td>Hypertension: Blood Pressure Measurement</td>
<td>Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least one office visit, with blood pressure (BP) recorded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCP 0520</td>
<td>Preventive Care and Screening Measure Presented in Specialty or Tobacco Use Assessment</td>
<td>E) Tobacco Use Assessment Percentage of patients aged 18 years and older who have been seen for at least one office visit who were queried about tobacco use one or more times within 24 months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) Tobacco Cessation Intervention Percentage of patients aged 14 years and older identified as tobacco users within the past 24 months and have been seen for at least one office visit, who received cessation intervention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCP 0683</td>
<td>Heart failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF less than 40%) and who were prescribed beta-blocker therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCP 1105</td>
<td>Anti-depressant medication</td>
<td>Percentage of patients 18 years of age and older who were treated with an antidepresant medication and who remained on that antidepresant medication treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EPIp displays the CQMs that are associated with the EP’s certified EHR technology edition selected in the General Requirements module.

CQMs are divided into three categories: Core CQMs; Alternate Core CQMs; and Additional CQMs.

Each CQM is denoted by its measure number, title, and description. As each measure is completed, ePIp will save the attestation data and return to this webpage so that another CQM can be selected. Data for each completed measure will display in the Attestation column.

CQMs may be completed in any order. For simplicity, this user guide will display the CQMs in the 2011 Edition (which include all CQMs) and follow the order in which the measures are listed (from Core CQMs to Alternate Core CQMs to Additional CQMs.)

**CEHRT 2011 Edition**: EPs are required to complete three Core CQMs.

**CEHRT Combination 2011 and 2014 Edition or 2014 Edition**: EPs are required to complete two Core CQMs.

Click **Select** next to a measure in the Core CQMs section to display that measure.

**Important**: EPs using the CEHRT 2011 Edition are required to completed **THREE** Core CQMs.

EPs using CEHRT Combination 2011 and 2014, or 2014, Editions will complete **TWO** Core CQMs.
Meaningful Use Clinical Quality Measures

Clinical Quality Measure: NQF 0013 (Hypertension: Blood Pressure Measurement)

CEHRT 2011 Edition: EPs are required to complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Clinical Quality Measure: NQF 0028 (Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment b) Tobacco Cessation Intervention)

All CEHRT Editions: All EPs are required to complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Clinical Quality Measure: NQF 0421 (Adult Weight Screening and Follow-up)

All CEHRT Editions: All EPs are required to complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIM will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.

IMPORTANT

An Alternate Core measure must be completed for any of the CQM Core measures that are reported with 0 values in the denominators.

Example: NQF 0028 and NQF 0421 both have 0 in their denominators; two Alternate Core measures must be reported.

All values reported in the denominator of the measure should be values produced by certified EHR technology.
Clinical Quality Measures (CQMs)

Once the requisite number of Core CQM attestations are completed, EPs will complete measures in the Alternate Core CQMs category (as required).

**CEHRT 2011 Edition:** EPs are required to complete an Alternate Core CQM for each Core CQM that was reported with 0 in the denominator. If no Core CQMs were reported with 0 in the denominator, EPs are not required to complete any Alternate Core CQMs.

**CEHRT Combination 2011 and 2014 Edition or 2014 Edition:** EPs are required to complete any one Alternate Core CQM. In addition, they must also complete an Alternate Core CQM for each Core CQM that was reported with 0 in the denominator. If no Core CQMs were reported with 0 in the denominator, EPs are only required to complete any one Alternate Core CQMs.

Click **Select** next to an Alternate Core CQM to display that measure.

### IMPORTANT

- If 0 was reported for all 3 Core CQMs, EPs must report on all 3 Alternate Core CQMs (even if 0 will be reported for all 6 measures).
- If 0 was reported for 2 Core CQMs, EPs must report on 2 Alternate Core CQMs.
- If 0 was reported for 1 Core CQM, EPs must report on 1 Alternate Core CQM.

All values reported in the denominator of the measure should be values produced by certified EHR technology.
Meaningful Use Clinical Quality Measures

Alternate Core Clinical Quality Measure: NQF 0024 (Weight Assessment and Counseling for Children and Adolescents)

All CEHRT Editions: Complete as required.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Eligible Professional – NH Medicaid EHR Incentive Program

Meaningful Use Clinical Quality Measures

Alternate Core Clinical Quality Measure: NQF 0038 (Childhood Immunization Status)

All CEHRT Editions: Complete as required.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Alternate Core Clinical Quality Measure: NQF 0041 (Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old)

Clinical Quality Measures (CQMs)

All CEHRT Editions: Complete as required.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.

Attestation data will display on the Clinical Quality Measures webpage as each measure is completed.

Once the requisite number of Alternate Core CQMs are completed (as applicable), EPs will attest to the third category of CQMs, the Additional CQMs.
### Clinical Quality Measures (CQMs)

**Additional CQMs**

All EPs must complete 3 (of 38) Additional CQMs that relate to their practice. It is acceptable to use 0 in the denominator if this value was produced by Certified EHR Technology. Click the link next to the appropriate number of Additional CQMs to enter data.

<table>
<thead>
<tr>
<th>NQF 0004</th>
<th>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement</th>
<th>Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiated treatment through an inpatient AOD admission, outpatient visit, inpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 90 days of the initiation visit.</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0012</td>
<td>Prevent Care: Screening for Human Immunodeficiency Virus (HIV)</td>
<td>Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.</td>
<td>Select</td>
</tr>
<tr>
<td>NQF 0014</td>
<td>Prevent Care: Anti-D Immune Globulin</td>
<td>Percentage of D+R negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-29 weeks gestation.</td>
<td>Select</td>
</tr>
</tbody>
</table>

#### CEHRT 2011 Edition
EPs may select from 38 **Additional CQMs**.

#### CEHRT Combination 2011 and 2014 Edition or 2014 Edition
EPs may select from **27 Additional CQMs**.

Click **Select** next to an **Additional CQM** to display that measure.

---

**Meaningful Use Clinical Quality Measures**

All EPs are required to complete three **Additional CQMs**. EPs should complete three that apply to their practices.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0004

**Title:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 1) Initiation, 2) Engagement

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

Enter the following information using positive, whole numbers.

<table>
<thead>
<tr>
<th>Population Criteria 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator 1*:</td>
<td>Denominator*</td>
</tr>
<tr>
<td>Numerator 2*:</td>
<td>Denominator*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population Criteria 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator 1*:</td>
<td>Denominator*</td>
</tr>
<tr>
<td>Numerator 2*:</td>
<td>Denominator*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population Criteria 3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator 1*:</td>
<td>Denominator*</td>
</tr>
<tr>
<td>Numerator 2*:</td>
<td>Denominator*</td>
</tr>
</tbody>
</table>

**All CEHRT Editions:** All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Additional Clinical Quality Measure: NQF 0012 [Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)]

Meaningful Use Clinical Quality Measures

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0014 (Prenatal Care: Anti-D Immune Globulin)

Meaningful Use

Additional Clinical Quality Measure NQF 0014
Click **[CMS]** to review CMS guidelines for this measure.

(*) Red asterisk indicates a required field.

<table>
<thead>
<tr>
<th>Title</th>
<th>Prenatal Care: Anti-D Immune Globulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Percentage of D(RH) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 20-30 weeks gestation. Enter the following information using positive whole numbers.</td>
</tr>
</tbody>
</table>

- Numerator
- Denominator
- Exclusion

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0018 (Controlling High Blood Pressure)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0032 (Cervical Cancer Screening)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0033 (Chlamydia Screening for Women)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, epIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0036 (Use of Appropriate Medications for Asthma)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0052 (Low Back Pain: Use of Imaging Studies)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Additional Clinical Quality Measure: NQF 0075 [Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control]

Meaningful Use Clinical Quality Measures

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Additional Clinical Quality Measure: NQF 0575 [Diabetes: HbA1c Control (<8%)]

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0059 (Diabetes: HbA1c Poor Control)

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0389 (Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0043 (Pneumonia Vaccination Status for Older Adults)

Meaningful Use

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0031 (Breast Cancer Screening)

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0034 (Colorectal Cancer Screening)

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0027 [Smoking and Tobacco Use Cessation, Medical assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies]

Meaningful Use

Additional Clinical Quality Measure NQF 0027

Click HERE to review CMS Guidelines for this measure.

(*) Red asterisk indicates a required field.

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

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

Enter the following information using positive, whole numbers.

Numerator 1: [Denominator]
Numerator 2: [Denominator]

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
### Additional Clinical Quality Measure: NQF 0055 (Diabetes: Eye Exam)

**Title:** Diabetes: Eye Exam

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

Enter the following information using positive, whole numbers.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, **ePIP** will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0062 (Diabetes: Urine Screening)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0086 (Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0056 (Diabetes: Foot Exam)

**Meaningful Use**

**Additional Clinical Quality Measure NQF 0056**

Click [HERE](#) to review CMS Guidelines for this measure.

(*) Red asterisk indicates a required field.

**Title:** Diabetes: Foot Exam

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

Enter the following information using positive, whole numbers.

Numerator: [ ] Denominator: [ ] Exclusion: [ ]

[Cancel] [Next]

---

**All CEHRT Editions:** All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0088 (Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy)

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0089 (Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care)

**All CEHRT Editions:** All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0074 [Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol]

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Additional Clinical Quality Measure: NQF 0064 (Diabetes: LDL Management & Control)

Meaningful Use Clinical Quality Measures

**Additional Clinical Quality Measure: NQF 0064 (Diabetes: LDL Management & Control)**

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the **Clinical Quality Measures** webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the **Clinical Quality Measures** webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0084 [Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation]

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0073 (Ischemic Vascular Disease (IVD): Blood Pressure Management)

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0068 [Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic]

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

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

Enter the following information using positive, whole numbers.

**Numerator:**

**Denominator:**

---

**All CEHRT Editions:** All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click **Next** to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click **Delete** to remove data that has been entered into the fields on this webpage; click **Cancel** to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0061 (Diabetes: Blood Pressure Management)

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0081 [Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)]

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIE will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0047 (Asthma Pharmacologic Therapy)

Meaningful Use

Additional Clinical Quality Measure NQF 0047

Click [here] to review CMS Guidelines for this measure.
(*) Red asterisk indicates a required field.

Title: Asthma Pharmacologic Therapy

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

Enter the following information using positive, whole numbers.

Numerator* Denominator* Exclusion*

Cancel Next

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0067 [Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD]

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0001 (Asthma Assessment)

CEHRT 2011 Edition: EPs may complete this CQM.

CEHRT Combination 2011 and 2014 Edition or 2014 Edition: This CQM is not available.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0002 [Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)]

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Additional Clinical Quality Measure: NQF 0070 [Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)]

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures


All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0385 (Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients)

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0083 [Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)]

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
Meaningful Use Clinical Quality Measures

Additional Clinical Quality Measure: NQF 0105 [Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment]

All CEHRT Editions: All EPs may complete this CQM.

Enter data as appropriate to complete the measure. Click Next to save your data. A red error message(s) will display if data is missing or has been entered incorrectly.

If data has been entered correctly, ePIP will save the data and return to the Clinical Quality Measures webpage so another measure can be selected.

Click Delete to remove data that has been entered into the fields on this webpage; click Cancel to return to the Clinical Quality Measures webpage.
### Clinical Quality Measures (CQMs)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQF 5004 Initiation and Engagement of Alcohol and Other Drug Dependence</td>
<td>Percentage of patients with a new diagnosis of alcohol and other drug (OD)</td>
<td>N1: 212</td>
</tr>
<tr>
<td>engagement treatment (NRT)</td>
<td>dependence who initiate treatment through an inpatient hospitalization,</td>
<td>D1: 322</td>
</tr>
<tr>
<td></td>
<td>outpatient visit, intermittent outpatient encounter, or partial hospitalization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The percentage of patients who were prescribed a medication and who had</td>
<td></td>
</tr>
<tr>
<td></td>
<td>two or more additional services with an OD diagnosis within 30 days of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>initiation visit.</td>
<td></td>
</tr>
<tr>
<td>HQF 5002 Prenatal Care: screening for Human Immunodeficiency Virus</td>
<td>Percentage of patients regardless of age, who gave birth during a 12-month</td>
<td>N1: 799</td>
</tr>
<tr>
<td>(HIV)</td>
<td>period who were prescribed an HIV medication and who remained on an</td>
<td>D1: 1335</td>
</tr>
<tr>
<td></td>
<td>antiretroviral medication.</td>
<td></td>
</tr>
<tr>
<td>HQF 5003 Heart failure (HF)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart</td>
<td>N1: 322</td>
</tr>
<tr>
<td></td>
<td>failure who were receiving LVAD and who were prescribed beta blocker therapy.</td>
<td>D1: 342</td>
</tr>
<tr>
<td>HQF 5010 Antidepressant medication management: (a) Effective</td>
<td>Percentage of patients 18 years and older who were diagnosed with a new</td>
<td>N1: 104</td>
</tr>
<tr>
<td>need for specialty care treatment (SCT)</td>
<td>episode of major depression treated with antidepressant medication, and who</td>
<td>D1: 968</td>
</tr>
<tr>
<td></td>
<td>remained on an antidepressant medication.</td>
<td></td>
</tr>
</tbody>
</table>

**Attestation data will display on the Clinical Quality Measures webpage as each measure is completed.**

Once the requisite number of Core CQMs, Alternate Core CQMs, and Additional Core CQMs are completed, click **Return to Modules** at the bottom of the Clinical Quality Measures webpage. ePIP will display the Submit An Attestation webpage.
Complete An Attestation

Submit An Attestation

Once the requirements of a module have been fully met, ePIP will display a status of **Completed**.

Once the requirements of all five modules display a status of **Completed**, a **Continue Attestation** button will display that will allow EPS to complete the remaining attestation requirements.

Click **Continue Attestation** to navigate to the Submission Process: Attestation Statements webpage.

Submission Process: Attestation Statements

Click the checkbox next to each of the five attestation statements to affirm agreement.

Click **Agree** to continue with the attestation submission process. Click **Disagree** to return to the Select A Payment Year webpage. (If **Disagree** is selected, the attestation will not be processed.)
Eligible Professional – NH Medicaid EHR Incentive Program

Complete An Attestation

Attestation Disclaimer

EPs must agree to an Attestation Disclaimer statement.

Read the Attestation Notification and Attestation Disclaimer sections, then click the checkbox at the end.

Click Submit Attestation to continue to the Submission Receipt webpage.

Click Cancel to return to the Select A Payment Year webpage. (If Cancel is selected, the attestation will not be processed.)
Complete An Attestation

Submission Receipt

**ePIP** will display a Submission Receipt for EPs that successfully submitted an attestation.

*** IMPORTANT ***
The attestation is not complete until supporting documentation has been uploaded. Click the Manage Documents tab in the Main Menu to upload supporting documents.

Click **Print** to print the Submission Receipt.

Click **Home** to return to the Select A Payment Year webpage.

Select A Payment Year

If Home is selected, the Select A Payment Year webpage will display a status of Attestation Complete for Medicaid Payment Year 2.

*** IMPORTANT ***
The attestation is not complete until supporting documentation has been uploaded. Click the Manage Documents tab in the Main Menu to upload supporting documents.
Complete An Attestation

Manage Documents

*** IMPORTANT ***
Regardless of the method used to generate Core, MU, and CQM data, all associated supporting documentS, screen shots, and reports must be uploaded at the time of attestation in order for the payment request to be processed.

PLEASE ENSURE THAT ALL PROTECTED HEALTH INFORMATION, I.E., HIPAA PROTECTED INFORMATION, HAS BEEN REDACTED (REMOVED OR BLACKED OUT).

Documents uploaded from prior year attestations will display as read-only files.

Click Create New to upload a supporting document.
Complete An Attestation

Upload Document

*** IMPORTANT ***
PLEASE ENSURE THAT ALL PROTECTED HEALTH INFORMATION, I.E., HIPAA PROTECTED INFORMATION, HAS BEEN REDACTED (REMOVED OR BLACKED OUT).

Files names must clearly identify the file contents. NH Medicaid EHR staff will require EPs to delete, and replace, files for which the content is unclear. This will delay payment processing.

Identify the file type that is being uploaded by selecting an option from the Select a Document drop down list.

Type clarification notes as needed in the Memo field. Select Browse to locate the file to be uploaded; select Upload Document to enter the file into ePIP.

EPs may upload as many supporting documents as are required to support their attestations. Once all files have been uploaded, the attestation is complete, and EPs may log off ePIP.

EPs may check the status of their payment at anytime by logging onto ePIP and selecting the Payments tab.

SELECT A DOCUMENT TYPE OPTIONS

Select one of the following options from the Select A Document Type drop down list for each file that is uploaded.

- AIU Support Document
- Core Measure Documentation
- Menu Measure Documentation
- CQM Documentation
- CMS EHR Certification ID Document
- Other – Please Describe in Memo Field
Acronyms and Definitions

**AIU:** Adopt, Implement, or Upgrade are legal terms defined by federal law.

**CHIP:** Children’s Health Insurance Program.

**CMS:** Centers for Medicare and Medicaid Services.

**EHR:** Electronic Health Record as defined by the Health Information Technology for Economic and Clinical Health Act (HITECH).

**EP:** Eligible Professional.

**ePIP:** Electronic Provider Incentive Payment System.

**FQHC/RHC:** Federally Qualified Health Center/Rural Health Center.

**Hospital-based:** A professional furnishing more than ten percent (10%) of Medicaid patient encounters must be outside of a hospital setting during the prior calendar year reporting period.

**Medicaid Encounter:** All services provided in a day by a specific provider to a Medicaid-enrolled individual. This includes:

- Services in which Medicaid (including the program formerly known as “Healthy Kids Gold” and out-of-state Medicaid and Medicaid-managed care programs) paid for part or all of the services (including premiums, co-payments, and/or cost sharing); or
- Encounters in which Medicaid paid zero dollars where Medicare (in the case of patients that are dually eligible for both Medicaid and Medicare) or another third party paid for the encounter; or
- Encounters provided to Medicaid beneficiaries for which no payments were received; or
- Medical services provided to Medicaid beneficiaries that were not covered under New Hampshire’s Medicaid program.

**MU:** Meaningful Use.

**Needy Individual Encounter:** All services provided in a day by a specific provider to a Medicaid-enrolled individual. This includes:

- Services in which:
  - Medicaid (including the program formerly known as “Healthy Kids Gold” and out-of-state Medicaid and Medicaid-managed care programs) paid for part or all of the services (including premiums, co-payments, and/or cost sharing); or
  - CHIP (the separate program formerly known in New Hampshire as “Healthy Kids Silver”) paid for part or all of the services (including premiums, co-payments, and/or cost-sharing); or
  - Services were uncompensated;
  - Services were rendered to an individual on a sliding scale; or
  - Services were uncompensated;
Eligible Professional – NH Medicaid EHR Incentive Program

Acronyms and Definitions

- Encounters in which Medicaid paid zero dollars where Medicare (in the case of patients that are dually eligible for both Medicaid and Medicare) or another third party paid for the encounter; or
- Encounters provided to Medicaid beneficiaries for which no payments were received; or
- Medical services provided to Medicaid beneficiaries that were not covered under New Hampshire’s Medicaid program.

NPI (National Provider Identifier): 10-digit number unique to each health care provider.

ONC (Office of the National Coordinator for Health Information Technology): Maintains the Certified Health IT Product list that allows providers to obtain a CMS EHR Certification Number required for attestation.

Pediatrician: New Hampshire defines a pediatrician as a provider that holds a Doctor of Medicine or Doctor of Osteopathy degree and holds a current license and is board certified in pediatric medicine. Further, a pediatrician’s provider enrollment with New Hampshire Medicaid must indicate that one of his/her specialties is a pediatrician.

Practice Predominantly: Eligible Professional for whom the clinical location for over 50 percent of his or her patient encounters over a period of 6 months in the prior calendar year occur at a Federally Qualified Health Center or a Rural Health Center.

RECNH (Regional Extension Center of New Hampshire): one of 62 Regional Extension Centers nationwide designated to serve New Hampshire as an unbiased, trusted resource with national perspective and local expertise to assist healthcare providers with EHR adoption, optimization and achievement of Meaningful Use.

TIN (Tax Identification Number): EP’s have the option of reassigning Medicaid EHR Incentive Program payments to another entity. A payee TIN that is a Social Security Number (SSN) indicates that the provider will receive the payment; a payee TIN of Employer Identification Number (EIN) indicates that another qualified entity will receive the payment.