



**Minnesota EHR Incentive Program (MEIP)
Eligible Professional (EP) Meaningful Use Guide**

March 2016

This document contains instructions for enrolling in the Minnesota Electronic Health Records (EHR) Incentive Program (MEIP). These instructions are for eligible professionals (EPs) attesting for meaningful use (MU). Instructions for EPs using adopt, implement, and upgrade (AIU) are presented elsewhere, as are instructions for eligible hospitals (EHs).

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**The screenshots in this document contain fictional provider data.

Access the Minnesota EHR Incentive Program (MEIP) Provider Portal

Portal log in – First-time users will need to establish an account by selecting Establish Password. Returning users will log in by entering their NPI and established password, and then clicking Log In.

The screenshot shows the Minnesota Department of Human Services logo on the left and the text 'Minnesota EHR Incentive Program (MEIP)' on the right. Below the header is a 'Warning Notice' section with a red border, containing text about incentive payments and a list of categories: Adoption, Implementation, or Upgrading (AIU) and Meaningful Use (MU). Below this is the 'Eligible Provider Log In' section, which includes instructions for first-time users and a form with fields for NPI (containing '1000000021') and Password (containing seven dots), and a 'Log In' button. Below that is the 'Establish Password' section with an 'Establish Password' button. Next is the 'Change Password' section with a 'Change Password' button. Finally, there is a 'Reset Password' section with a 'Reset Password' button.



Establish password (First-time users) – Enter required information and select Establish Password.

Minnesota Department of **Human Services**MN DHS :: CMS.GOVMinnesota EHR Incentive Program (MEIP)

Warning Notice

The Minnesota EHR Incentive Program provides incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) demonstrating adoption, implementation, or upgrading of certified electronic health record technology. You can use this System to register and participate in the program. Only authorized users have rights to access the Minnesota EHR Incentive System. If you do not have authorization, close this link and do not attempt to gain further access. Unauthorized access to this system is forbidden and will be prosecuted by law.

Establish Password

To establish your password for first-time system use, enter the following information and click the Establish Password button. To return to the Log In page without completing this step, click the Cancel button.

*NPI:

*Last four digits of TIN: *TIN (EH - EIN; EP - SSN)

*CMS Registration ID:

*New Password:

*Confirm Password:

For further assistance, please call 1-855-676-0366.

Password Requirements

Your password must comply with the following requirements:

- Must have a minimum of eight characters.
- Must contain the following attributes:
 - At least one numeric
 - At least one upper case letter
 - At least one lower case letter
 - May include the following characters: "!", "@", "#", "\$", "%", "&", "+", "-", and "_".
- Does not contain portions of the login ID, personal names (family members or pets), or guessable dates (birthdates or anniversaries) and will not be constructed around a dictionary word, regardless of language.
- Minnesota EHR Incentive Program users will not construct passwords that are identical to any of their previous passwords.
- You will be required to change your MEIP password on a regular basis.



Welcome page – The Welcome page will appear the first time you log in. After the initial log in, the Welcome page will no longer appear.

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Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP) Logout

Welcome to the Minnesota EHR Incentive Program!

About This Site

Across the nation, e-health is emerging as a powerful strategy to transform the health care system and improve the health of communities. The Minnesota Electronic Health Record (EHR) Incentive Program (MEIP) was created by the Health Information Technology for Economic and Clinical Health Act (HITECH), a part of the federal American Recovery and Reinvestment Act of 2009.

HITECH supports the adoption of electronic health records (EHR) by providing Medicare and Medicaid-funded financial incentives to providers who implement and demonstrate meaningful use of EHRs. The meaningful use of EHRs will improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions.

Eligible to Participate - There are two types of eligible providers who can participate in the programs. For detailed information visit the [MEIP website](#).

Eligible Hospitals (EHs)

Medicaid EHs include:

- Acute Care Hospitals
- Critical Access Hospitals
- Children's Hospitals

Eligible Professionals (EPs)

Medicaid EPs include:

- Physicians
- Dentists
- Optometrists
- Certified Nurse Mid-Wives
- Nurse Practitioners (Including [Clinical Nurse Specialists](#))
- Physician Assistants practicing in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or Tribal and Urban Facility (TUF) led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid Patient volume (20% minimum for pediatricians), or
- Practice predominantly in an FQHC or RHC and have at least 30% patient volume to needy individuals.

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their Medicaid services in a hospital setting (inpatient or emergency room).

[CONTINUE](#)



Provider Home page – Verify that your name and NPI in the top banner are correct. To continue with the enrollment process, select the Enrollment tab and proceed to the next page.

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Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Amber Dul Army (NPI-1000000021)

Notifications
Thank you for your interest in the Medicaid EHR Incentive Program. The Business Services Center is available at 1-855-676-0366.

Instructions
Select any section or tab to continue.

Enrollment
Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Minnesota EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment

Documents
Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.

Reconsiderations
Click the Reconsiderations tab above to perform the following actions:

- Initiate a new reconsideration
- View the status of an existing reconsideration

Status
Click the Status tab above to review the following:

- Enrollment Status
- Payment Status

Manage Account
Click the Manage Account tab above to perform the following actions:

- Update enrollment email address and phone number/extension
- View instructions for updating national or state Minnesota EHR Incentive Program registration information
- View instructions for resetting account password

Contact Us
Click the Contact Us link above to perform the following actions:

- Contact a Business Services specialist securely through the portal.
- View respond to any correspondence received from our Business Services Team.



Confirm enrollment action, staying on current year – Select 2015 Program Year Attestation radio button. Click Confirm.

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Amber Dul Armory (NPI-1000000021)

Confirm Enrollment Action

The 2015 EHR Incentive Program Year has ended. However, for a limited time you can still attest for Program Year 2015.

Please select the Program Year you would like to attest to:

2015 Program Year Attestation.

2016 Program Year Attestation. NOTE: SELECTING THIS OPTION PERMANENTLY TERMINATES THE 2015 PROGRAM YEAR OPTION FOR YOU.

For questions regarding this or anything else for the Medicaid EHR Incentive Program, please contact us at 1-855-676-0366.

Confirm

Enrollment Home page – Notice that the status of Program Year 2015 is Not Started. Had you selected 2016 Program Year Attestation on the previous pop-up, Program Year 2015 would be Expired and Program Year 2016 would be Not Started. Click **Enroll** for Program Year 2015.

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Enrollment Home

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
 - Enroll for the Minnesota EHR Incentive program
- Modify**
 - Modify or continue an existing enrollment
- View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Amber Dul Armory	1000000021	*****0021	*****0021	2015	1	Not Started	Enroll
Amber Dul Armory	1000000021	*****0021	*****0021	2014	1	Expired	View Status
Amber Dul Armory	1000000021	*****0021	*****0021	2013	1	Expired	View Status
Amber Dul Armory	1000000021	*****0021	*****0021	2012	1	Expired	View Status



Enrollment Home page with Payment Year 1 Attestation Selection – Select AIU or Meaningful Use, as appropriate for your enrollment for this first year. Read the instructions carefully, and check the CMS website or call the number shown for assistance.

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment:

- Enroll**
 - Enroll for the Minnesota EHR Incentive Program
- Modify**
 - Modify or continue your enrollment
- View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the appropriate attestation for payment year 1. Meaningful Use attestation is available for providers who have already implemented CEHRT.

Name
Amber Dul Armory

Payment Year 1 Attestation Selection

For Payment year 1, providers have the option of attesting to Adopt, Implement or Upgrade (AIU) requirements or 90-days of Meaningful Use.

Please select whether you will be attesting to AIU or Meaningful Use for payment year one:

AIU: Choose this option if you are in the process of Adopting, Implementing or Upgrading to Certified EHR Technology.

Meaningful Use: Choose this option if you have already implemented CEHRT and you are ready to report on the required Meaningful Use Objectives.

Refer to [CMS Meaningful Use Guidance](#) for more information on the Meaningful Use Measures.

If you have questions, please call 1-855-676-0366 prior to making your selection.

Year	Status	Action
	Not Started	<input type="button" value="Enroll"/>
	Expired	<input type="button" value="View Status"/>
	Expired	<input type="button" value="View Status"/>
	Expired	<input type="button" value="View Status"/>



Step 1: Provider Registration Verification

Initial Display – Enrollment Step 1 –Registration Verification:


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Amber Dul Armory (NPI-1000000021)

Current Enrollment Status

Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Not Completed	Step 3 - Meaningful Use Status: Not Completed
Step 2 - Volume Determination Status: Not Completed	Step 4 - Payment Determination Status: Not Completed

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

National Provider Information

Confirm the provider registration information that will be used to determine your eligibility for this program. Please review your attested registration information as received from the CMS.

Name: Amber Dul Armory
Provider Type: Nurse Practitioner
Provider Specialty: NURSE PRACTITIONER
Address: 21 EP Lane , Suite 1000000021
 Minneapolis, MN 50021-1562
Phone #: (800) 333-0021 Ext:
Tax ID: *****0021 (SSN)
NPI: 1000000021
CMS Registration ID: *****0021

State Provider Information

Attest if you are a Pediatrician or a hospital-based provider. Pursuant to M.S. 62J.495, Subd. 8 (f), "Pediatrician" means a physician who is certified by either the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

*Are you a hospital based provider?:
 Yes No

*Are you attesting as a Pediatrician?:
 Yes No

Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation Group/Clinic Attestation

Payment Assignment

Select your payee by clicking the button below.

Payee Name:

* **Payee ID:**

Payee Address:

Payee TIN: *****0006
Payee NPI: 3000000006

Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

***Email Address:**

***Phone Number:** **Extension:**



Section 1: National and State Registration Information

National Provider Information – Verify national provider information. If corrections are necessary, please contact the Centers for Medicare & Medicaid Services.

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Amber Dul Armory (NPI-100000021)

Current Enrollment Status

Program Year: 2015 | Payment Year: 1

Step 1 - Registration Verification Status: **Not Completed** ⚙️ | Step 3 - Meaningful Use Status: **Not Completed** ⚙️

Step 2 - Volume Determination Status: **Not Completed** ⚙️ | Step 4 - Payment Determination Status: **Not Completed** ⚙️

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

National Provider Information

Confirm the provider registration information that will be used to determine your eligibility for this program. Please review your attested registration information as received from the CMS.

Name: Amber Dul Armory
Provider Type: Nurse Practitioner
Provider Specialty: NURSE PRACTITIONER
Address: 21 EP Lane, Suite 1000000021
 Minneapolis, MN 50021-1562
Phone #: (800) 333-0021 Ext:
Tax ID: *****021 (SSN)
NPI: 1000000021
CMS Registration ID: *****021

State Provider Information – Make the appropriate selections in the State Provider Information section.

State Provider Information

Attest if you are a Pediatrician or a hospital-based provider. Pursuant to M.S. 62J.495, Subd. 8 (f), "Pediatrician" means a physician who is certified by either the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

*Are you a hospital based provider?:
 Yes No

*Are you attesting as a Pediatrician?:
 Yes No

State Provider Information – Hospital based provider.

State Provider Information

Attest if you are a Pediatrician or a hospital-based provider. Pursuant to M.S. 62J.495, Subd. 8 (f), "Pediatrician" means a physician who is certified by either the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

*Are you a hospital based provider?:
 Yes No

You have attested to being hospital based. Did you fund the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and any interfaces necessary to meet Meaningful Use without reimbursement from an eligible hospital or CAH, and use such Certified EHR Technology in the inpatient or emergency department of a hospital (not the hospital's Certified EHR Technology)?

Yes, I use my own system.
 No, I use the hospital's system.

*Are you attesting as a Pediatrician?:
 Yes No



Section 2: Patient Volume Attestation Method

Individual Attestation – Select Individual Attestation if the provider is attesting as an individual.

Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation **Group/Clinic Attestation**

*Select your patient volume calculation method. If you are a Physician's assistant you must choose the FQHC/RHC/Tribal and Urban Facility (TUF) Patient Volume calculation method. If you selected Group/Clinic Attestation and are a member of an FQHC/RHC/TUF you must select FQHC/RHC/TUF Patient Volume and then choose whether to report Needy Individual volume.

Medicaid Patient Volume **FQHC/RHC/Tribal and Urban Facility Patient Volume (TUF) Patient Volume**

Select Practice Location(s)

Group/Clinic Attestation – Select Group/Clinic Attestation if you are attesting with a medical group or a clinic where the provider practices medicine.

Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation **Group/Clinic Attestation**

*Select your patient volume calculation method. If you are a Physician's assistant you must choose the FQHC/RHC/Tribal and Urban Facility (TUF) Patient Volume calculation method. If you selected Group/Clinic Attestation and are a member of an FQHC/RHC/TUF you must select FQHC/RHC/TUF Patient Volume and then choose whether to report Needy Individual volume.

Medicaid Patient Volume **FQHC/RHC/Tribal and Urban Facility Patient Volume (TUF) Patient Volume** Group TIN:

Medicaid Group Name:
Select Practice Location(s)

Patient Volume Calculation Method – If you are a physician's assistant you must choose the FQHC/RHC/Tribal and Urban Facility (TUF) Patient Volume calculation method. If you selected Group/Clinic Attestation and are a member of an FQHC/RHC/TUF you must select FQHC/RHC/TUF Patient Volume and then choose whether to report Needy Individual volume. All other providers select Medicaid Patient Volume.

Select Practice Location(s) – After selecting relevant patient attestation method options continue by clicking Select Practice Location(s).



Practice Location – Individual:


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Amber Dul Armory (NPI-100000021)

Location Selection

You have selected Patient Volume Attestation Method: **Individual**

Below is a list of practice locations that are associated with you or your payee's TIN in the State Medicaid System.

Selection Rules:

- Providers utilizing the individual patient volume attestation method may not select a group/clinic location which has been previously selected for a Group attestation, as indicated by the appearance of a value in the EHR Group ID column. If you wish to attest as part of a practice location that has an EHR Group ID, you may return to the previous step and change your Patient Volume attestation method from Individual to Group (Medicaid).
- Prior to selecting a Practice Location for an Individual attestation, confirm the Group or Clinic does not plan to form an Attestation Group. By selecting a Practice Location for an Individual attestation using individual patient volumes, all subsequent usage of patient volumes from this Practice Location must be for Individual attestations and cannot be included as part of a group/clinic level attestation.

Select your locations to be used for establishing your patient volume during the EHR reporting period. You will be asked to enter the reporting period and your patient volume for each location in Step 2.

If you do not see a practice location listed, click the Enhanced Search button to enter additional search criteria, and then click Search. You may use the asterisk (*) as a universal match character in the Practice Location Name field. The matching results will be added to the list.

Enhanced Search

Practice Location NPI:

Practice Location TIN:

Practice Location Name:

Select	Practice Name	Address	Type	TIN	NPI	Medicaid ID	EHR Group ID
<input checked="" type="checkbox"/>	Amber Armory	21 EP Lane, Suite 100000021 Minneapolis, MN 50061	Individual	*****021	100000021	412779000	
<input type="checkbox"/>	EP Payee 6	EP Payee Route 6, Suite 6 Minneapolis, MN 50052	Individual	*****006	300000006	358628100	
<input checked="" type="checkbox"/>	MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050	Group	*****001	500000001	943513100	
<input type="checkbox"/>	MN Group Practice 2	2 Group Lane, Suite 2 Minneapolis, MN 50018	Group	*****001	500000002	605213400	
<input type="checkbox"/>	MN Group Practice 3	3 Group Lane, Suite 3 Minneapolis, MN 50055	Group	*****001	500000003	366680000	
<input type="checkbox"/>	MN Group Practice 4	4 Group Lane, Suite 4 Minneapolis, MN 50051	Group	*****001	500000004	951015000	
<input type="checkbox"/>	MN Group Practice 5	5 Group Lane, Suite 5 Minneapolis, MN 50041	Group	*****001	500000005	808597800	
<input type="checkbox"/>	MN Group Practice 6	6 Group Lane, Suite 6 Minneapolis, MN 50038	Group	*****001	500000006	263637100	



Practice Location – Group:

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Amber Dul Armory (NPI-100000021)

Location Selection

You have selected Patient Volume Attestation Method: **Group**

Below is a list of the group/clinic practice locations within the State Medicaid System you are associated with.

Selection Rules:

- Group/clinic practice locations previously used in individual attestation are presented, but are not available for selection, as indicated by the disabled "Select" box.
- Providers utilizing the individual Patient Volume attestation method may not select a group/clinic location previously selected for a Group attestation, as indicated by the existence of a value in the EHR Group ID column.
- Confirm all providers in your practice locations have agreed to use their Group/Clinic related encounters to support a Group/Clinic attestation.

You are the first provider in your Group/Clinic to attest:

Create a group. The first group/clinic member to attest will establish the group/clinic practice by:

- Selecting the Group Location
- Entering the group/clinic's patient volume and reporting period that will be used by all EP's using the group proxy patient volume.

You are not the first provider in your Group/Clinic to attest:

Join an Existing Group.

- If the group has already been created, the EHR Group ID column will contain a value.
- Choose to join the group by selecting the group. You will then be navigated to a page to view the attested group/clinic patient volume information and confirm your selection.

Select All Clear Selection

Select	Practice Name	Address	Type	TIN	NPI	Medicaid ID	EHR Group ID
<input checked="" type="checkbox"/>	MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050	Group	*****0001	5000000001	943513100	
<input type="checkbox"/>	MN Group Practice 2	2 Group Lane, Suite 2 Minneapolis, MN 50018	Group	*****0001	5000000002	605213400	
<input type="checkbox"/>	MN Group Practice 3	3 Group Lane, Suite 3 Minneapolis, MN 50055	Group	*****0001	5000000003	366680000	
<input type="checkbox"/>	MN Group Practice 4	4 Group Lane, Suite 4 Minneapolis, MN 50051	Group	*****0001	5000000004	951015000	
<input type="checkbox"/>	MN Group Practice 5	5 Group Lane, Suite 5 Minneapolis, MN 50041	Group	*****0001	5000000005	808597800	
<input type="checkbox"/>	MN Group Practice 6	6 Group Lane, Suite 6 Minneapolis, MN 50038	Group	*****0001	5000000006	263637100	

Previous Select & Continue



Group Setup:


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Group Setup

You are the first EP in the group/clinic to attest for this Group/Clinic. You will be designated the Group/Clinic proxy.

The Group Proxy is responsible for:

- Establishing the Group/Clinic location(s) by selecting associated group Medicaid ID(s).
- Specifying the group/clinic's Patient Volume reporting period and entering the group/clinic's Patient Volume information
- Uploading Group/Clinic attestation supporting documentation as follows:
 - Written documentation confirming each EP in the Group/Clinic consents to allowing their Group/Clinic associated encounters to be utilized for the purposes of Group/Clinic attestation.
 - Patient Volume Supporting documentation for the reporting period including:
 - Medicaid Patient ID
 - Date of Service
 - Location
 - Provider Name

Each subsequent EP choosing to attest as part of the Group/Clinic will attest to the Patient Volume information established by the Group/Clinic proxy.

Patient Volume Reporting Period:

Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.

Previous Calendar Year
 Previous 12-months
 Last Selected Reporting Period

* Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

Out-Of-State Encounters

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes
 No

OOS Selected States/Territories: Iowa, North Dakota, South Dakota, Wisconsin

Patient Volume Attestation

Pediatric Group? Select "Yes" only if your group consists of all pediatricians.
 Yes
 No

Encounters must be assigned to **EXACTLY ONE** category that **BEST** describes the situation.

Medicaid Encounters are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

Out-Of-State Encounters are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	TIN	NPI	Medicaid ID	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State Encounters	Total Encounters	Patient Volume Percentage
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050	*****0001	5000000001	943513100	<input checked="" type="checkbox"/> Yes	176	16	460	42%
Totals:						176	16	460	42%



Section 3: Payment Assignment

Payment Assignment – Click Select Payee to locate and determine the person or organization that will be receiving payment for the attestation.

Payment Assignment
Select your payee by clicking the button below.

Payee Name: _____
* Payee ID:
Payee Address: _____
Payee TIN: *****0006
Payee NPI: 3000000006

Payee Selector – select the payee and click Select & Continue.

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Payee Selector
Please select the payee to receive your EHR Payment from the list below.

Select	Payee ID	Payee Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	358628100	EP Payee 6	Billing	3000000006	EP Payee Route 6, Suite 6 Minneapolis, MN 50052	

Payee Assignment Notice – click Continue.

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Amber Dul Armory (NPI-1000000021)

Payee Selector
Please select the payee to receive your EHR Payment from the list below.

Select	Payee ID	Payee Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	358628100	EP Payee 6	Billing	3000000006	EP Payee Route 6, Suite 6 Minneapolis, MN 50052	

Payee Assignment Notice
Please click "Continue" to acknowledge that you are re-assigning your EHR incentive payment to a third party.

You will then land again on **Enrollment Step 1**.

Payment Assignment
Select your payee by clicking the button below.

Payee Name: EP Payee 6
* Payee ID:
Payee Address: EP Payee Route 6, Suite 6
Minneapolis, MN 50052
Payee TIN: *****0006
Payee NPI: 3000000006



Section 4: Point of Contact

Preferred Point of Contact – Enter the appropriate information to expedite processing the attestation. If questions or concerns arise during processing, a Business Services representative will email or call the person indicated. This is the final step in the completion of Registration Verification Status Step 1.

Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

*Email Address:

*Phone Number: Extension:



Step 2: Medicaid Patient Volume Determination

Initial Display – Enrollment Step 2 – Medicaid Patient Volume Information:

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Current Enrollment Status

Program Year: 2015 Payment Year: 1
 Step 1 - Registration Verification Status: Completed ✓
 Step 2 - Volume Determination Status: Not Completed ✘
 Step 3 - Meaningful Use Status: Not Completed ✘
 Step 4 - Payment Determination Status: Not Completed ✘

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:
 Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).
 Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.

Previous Calendar Year Previous 12-months

* Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

Out-Of-State Encounters:
 The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.
 Were out-of-state encounters included in your patient volume calculation?
 Yes No

OOS Selected States/Territories:

Patient Volume Attestation
 Encounters must be assigned to EXACTLY ONE category that BEST describes the situation.

Medicaid Encounters are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

Out-Of-State Encounters are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State Encounters	Total Encounters	Patient Volume Percentage	Action
Amber Armory	21 EP Lane, Suite 1000000021 Minneapolis, MN 50061		<input type="checkbox"/> Yes	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>		✘
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		<input type="checkbox"/> Yes	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>		✘
Totals:							0%	

Previous

Section 1: Medicaid Patient Reporting Period

Patient Volume Reporting Period – Reporting Medicaid patient volume is essential to completing the enrollment process. Proceed by selecting either Previous Calendar Year or Previous 12-months. Then continue by selecting the preferred start date and the end date will auto-populate.



Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

Amber Dul Army (NPI-100000024)

Current Enrollment Status

Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: Completed ✓ Step 3 - Meaningful Use Status: Not Completed ☹

Step 2 - Volume Determination Status: Not Completed ☹ Step 4 - Payment Determination Status: Not Completed ☹

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Select your Patient Volume Reporting Period. To choose a start date other than the first of the month, click [here](#) for further instructions.

Previous Calendar Year Previous 12-months

* Please select a Start Date: 06/01/2015

Reporting Period Start Date: 06/01/2015

Reporting Period End Date: 08/31/2015

Section 2: Out-Of State Encounters

Out-of-State Encounters – In some cases, encounters may be from patients outside of Minnesota. If there are no out-of-state encounters, no further action is required, as No is default-selected.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories:

If out-of-state encounters are going to be a part of the attestation of patient volume select Yes and then continue by clicking Select States/Territories.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories:

Selection of Out-of-State Encounters – After selecting the Select States/Territories, a list of states will generate. Select all locations that are relevant to this reporting period, and then select Save States to continue. You will then go to Step 2 Provider Portal, showing the selected states.

State Selector (1 of 2)



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Amber Dul Armory (NPI-1000000021)

State Selector

Select all the states being included in the encounter calculation.

Clear Selection

Select	State
<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Alaska
<input type="checkbox"/>	American Samoa
<input type="checkbox"/>	Arizona
<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	District of Columbia
<input type="checkbox"/>	Federated States of Micronesia
<input type="checkbox"/>	Florida
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Guam
<input type="checkbox"/>	Hawaii
<input type="checkbox"/>	Idaho
<input type="checkbox"/>	Illinois
<input type="checkbox"/>	Indiana
<input checked="" type="checkbox"/>	Iowa
<input type="checkbox"/>	Kansas
<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Louisiana
<input type="checkbox"/>	Maine
<input type="checkbox"/>	Marshall Islands
<input type="checkbox"/>	Maryland
<input type="checkbox"/>	Massachusetts



State Selector (2 of 2)

<input type="checkbox"/>	Michigan
<input checked="" type="checkbox"/>	Minnesota
<input type="checkbox"/>	Mississippi
<input type="checkbox"/>	Missouri
<input type="checkbox"/>	Montana
<input type="checkbox"/>	Nebraska
<input type="checkbox"/>	Nevada
<input type="checkbox"/>	New Hampshire
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New Mexico
<input type="checkbox"/>	New York
<input type="checkbox"/>	North Carolina
<input checked="" type="checkbox"/>	North Dakota
<input type="checkbox"/>	Northern Mariana Islands
<input type="checkbox"/>	Ohio
<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	Oregon
<input type="checkbox"/>	Palau
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	South Dakota
<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Texas
<input type="checkbox"/>	Utah
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Virgin Islands
<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Washington
<input type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Wyoming

Return to State Selection screen – You will then be returned to Step 2 Provider Portal, showing the selected states.

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

OOS Selected States/Territories: Iowa, North Dakota, South Dakota, Wisconsin



Section 3: Patient Volume Attestation

Reporting Patient Volume Attestation – In this section enter, report information specific to the time frame of attestation. Once Medicaid Encounters, Out-of-State Encounters and Total Encounters are entered, the Patient Volume Percentage will auto populate.

After you enter the relevant information, click Save and Continue. Step 2 is complete and you will be prompted to start on Step 3.

Patient Volume Attestation

Encounters must be assigned to **EXACTLY ONE** category that BEST describes the situation.

Medicaid Encounters are defined as services rendered on any one day to:

- Individual enrolled in an in-state Medicaid program, regardless of payment liability, including zero pay claims; or
- Individuals who are Title XIX eligible and meet the definition of "optional targeted low income children"; or
- Individuals in Title XXI-funded Medicaid expansions, but not separate CHIPs.

Out-Of-State Encounters are defined as services rendered on any one day where they:

- Qualify as Medicaid Encounter as previously defined, with exception that the individual is enrolled in a Medicaid Program in another state; or
- Qualify as Uncompensated/Charity Care Encounter where the individual is receiving medical assistance from an out-of-state Medicaid or CHIP.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State Encounters	Total Encounters	Patient Volume Percentage	Action
Amber Armory	21 EP Lane, Suite 100000021 Minneapolis, MN 50061		<input checked="" type="checkbox"/> Yes	121	5	345	37%	✘
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		<input checked="" type="checkbox"/> Yes	55	11	115	57%	✘
Totals:				176	16	460	42%	



Step 3: Identify Certified EHR Technology

Initial Display – Enrollment Step 3 – Identify Certified EHR Technology:


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Amber Dul Armory (NPI-100000021)

Current Enrollment Status

Program Year: 2015	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Meaningful Use Status: Not Completed ⚠
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⚠

Step 3 - Identify Certified EHR Technology

(*) Red asterisk indicates a required field.

EHR Meaningful Use Reporting Period

If the Program Year requires a full year attestation, the Meaningful Use reporting period will be pre-populated for you. Otherwise, please select a 90-day MU reporting period within the program year.

Scheduled MU Stage:

*EHR Reporting Period Start Date:

*EHR Reporting Period End Date:

EHR Certification Information

As an Eligible Professional, you are required to attest to all practice locations. You must have at least 50% of your total patient encounters occur at sites with Certified EHR Technology. If you practice in multiple locations, you are required to attest to each location, whether the location utilizes Certified EHR Technology, and, where applicable, the CMS EHR Certification ID for each location.

For your convenience, each location you selected in your Patient Volumes attestation is displayed below. If you are practicing at this location, click on the Pencil (Edit Location) icon to add your encounters, and if applicable, the CMS EHR Cert ID. If you are not practicing at the location any longer, click the X (Delete Location) icon to remove it from your list.

If you are practicing at a new location that is not listed below, click the Add Location button below to add the practice location(s).

Review and verify the attested practice locations and associated Certified EHR Technology information below.

Click the Add Location button below to add each of your practice locations.

Add Location

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Encounters	Action
Amber Armory	21 EP Lane, Suite 100000021 Minneapolis, MN 50061		Yes		0	
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Yes		0	
Totals:					0	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator Denominator Actual

Previous

Save & Continue



Section 1: EHR Meaningful Use Reporting Period

EHR Meaningful Use Reporting Period – Enter the EHR Meaningful Use Reporting Period start and end dates and then scroll down to EHR Certification Information.

Step 3 - Identify Certified EHR Technology

(*) Red asterisk indicates a required field.

EHR Meaningful Use Reporting Period

If the Program Year requires a full year attestation, the Meaningful Use reporting period will be pre-populated for you. Otherwise, please select a 90-day MU reporting period within the program year.

Scheduled MU Stage: 1

*EHR Reporting Period Start Date: 01/01/2015

*EHR Reporting Period End Date: 03/31/2015

Section 2: EHR Certification Information

EHR Certification Information – For attestation, you are required to supply information stating that at least 50% of your patient encounters occur at locations with Certified EHR Technology. The first step is to update the EHR Certification Information per practice location (selected in Step 1). To start, click the Pencil icon next to each location. You may report multiple locations by selecting the Add Location tab and update accordingly.

EHR Certification Information

As an Eligible Professional, you are required to attest to all practice locations. You must have at least 50% of your total patient encounters occur at sites with Certified EHR Technology. If you practice in multiple locations, you are required to attest to each location, whether the location utilizes Certified EHR Technology, and, where applicable, the CMS EHR Certification ID for each location.

For your convenience, each location you selected in your Patient Volumes attestation is displayed below. If you are practicing at this location, click on the Pencil (Edit Location) icon to add your encounters, and if applicable, the CMS EHR Cert ID. If you are not practicing at the location any longer, click the X (Delete Location) icon to remove it from your list.

If you are practicing at a new location that is not listed below, click the Add Location button below to add the practice location(s).

Review and verify the attested practice locations and associated Certified EHR Technology information below.

Click the Add Location button below to add each of your practice locations.

Add Location

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Encounters	Action
Amber Armory	21 EP Lane, Suite 1000000021 Minneapolis, MN 50061		Yes		0	
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Yes		0	
Totals:					0	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:

Numerator Denominator Actual



Add/Edit Practice Location – Update any applicable location information, indicate whether the location has Certified EHR Technology (CEHRT) and enter the number of patient encounters and, if appropriate, the CMS EHR Certification ID. This first example is for a location selected at Step 1 which does have CEHRT.

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Amber Dul Armory (NPI-1000000021)

Add/Edit Practice Location

(*)Red asterisk indicates a required field

Practice Location Details

Enter the address of your practice location below. You must also attest if this is your primary location.

*Name: Amber Armory

*Address 1: 21 EP Lane

Address 2: Suite 1000000021

*City: Minneapolis

*State: MN

*Zip 5: 50061

Zip 4:

Phone #:

Extension #:

EHR Solution Details

Please complete the following

*Does this practice location have Certified EHR Technology?

Yes No

For patients seen during the EHR reporting period, you are required to attest to the number of your patient encounters that occurred at this practice location. Please complete the following for patients you have seen during the EHR reporting period at this practice location:

*Number of Patient Encounters: 115

If this practice location has Certified EHR Technology you are required to enter your CMS EHR Certifications ID for this location. Please enter your CMS EHR Certification ID below.

*CMS EHR Certification ID: A014E01GYZYEAU

Previous Save Location



Add Locations –Add a new location by clicking Add Location. A blank Add/Edit Practice Location page is displayed. After entering all the appropriate information for the new location, click Save Location. The following is an example of a newly-added location which does not have CEHRT.

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Amber Dul Army (NPI-100000021)

Add/Edit Practice Location

(*)Red asterisk indicates a required field

Practice Location Details

Enter the address of your practice location below. You must also attest if this is your primary location.

*Name: Amber Army Private Office

*Address 1: 123 Main Street

Address 2: Suite 1

*City: Minneapolis

*State: MN

*Zip 5: 50062

Zip 4:

Phone #: 2131231234

Extension #: 123

EHR Solution Details

Please complete the following

*Does this practice location have Certified EHR Technology?
 Yes No

For patients seen during the EHR reporting period, you are required to attest to the number of your patient encounters that occurred at this practice location. Please complete the following for patients you have seen during the EHR reporting period at this practice location:

*Number of Patient Encounters: 25

If this practice location has Certified EHR Technology you are required to enter your CMS EHR Certifications ID for this location. Please enter your CMS EHR Certification ID below.

*CMS EHR Certification ID:

Previous | Save Location

After all locations have been edited for CEHRT and patient encounters and new locations have been added, the EHR Certification Information would appear as follows. Click Save & Continue.

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID	# Encounters	Action
Amber Army	21 EP Lane, Suite 1000000021 Minneapolis, MN 50061		Yes	A014E01GYZYEA	115	
Amber Army Private Office	123 Main Street, Suite 1 Minneapolis, MN 50062	(213) 123-1234 Ext #123	No		25	
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Yes	A014E01KFE1HEAB	53	
Totals:					193	

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:
 Numerator 168 | Denominator 193 | Actual 87.05%

Previous | Save & Continue



Step 3: Summary of Meaningful Use Measures

Initial Display – Enrollment Step 3 – Summary of Meaningful Use Measures –Note that all command buttons indicate “Start” rather than “Modify”.

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Amber Dul Armory (NPI-100000021)

Current Enrollment Status

Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓ Step 3 - Meaningful Use Status: **Not Completed** ⊕

Step 2 - Volume Determination Status: **Completed** ✓ Step 4 - Payment Determination Status: **Not Completed** ⊕

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Measures. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

Meaningful Use Objectives 1-9 Summary

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-9 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Start Objectives 1-9 Attestation

Meaningful Use Objective 10 - Public Health Summary

Eligible Professionals who are scheduled to be in Stage 1 in 2015 are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

Start Objective 10 - Public Health Attestation

Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

Start Clinical Quality Measure Attestation

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

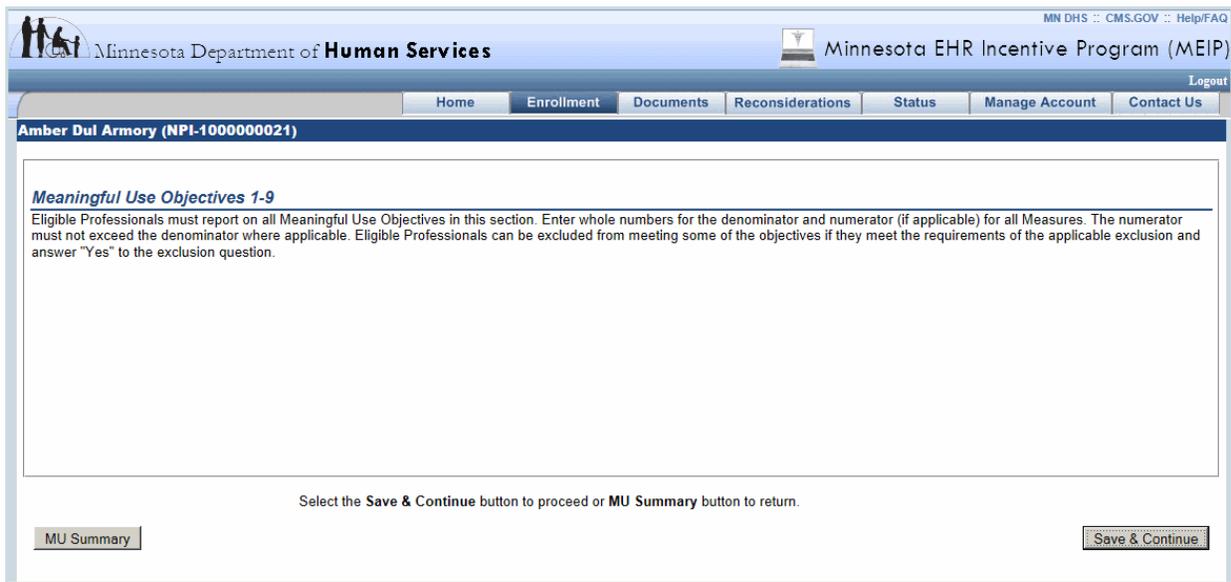
Previous **Save & Continue**



Section 1: Meaningful Use Objectives 1-9

Meaningful Use Objectives 1-9 Summary

- Click **Start Objectives 1-9 Attestation**.
- Read the overview and click **Save & Continue**.
- Attest to all Meaningful Use Objectives 1-9 Measures.
- Click the expand symbol “+” next to the Meaningful Use Objectives 1-9 Summary bar at any time to review or edit the measures. Use the collapse symbol “-” to make the display shorter.



The screenshot shows the Minnesota Department of Human Services website for the Minnesota EHR Incentive Program (MEIP). The user is logged in as Amber Dul Armory (NPI-1000000021). The page title is "Meaningful Use Objectives 1-9". The instructions state: "Eligible Professionals must report on all Meaningful Use Objectives in this section. Enter whole numbers for the denominator and numerator (if applicable) for all Measures. The numerator must not exceed the denominator where applicable. Eligible Professionals can be excluded from meeting some of the objectives if they meet the requirements of the applicable exclusion and answer 'Yes' to the exclusion question." At the bottom of the page, there are two buttons: "MU Summary" and "Save & Continue". A note at the bottom of the main content area says: "Select the Save & Continue button to proceed or MU Summary button to return."



Protect Patient Health Information

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Protect Patient Health Information
(*) Red asterisk indicates a required field.

Objective
Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

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

Attestation
Complete the following information:
Have you conducted or reviewed a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process? The security risk analysis or review must be conducted between the start of the program year and the date of this attestation. for more information see CMS FAQ 10754.
 Yes No

*Date Security Risk Analysis Conducted or Reviewed:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous MU Summary Save & Return Save & Continue

Clinical Decision Support – Measure 1

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Clinical Decision Support - Measure 1
(*) Red asterisk indicates a required field.

Objective
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.

Measure
Measure 1: Implement one clinical decision support rule.

Attestation
Complete the following information:
Did you implement one clinical decision support (CDS) rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?
 Yes No

Complete the following information.
*Name and describe one CDS rule implemented:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous MU Summary Save & Return Save & Continue



Clinical Decision Support – Measure 2

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Clinical Decision Support - Measure 2

(*) Red asterisk indicates a required field.

Objective
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.

Measure
Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Attestation
Exclusion: An EP who writes fewer than 100 medication orders during the EHR reporting period would be excluded from Measure 2.
*Does this exclusion apply?
 Yes No

Complete the following information:
Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
 Yes No

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

Previous MU Summary Save & Return Save & Continue



CPOE – Measure 1


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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - CPOE - Measure 1

(*) Red asterisk indicates a required field.

Objective

Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 1:

Option 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using computerized provider order entry.

OR

Option 2: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Attestation

Exclusion: An EP who writes fewer than 100 medication orders during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?

Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Select if you are attesting to Option1 or Option 2.

* Option Selected

Complete the following information:

Numerator: OR

Denominator: OR

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.

Previous MU Summary Save & Return Save & Continue



CPOE – Measure 2


Minnesota Department of **Human Services**

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Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - CPOE - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Attestation

Exclusion: An EP scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Does this exclusion apply?

Yes No

Exclusion: An EP who writes fewer than 100 laboratory orders during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?

Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

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

* **Numerator:** * **Denominator:** **Actual:**

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.

Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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CPOE – Measure 3


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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - CPOE - Measure 3

(*) Red asterisk indicates a required field.

Objective

Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure

Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Attestation

Exclusion: An EP scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Does this exclusion apply?

Yes No

Exclusion: An EP who writes fewer than 100 radiology orders during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?

Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

Denominator: The number of radiology orders created by the EP during the EHR reporting period.

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.

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Electronic Prescribing

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Electronic Prescribing

(*) Red asterisk indicates a required field.

Objective

Objective 4: Generate and transmit permissible prescriptions electronically (eRx).

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Attestation

Exclusion: An EP who writes fewer than 100 permissible prescriptions during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

Exclusion: An EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

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

* **Numerator:** * **Denominator:** **Actual:**

Complete the following information.

***Name your eRx service and at least one pharmacy that you transmit to:** (500 Character Max Limit)

CVS eRx and State Street pharmacy

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Health Information Exchange

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Amber Dul Armory (NP1-100000021)

Objectives 1-9 Questionnaire - Health Information Exchange

(*) Red asterisk indicates a required field.

Objective

Objective 5: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

Measure

The EP that transitions or refers their patient to another setting of care or provider of care must:

1. Use CEHRT to create a summary of care record; and
2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.

Attestation

Exclusion: An EP may claim an exclusion for the measure of the Stage 2 Summary of Care objective which requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply?

Yes No

Exclusion: An EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?

Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

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

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Patient-Specific Education

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Objectives 1-9 Questionnaire - Patient-Specific Education

(*) Red asterisk indicates a required field.

Objective
Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

Measure
Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

Attestation

Exclusion: An EP may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

*Does this exclusion apply?
 Yes No

Exclusion: An EP who has no office visits during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.
Denominator: Number of unique patients with office visits seen by the EP during the EHR reporting period.

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Medication Reconciliation

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Amber Dul Armory (NP1-100000021)

Objectives 1-9 Questionnaire - Medication Reconciliation

(*) Red asterisk indicates a required field.

Objective
Objective 7: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure
The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

Attestation

Exclusion: An EP may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

*Does this exclusion apply?
 Yes No

Exclusion: An EP who was not the recipient of any transitions of care during the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?
 Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.
 This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Patient Electronic Access – Measure 1

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Patient Electronic Access - Measure 1

(*) Red asterisk indicates a required field.

Objective

Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.

Measure

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

Attestation

Exclusion: An EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information" would be excluded from this requirement.

***Does this exclusion apply?**

Yes No

***Patient Records:** Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

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

*** Numerator:** *** Denominator:** **Actual:**

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Patient Electronic Access – Measure 2


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Objectives 1-9 Questionnaire - Patient Electronic Access - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.

Measure

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

Attestation

Exclusion: An EP may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Does this exclusion apply?

Yes No

Exclusion: An EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information" would be excluded from this requirement.

*Does this exclusion apply?

Yes No

Exclusion: An EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period would be excluded from this requirement.

*Does this exclusion apply?

Yes No

*Patient Records: Select whether data was extracted from ALL patient records or only from patient records maintained using CEHRT.

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

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

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

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

* Numerator: * Denominator: Actual:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Secure Electronic Messaging

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Amber Dul Armory (NPI-1000000021)

Objectives 1-9 Questionnaire - Secure Electronic Messaging
(*) Red asterisk indicates a required field.

Objective
Objective 9: Use secure electronic messaging to communicate with patients on relevant health information.

Measure
The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Attestation

Exclusion: An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
***Does this exclusion apply?**
 Yes No

Exclusion: An EP who has no office visits during the EHR reporting period would be excluded from this requirement.
***Does this exclusion apply?**
 Yes No

Exclusion: An EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period would be excluded from this requirement.
***Does this exclusion apply?**
 Yes No

Complete the following information:
Was the capability for patients to send and receive a secure electronic message was fully enabled during the EHR reporting period?
 Yes No

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Step 3 – Summary of Meaningful Use (MU) Measures – after Objectives 1-9 attestation

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Current Enrollment Status

Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: Completed ✓ Step 3 - Meaningful Use Status: Not Completed ⊕

Step 2 - Volume Determination Status: Completed ✓ Step 4 - Payment Determination Status: Not Completed ⊕

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Measures. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

Meaningful Use Objectives 1-9 Summary

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-9 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Modify Objectives 1-9 Attestation

Meaningful Use Objective 10 - Public Health Summary

Eligible Professionals who are scheduled to be in Stage 1 in 2015 are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

Start Objective 10 - Public Health Attestation

Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

Start Clinical Quality Measure Attestation

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

Previous Save & Continue



Step 3 – Summary of MU Measures – Objectives 1-9 expanded

Meaningful Use Objectives 1-9 Summary				
<p>Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the Start/Modify Objectives 1-9 Attestation button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.</p> <p style="text-align: center;">Modify Objectives 1-9 Attestation</p>				
Objectives 1-9				
Objective	Measure	Entered	Result	Action
Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.	Measure 1: Implement one clinical decision support rule.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.	Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Yes	Passed	
Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 1: Option 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using computerized provider order entry. OR Option 2: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 131 Denominator: 367 Actual: 35.69%	Passed	
Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 38 Denominator: 98 Actual: 38.78%	Passed	



Step 3 – Summary of MU Measures – Objectives 1-9 expanded (continued)

<p>Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.</p>	<p>Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Numerator: 46 Denominator: 87 Actual: 52.87%</p>	<p>Passed </p>
<p>Objective 4: Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>	<p>Numerator: 83 Denominator: 201 Actual: 41.29%</p>	<p>Passed </p>
<p>Objective 5: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>The EP that transitions or refers their patient to another setting of care or provider of care must:</p> <ol style="list-style-type: none"> 1. Use CEHRT to create a summary of care record; and 2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals. 	<p>Numerator: 19 Denominator: 21 Actual: 90.48%</p>	<p>Passed </p>
<p>Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</p>	<p>Numerator: 48 Denominator: 72 Actual: 66.67%</p>	<p>Passed </p>
<p>Objective 7: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</p>	<p>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.</p>	<p>Numerator: 94 Denominator: 101 Actual: 93.07%</p>	<p>Passed </p>
<p>Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.</p>	<p>Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</p>	<p>Numerator: 112 Denominator: 132 Actual: 84.85%</p>	<p>Passed </p>
<p>Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.</p>	<p>Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p>	<p>Numerator: 89 Denominator: 132 Actual: 67.42%</p>	<p>Passed </p>
<p>Objective 9: Use secure electronic messaging to communicate with patients on relevant health information.</p>	<p>The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.</p>	<p>Yes</p>	<p>Passed </p>



Section 2: Meaningful Use Objective10 – Public Health

Meaningful Use Objective 10 – Public Health Measures Selection

- Click **Start Objective 10 - Public Health Attestation.**
- Eligible Professionals who are scheduled to attest to Stage 1 in 2015, are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure.
- Click the expand symbol “+” next to the Meaningful Use Menu Measures Summary bar at any time to review or edit the measures. Use the collapse symbol “-” to make the display shorter.

Public Health Measures Selection


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Amber Dul Armory (NPI-1000000021)

Public Health Measures Selection

Instructions:

Eligible Professionals scheduled to attest to Meaningful Use Stage 1 in 2015 are required to successfully attest to one Modified Stage 2 Public Health measure. Exclusion of a measure does not count toward the one measure required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

Alternate Exclusions may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e) (10)(i)(C).

To begin your Public Health Measure attestation, select at least one measure from the list below.

Objective 10 - Public Health Measures

At least one Public Health Measure must be submitted from the list below, unless the EP can claim exclusions for all.

Objective	Measure	Select
The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input type="checkbox"/>
The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The EP is in active engagement to submit data to a specialized registry.	<input type="checkbox"/>

Objective 10 - Additional Measures

If you report to more than one Specialized Registry, select the measure below to submit the additional registry. Select from this section ONLY if you have selected the Specialized Registry Reporting measure above, and are not claiming an exclusion for it.

Objective	Measure	Select
The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	The EP is in active engagement to submit data to a second specialized registry.	<input type="checkbox"/>

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary
Save & Continue



Immunization Registry Reporting – Measure 1



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Objective 10 - Public Health Questionnaire - Immunization Registry Reporting - Measure 1

(*) Red asterisk indicates a required field.

Objective
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure
Measure 1: The EP is in active engagement with a public health agency to submit immunization data.

Attestation

Exclusion: An EP may claim **THIS ALTERNATE** exclusion for the Immunization Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, and did not intend to select the Immunization Reporting menu measure.
Note: EPs may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

*Does this exclusion apply?
 Yes No

Exclusion: An EP who does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

Exclusion: An EP who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

Exclusion: An EP who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

The EP must select one of the active engagement options for Immunization Registry Reporting:

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

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

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

Complete the following information.
 Select the Immunization Registry. If the registry is not in the list below, please enter it in the text box provided.

* **Immunization Registry:** (500 Character Max Limit)

*If Other selected, name the agency:

*Enter date of active engagement activity: 

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Syndromic Surveillance Reporting – Measure 2


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Objective 10 - Public Health Questionnaire - Syndromic Surveillance Reporting - Measure 2

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 2: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Attestation

Exclusion: An EP may claim **THIS ALTERNATE** exclusion for the Syndromic Surveillance Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, and did not intend to select the Syndromic Surveillance Reporting menu measure.
Note: EPs may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

***Does this exclusion apply?**

Yes No

Exclusion: An EP who is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system would be excluded from this requirement.

***Does this exclusion apply?**

Yes No

Exclusion: An EP who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.

***Does this exclusion apply?**

Yes No

Exclusion: An EP who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period would be excluded from this requirement.

***Does this exclusion apply?**

Yes No

The EP must select one of the active engagement options for Syndromic Surveillance Reporting:

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

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

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production syndromic surveillance data to the PHA.

Complete the following information.

Select the public health agency that you have submitted Syndromic Surveillance data to, and describe the data submitted. If the registry is not in the list below, please enter it in the text box provided.

*** Public Health Agency:** Tribal or Urban Facilities Only - Department of Epidemiology and DI (500 Character Max Limit)

***If Other selected, name the agency:**

***Enter date of active engagement activity:** 02/14/2015

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
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Specialized Registry Data Reporting – Measure 3


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Objective 10 - Public Health Questionnaire - Specialized Registry Data Reporting - Measure 3

(*) Red asterisk indicates a required field.

Objective

Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

Measure 3: The EP is in active engagement to submit data to a specialized registry.

Attestation

Exclusion: An EP may claim **THIS ALTERNATE** exclusion for the Specialized Registry Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Note: EPs may claim a maximum of two alternate exclusions for Objective 10 - Public Health Reporting

*Does this exclusion apply?
 Yes No

Exclusion: An EP who does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

Exclusion: An EP who operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

Exclusion: An EP who operates in a jurisdiction where no specialized registry for which the EP has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period would be excluded from this requirement.
 *Does this exclusion apply?
 Yes No

The EP must select one of the active engagement options for Specialized Registry Reporting:

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

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

Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production specialized reporting data to the PHA.

Complete the following information.

Select the Specialized Registry. If the registry is not in the list below, please enter it in the text box provided.

* **Specialized Registry:** (500 Character Max Limit)

*If Other selected, name the agency:

*Enter date of active engagement activity:

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
 Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.

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Specialized Registry Data Reporting – Measure 3 – Second Specialized Registry

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Objective 10 - Public Health Questionnaire - Specialized Registry Data Reporting - Measure 3 - Second Specialized Registry

(*) Red asterisk indicates a required field.

Objective
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure
Measure 3 - Second Specialized Registry: The EP is in active engagement to submit data to a second specialized registry.

Attestation
The EP must select one of the active engagement options for Specialized Registry 2:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The provider has registered to submit data with the specialized registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the specialized registry to begin testing and validation. This option allows providers to meet the measure when the specialized registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The provider is in the process of testing and validation of the electronic submission of specialized reporting data. Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The provider has completed testing and validation of the electronic submission and is electronically submitting production specialized reporting data to the PHA.

Complete the following information.
Select Specialized Registry 2. This must be different than the previously selected registry. If the registry is not in the list below, please enter it in the text box provided.

* **Specialized Registry 2:** (500 Character Max Limit)

* **If Other selected, name the agency:** (500 Character Max Limit)

* **Enter date of active engagement activity:**

Please refer to the [CMS Objective and Measure Descriptions](#) for additional information.
Select the **Previous Page** or **MU Summary** buttons to go back without saving. Select the **Save & Return** or **Save & Continue** buttons to save & proceed.



Step 3 – Summary of MU Measures – after Objective 10 – Public Health Attestation


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Current Enrollment Status

Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: Completed ✓ Step 3 - Meaningful Use Status: Not Completed ☹

Step 2 - Volume Determination Status: Completed ✓ Step 4 - Payment Determination Status: Not Completed ☹

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Measures. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

+ **Meaningful Use Objectives 1-9 Summary**

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-9 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

+ **Meaningful Use Objective 10 - Public Health Summary**

Eligible Professionals who are scheduled to be in Stage 1 in 2015 are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

+ **Meaningful Use Clinical Quality Measure Summary**

Eligible Professionals are required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.



Meaningful Use Objective 10 – Public Health Summary – expanded

Meaningful Use Objective 10 - Public Health Summary

Eligible Professionals who are scheduled to be in Stage 1 in 2015 are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

[Modify Objective 10 - Public Health Attestation](#)

Objective 10 - Public Health Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 1: The EP is in active engagement with a public health agency to submit immunization data.		Passed	
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 2: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		Passed	
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3: The EP is in active engagement to submit data to a specialized registry.		Passed	

Objective 10 - Additional Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Second Specialized Registry: The EP is in active engagement to submit data to a second specialized registry.		Passed	

Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

[Start Clinical Quality Measure Attestation](#)

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

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Section 3: Meaningful Use Clinical Quality Measures

Meaningful Use Clinical Quality Measure Summary

- Click **Start Clinical Quality Measure (CQM) Attestation**.
- Read the overview, select CQMs and click **Save & Continue**.
- Attest to at least three Core or Alternate Core Clinical Quality Measures. Note: Data must come directly from the reports generated by your certified EHR technology.
- Note that the Eligible Professional can opt to click Select Pediatric Set or Select Adult Care Set to select the CMS recommended core set of CQMs. Click Clear Selection to clear all previous CQM selections.
- In addition to the three Core or Alternate Core Clinical Quality Measures described in the second bullet, attest to at least three out of 38 Meaningful Use Additional Clinical Quality Measures.



- Click the expand symbol “+” next to the Meaningful Use Clinical Quality Measures Summary bar at any time to review or edit the measures. Use the collapse symbol “-” to make the display shorter.
- Click the **Save & Continue** button.

Clinical Quality Measures Selection (1 of 4):

Clinical Quality Measures Selection
Instructions:
Eligible Professionals must report calculated Clinical Quality Measures (CQMs) directly from their EHR technology as a requirement of the EHR Incentive Program. Eligible Professionals must report on 9 out of 64 CQMs, with at least one from three out of the six National Quality Strategy (NQS) domains.
If you are attesting to a 90-day EHR reporting period which is different than CQM reporting period please enter the CQM start and end dates.

Scheduled MU Stage: 1
CQM Reporting Period Start Date: 01/01/2015
CQM Reporting Period End Date: 03/31/2015

Enter positive whole numbers for the denominator, numerator, the performance rate, exclusions, and exceptions (if applicable) for all of the Clinical Quality Measures. Zero is an acceptable CQM denominator value provided that this value was produced by CEHRT.

The Centers for Medicare & Medicaid Services (CMS) has proposed a recommended core set of CQMs which includes measures aligned with high priority health care improvement goals for Pediatricians and Adult Care providers. Clicking the applicable button below will automatically select the recommended core CQMs for the respective scope of practice. If one or more of the recommended core measures are not relevant for your scope of practice, you have the ability to de-select the irrelevant measure(s) and select alternate(s).

Select Pediatric Set | Select Adult Care Set | Clear Selection

Patient and Family Engagement CQMs		
Title	Description	Select
CMS 157: Oncology: Medical and Radiation Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	<input type="checkbox"/>
CMS 066: Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	<input type="checkbox"/>
CMS 056: Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	<input type="checkbox"/>
CMS 090: Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.	<input checked="" type="checkbox"/>

Patient Safety CQMs		
Title	Description	Select
CMS 156: Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported: (a) percentage of patients who were ordered at least one high-risk medication, and (b) percentage of patients who were ordered at least two different high-risk medications	<input checked="" type="checkbox"/>
CMS 139: Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	<input type="checkbox"/>
CMS 068: Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications name, dosage, frequency and route of administration.	<input checked="" type="checkbox"/>
CMS 132: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	<input type="checkbox"/>



Clinical Quality Measures Selection (2 of 4):

CMS 177: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	<input type="checkbox"/>
CMS 179: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.	<input type="checkbox"/>
Care Coordination CQMs		
Title	Description	Select
CMS 050: Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	<input checked="" type="checkbox"/>
Population and Public Health CQMs		
Title	Description	Select
CMS 155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported: (a) percentage of patients with height, weight, and body mass index (BMI) percentile documentation, (b) percentage of patients with counseling for nutrition, and (c) percentage of patients with counseling for physical activity.	<input type="checkbox"/>
CMS 138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	<input checked="" type="checkbox"/>
CMS 153: Chlamydia Screening for Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	<input type="checkbox"/>
CMS 117: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	<input type="checkbox"/>
CMS 147: Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	<input type="checkbox"/>
CMS 069: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters. Normal Parameters are considered: (a) age 65 years and older - BMI between 23 and 30, and (b) age 18-64 years - BMI between 18.5 and 25.	<input checked="" type="checkbox"/>
CMS 002: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.	<input checked="" type="checkbox"/>
CMS 082: Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	<input type="checkbox"/>
CMS 022: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	<input type="checkbox"/>
Efficient Use of Healthcare Resources CQMs		
Title	Description	Select
CMS 146: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	<input type="checkbox"/>
CMS 166: Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	<input checked="" type="checkbox"/>
CMS 129: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	<input type="checkbox"/>
CMS 154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	<input type="checkbox"/>



Clinical Quality Measures Selection (3 of 4):

Clinical Processes/Effectiveness CQMs		
Title	Description	Select
CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported: (a) percentage of patients who initiated treatment within 14 days of the diagnosis, and (b) percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	<input type="checkbox"/>
CMS 165: Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.	<input checked="" type="checkbox"/>
CMS 125: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
CMS 124: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	<input type="checkbox"/>
CMS 130: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>
CMS 126: Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	<input type="checkbox"/>
CMS 127: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
CMS 131: Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	<input type="checkbox"/>
CMS 123: Diabetes: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	<input type="checkbox"/>
CMS 122: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c greater than 9.0% during the measurement period.	<input type="checkbox"/>
CMS 134: Diabetes: Urine Protein Screening	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	<input type="checkbox"/>
CMS 163: Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (less than 100 mg/dL) during the measurement period.	<input type="checkbox"/>
CMS 164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	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 coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	<input type="checkbox"/>
CMS 145: Coronary Artery Disease (CAD): Beta-Blocker Therapy/Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF less than 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.	<input type="checkbox"/>
CMS 182: Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control	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 coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (less than 100 mg/dL).	<input type="checkbox"/>
CMS 135: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) less than 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	<input type="checkbox"/>
CMS 144: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) less than 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	<input type="checkbox"/>
CMS 143: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.	<input type="checkbox"/>
CMS 167: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	<input type="checkbox"/>
CMS 142: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	<input type="checkbox"/>
CMS 128: Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported: (a) percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks), and (b) percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	<input type="checkbox"/>



Clinical Quality Measures Selection (4 of 4):

CMS 141: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	<input type="checkbox"/>
CMS 140: Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	<input type="checkbox"/>
CMS 148: Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.	<input type="checkbox"/>
CMS 161: Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	<input type="checkbox"/>
CMS 136: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported: (a) percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase, and (b) percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	<input type="checkbox"/>
CMS 169: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	<input type="checkbox"/>
CMS 062: HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.	<input type="checkbox"/>
CMS 052: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	<input type="checkbox"/>
CMS 077: HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is less than 200 copies/mL.	<input type="checkbox"/>
CMS 133: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	<input type="checkbox"/>
CMS 158: Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	<input type="checkbox"/>
CMS 159: Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score greater than 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	<input type="checkbox"/>
CMS 160: Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	<input type="checkbox"/>
CMS 075: Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.	<input type="checkbox"/>
CMS 074: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	<input type="checkbox"/>
CMS 061: Preventive Care and Screening: Cholesterol Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.	<input type="checkbox"/>
CMS 064: Preventive Care and Screening: Risk-Stratified Cholesterol Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.	<input type="checkbox"/>
CMS 149: Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.	<input type="checkbox"/>
CMS 065: Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	<input type="checkbox"/>

Select the **Save & Continue** button to proceed or **MU Summary** button to return.

MU Summary

Save & Continue



Clinical Quality Measure Questionnaire – CMS 090:

MN DHS :: CMS.GOV :: Help/FAQ
Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)
Home Enrollment Documents Reconsiderations Status Manage Account Contact Us
Amber Dul Armory (NPI-100000021)
Clinical Quality Measure Questionnaire - CMS 090
(* Red asterisk indicates a required field.)
Title
CMS 090: Functional status assessment for complex chronic conditions
Description
Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.
Attestation
Complete the following information:
Numerator: Patients with patient reported functional status assessment results (e.g., VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR at least two weeks before or during the initial encounter and the follow-up encounter during the measurement year.
Denominator: Adults aged 65 years and older who had two outpatient encounters during the measurement year and an active diagnosis of heart failure.
Performance Rate: The performance rate of the measure.
Exclusions: A whole number.
*Numerator: 45 *Denominator: 55 *Performance Rate: 83.33% *Exclusions: 1
Please refer to the [CMS eCQM Library](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.
Previous MU Summary Save & Return Save & Continue

Clinical Quality Measure Questionnaire – CMS 165:

MN DHS :: CMS.GOV :: Help/FAQ
Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)
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Amber Dul Armory (NPI-100000021)
Clinical Quality Measure Questionnaire - CMS 165
(* Red asterisk indicates a required field.)
Title
CMS 165: Controlling High Blood Pressure
Description
Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.
Attestation
Complete the following information:
Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.
Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.
Performance Rate: The performance rate of the measure.
Exclusions: A whole number.
*Numerator: 78 *Denominator: 90 *Performance Rate: 90.70% *Exclusions: 4
Please refer to the [CMS eCQM Library](#) for additional information.
Select the Previous Page or MU Summary buttons to go back without saving. Select the Save & Return or Save & Continue buttons to save & proceed.
Previous MU Summary Save & Return Save & Continue



Step 3 – Summary of MU Measures – after CQM Attestation

MN DHS :: CMS.GOV :: Help/FAQ
Minnesota Department of Human Services
Minnesota EHR Incentive Program (MEIP)
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Amber Dul Armory (NPI-1000000024)

Current Enrollment Status

Program Year: 2015 Payment Year: 1
Step 1 - Registration Verification Status: **Completed** ✓
Step 2 - Volume Determination Status: **Completed** ✓
Step 3 - Meaningful Use Status: **Not Completed** ⊕
Step 4 - Payment Determination Status: **Not Completed** ⊕

Step 3 - Summary of Meaningful Use Measures

Eligible Professionals are required to attest to Meaningful Use Measures. All attestation sections must be complete prior to continuing with enrollment. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-"). After all Meaningful Use attestation information has been entered, click the "Save & Continue" button to continue the attestation process.

Scheduled MU Stage: 1
MU Reporting Period: 01/01/2015 - 03/31/2015

Meaningful Use Objectives 1-9 Summary

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each of the Meaningful Use Objective results below. Click the **Start/Modify Objectives 1-9 Attestation** button to start or modify your Meaningful Use questionnaire. Some objectives contain additional or alternate exclusions and/or reduced threshold specifications since you are scheduled to attest to Stage 1 Meaningful use in Program Year 2015.

Modify Objectives 1-9 Attestation

Meaningful Use Objective 10 - Public Health Summary

Eligible Professionals who are scheduled to be in Stage 1 in 2015 are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the **Start/Modify Objective 10 - Public Health Attestation** button to start or modify your Meaningful Use Public Health Measures questionnaire.

Exclusion of a measure does not count toward the minimum required. Instead, in order to meet this objective an EP must either a) attest to at least one Public Health measure, or b) claim applicable exclusions for all measures.

Modify Objective 10 - Public Health Attestation

Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to attest to at least 9 out of the 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the **Start/Modify Clinical Quality Measure Attestation** button to start or modify your Meaningful Use Clinical Quality Measures questionnaire.

Modify Clinical Quality Measure Attestation

A copy of the MU / CQM report generated by your Certified EHR Software is required for upload in order to continue with the Meaningful Use Attestation. Please upload a copy of your MU / CQM Report as generated by your EHR software meeting these requirements:

1. The EHR Software CEHRT number matches the attested CEHRT number.
2. The Report date and time matches the MU Reporting period.
3. The Report data values are for the attesting provider only.

Previous Save & Continue



Step 4: Payment Determination Status

EHR Payment Determination page – Review the payment determination based on information entered.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Current Enrollment Status

Program Year: 2015 Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓ Step 3 - Meaningful Use Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓ Step 4 - Payment Determination Status: **Not Completed** ⚠

Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the allowed cost for technology, funding from other sources, and provider cost responsibility. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year.

IMPORTANT NOTICE: Upon selection of Save & Continue, the system will perform a review of your attestation to determine the supporting documentation required. This process may take up to a minute to complete.

Please remain patient and DO NOT use any browser navigation functions (refresh, back arrow or forward arrow) after selection of the Save & Continue button.

Eligible Professional Payment Schedule

Payment Year	EP attesting to 30% or more patient volume	EP attesting to less than 30% patient volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

Previous | Save & Continue



Documents for Program Year

Documents for Program Year – initial display (1 of 2). If a document is required, click Upload Document. The document upload process is presented below and the following two pages are examples of Document Upload Policy for Program Year.


Minnesota Department of **Human Services**


Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-1000000024)

Documents for Program Year

Program Year: 2015 Payment Year: 1 Scheduled MU Stage: 1

Document Upload Policy for Program Year

This page contains the document requirements for your attestation. Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

Supporting Documentation – Upload Requirements

For each required document, please upload the necessary information. If you have previously uploaded the required document, you can view the status below. You are only required to upload documents that have not yet been loaded or were rejected by the Business Services representative. You may upload any/all of these documents now via the Upload Documents button next to the description. [Download Document Requirements to PDF](#)

Required Document	Document Requirements	Document Status	Action
Specialized Registry Test or Submission Document	Providers attesting to the Public Health Objective Specialized Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Specialized Registry documentation must validate the provider has successfully met the selected active engagement option: <ul style="list-style-type: none"> Active Engagement Option 1–Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Document Required	Upload Document
Additional Specialized Registry Reporting Document	Providers attesting to the Public Health Objective Specialized Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Specialized Registry documentation must validate the provider has successfully met the selected active engagement option: <ul style="list-style-type: none"> Active Engagement Option 1–Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. Active Engagement Option 3 – Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Document Required	Upload Document

Additional Documentation - Optional

This section contains the optional document categories you may upload.

Document Upload History

Below is a history of all documents you have uploaded for the program year.

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[Save & Continue](#)



Select a document for upload, indicate the PHI requirements and click Upload.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-1000000021)

Documents for Program Year: **Program Year: 2015** | **Payment Year: 1** | **Scheduled MU Stage: 1**

Document Upload Policy for Program Year
This page contains the document requirements for your attestation. Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

Supporting Documentation – Upload Requirements
For each required document, please upload the necessary information. If you have previously uploaded the required document, you can view the status below. You are only required to upload documents that have not yet been loaded or were rejected by the Business Services representative. You may upload any/all of these documents now via the Upload Documents button next to the description. [Download Document Requirements to PDF](#)

Required Document	Document Requirements	Document Status	Action
Specialized Registry Test or Submission Document	<p>Document Upload</p> <p>To upload a document, choose your document, click Browse, then locate and select your file. Once selected, click Upload to complete the upload.</p> <p>Acceptable File Formats: Microsoft Word (DOC), Microsoft Excel (XLS), Microsoft Works Word Processing (WPS), WordPerfect Document (WPD), Rich Text Format (RTF), Tagged Image File (TIF, TIFF), Portable Document Format (PDF), Text (TXT), Microsoft PowerPoint (PPT).</p> <p>(*)Red asterisk indicates a required field.</p> <p>*Program year: 2015 *Type: Specialized Registry Test or Submission Document *File: C:\David.Trotter\MI360\00 UPLOAD MI360 Browse...</p> <p>Document Upload Policy Do not upload any documents containing PHI unless expressly requested by program administrators or auditors to support payment verification activities. When uploading documents with PHI as requested with our secure file upload, the file name should begin with "PHI_".</p> <p><input checked="" type="checkbox"/> Checking this box indicates your understanding of and adherence to this policy. Contact Business Services if you have any questions.</p> <p>Upload Cancel</p>	required	Upload Document
Additional Specialized Registry Reporting Document		required	Upload Document



Click Save & Continue when all required documents have been uploaded.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Message(s)
Document uploaded successfully.

Documents for Program Year
Program Year: 2015 | Payment Year: 1 | Scheduled MU Stage: 1

Document Upload Policy for Program Year
This page contains the document requirements for your attestation. Please ensure that documents you are uploading do not contain protected health information (PHI) unless specifically requested as part of the document requirements.

Supporting Documentation - Upload Requirements
For each required document, please upload the necessary information. If you have previously uploaded the required document, you can view the status below. You are only required to upload documents that have not yet been loaded or were rejected by the Business Services representative. You may upload any/all of these documents now via the Upload Documents button next to the description. [Download Document Requirements to PDF](#)

Required Document	Document Requirements	Document Status	Action
Specialized Registry Test or Submission Document	Providers attesting to the Public Health Objective Specialized Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Specialized Registry documentation must validate the provider has successfully met the selected active engagement option: <ul style="list-style-type: none"> Active Engagement Option 1-Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Complete - Pending Review	Upload Document
Additional Specialized Registry Reporting Document	Providers attesting to the Public Health Objective Specialized Registry Measure are required to upload documentation to support testing or actual data transmission conducted with the registry. Acceptable Specialized Registry documentation must validate the provider has successfully met the selected active engagement option: <ul style="list-style-type: none"> Active Engagement Option 1-Completed Registration to Submit Data: The provider registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the provider is awaiting an invitation from the PHA to begin testing and validation. Active Engagement Option 2 - Testing and Validation: The provider is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or within 30 days. Active Engagement Option 3 - Production: The provider has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA. 	Complete - Pending Review	Upload Document

Additional Documentation - Optional
This section contains the optional document categories you may upload.

Document Upload History
Below is a history of all documents you have uploaded for the program year.

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Below, the bottom sections of the Documents page are shown expanded.

Additional Documentation - Optional

This section contains the optional document categories you may upload.

Additional Document	Document Status	Action
Select <input type="text" value="Select"/>	On Demand	Upload Document

Document Upload History

Below is a history of all documents you have uploaded for the program year.

Document	Document ID	Upload User	Upload Date	Document Status	Action
Immunization Registries Test or Submission Document	48952	Provider	03/11/2016 03:03:02 PM EST	Complete – Pending Review	View Document
Security Risk Analysis	48951	Provider	03/11/2016 03:02:50 PM EST	Complete – Pending Review	View Document
Provider MU Summary Report - 90 days	48950	Provider	03/11/2016 03:02:39 PM EST	Complete – Pending Review	View Document
MU Year 1 - Verify CEHRT	48949	Provider	03/11/2016 03:02:28 PM EST	Complete – Pending Review	View Document
Attested PV Exceeds MMIS Threshold	48948	Provider	03/11/2016 03:02:19 PM EST	Complete – Pending Review	View Document
Additional Specialized Registry Reporting Document	48947	Provider	03/11/2016 03:02:08 PM EST	Complete – Pending Review	View Document
Specialized Registry Test or Submission Document	48946	Provider	03/11/2016 03:01:58 PM EST	Complete – Pending Review	View Document

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Enrollment Summary

Enrollment Summary – Review all information entered. Each of the individual sections on the Enrollment Summary page can be expanded for further review. Examples of the expanded pages are shown below.

The screenshot shows the Minnesota Department of Human Services website for the Minnesota EHR Incentive Program (MEIP). The user is logged in as Amber Dul Armory (NPI-1000000021). The page displays the enrollment summary for Program Year 2015 and Payment Year 1. A red message prompts the user to review the summary and click the Continue button. The enrollment process is at Step 1 - Provider Registration Verification. The summary is divided into four sections: National Provider Information, State Provider Information, Group Practice, and Payee Assignment.

National Provider Information	
Name:	Amber Dul Armory
Provider Type:	Nurse Practitioner
Provider Specialty:	NURSE PRACTITIONER
Address:	21 EP Lane, Suite 1000000021 Minneapolis, MN 50021-1562
Phone #:	(800) 333-1234 Ext: 1234
Tax ID:	*****0021
NPI:	1000000021
CMS Confirmation #:	*****0021

State Provider Information	
Hospital Based:	No
Pediatrician:	No
Practices in FQHC or RHC:	No

Group Practice	
Reporting as Group:	No
Group Enroller:	
Group Medicaid ID:	
Group Name:	
Group Address:	
Group TIN:	
Group NPI:	
Group Member:	

Payee Assignment	
Payee ID:	358628100
Payee Name:	EP Payee 6
Payee Address:	EP Payee Route 6, Suite 6 Minneapolis, MN 50052
Payee TIN:	*****0006
Payee NPI:	3000000006



Enrollment Summary – continued.

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:
Reporting Period: 06/01/2015 - 08/31/2015
Out-of-State Encounters Attestation:
Out-Of-State Encounters: Yes
OOS Selected States/Territories: Iowa, North Dakota, South Dakota, Wisconsin
Patient Volume Attestation Method: Individual

Name	Address	Phone #	Location Type	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State Encounters	Total Encounters	Patient Volume Percentage
Amber Armory	21 EP Lane, Suite 1000000021 Minneapolis, MN 50061		Individual	Yes	121	5	345	37%
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Group	Yes	55	11	115	57%
Totals:					176	16	460	42%

Step 3 - Meaningful Use

Eligible Professionals (EPs) are required to attest to all practice locations with or without CEHRT and Meaningful Use Objectives. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

+ Certified EHR Information
Review and verify the attested practice locations and associated Certified EHR Technology information below.

+ Meaningful Use Objectives 1-9 Summary
Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Objective result below. Click the View Objective Icon to view all attestation details.

+ Meaningful Use Objective 10 - Public Health Summary
Eligible Professionals are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.

+ Meaningful Use Clinical Quality Measure Summary
Eligible Professionals are required to attest to at least 9 out of 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP attesting to 30% or more patient volume	EP attesting to less than 30% patient volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

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Certified EHR Information Section expanded

Step 3 - Meaningful Use

Eligible Professionals (EPs) are required to attest to all practice locations with or without CEHRT and Meaningful Use Objectives. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

Certified EHR Information

Review and verify the attested practice locations and associated Certified EHR Technology information below.

Eligible Professional Practice Locations

Name	Address	Phone #	EHR	CMS EHR Cert ID #	Encounters
Amber Armory	21 EP Lane, Suite 100000021 Minneapolis, MN 50061		Yes	A014E01GYYZYEA V 115	
Amber Armory Private Office	123 Main Street, Suite 1 Minneapolis, MN 50062	(213) 123-1234 Ext #123	No		25
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Yes	A014E01KFE1HEAB 53	
Totals:					193

EHR Reporting Period Start Date: 01/01/2015
EHR Reporting Period End Date: 03/31/2015

Percent of Patient Encounters that Occurred at Sites with Certified EHR Technology:
 Numerator Denominator Actual

Objectives 1-9 expanded (1 of 2)

Meaningful Use Objectives 1-9 Summary

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Objective result below. Click the View Objective Icon to view all attestation details.

Objective	Measure	Entered	Result	Action
Objective 1: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.	Measure 1: Implement one clinical decision support rule.	Yes	Passed	
Objective 2: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. An EP must satisfy both measures.	Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Yes	Passed	
Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 1: Option 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using computerized provider order entry. OR Option 2: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 131 Denominator: 367 Actual: 35.69%	Passed	
Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.	Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator: 38 Denominator: 98 Actual: 38.78%	Passed	



Objectives 1-9 expanded (2 of 2)

<p>Objective 3: Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines. An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.</p>	<p>Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Numerator: 46 Denominator: 87 Actual: 52.87%</p>	<p>Passed </p>
<p>Objective 4: Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>	<p>Numerator: 83 Denominator: 201 Actual: 41.29%</p>	<p>Passed </p>
<p>Objective 5: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>The EP that transitions or refers their patient to another setting of care or provider of care must:</p> <ol style="list-style-type: none"> 1. Use CEHRT to create a summary of care record; and 2. Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals. 	<p>Numerator: 19 Denominator: 21 Actual: 90.48%</p>	<p>Passed </p>
<p>Objective 6: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</p>	<p>Numerator: 48 Denominator: 72 Actual: 66.67%</p>	<p>Passed </p>
<p>Objective 7: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</p>	<p>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.</p>	<p>Numerator: 94 Denominator: 101 Actual: 93.07%</p>	<p>Passed </p>
<p>Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.</p>	<p>Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</p>	<p>Numerator: 112 Denominator: 132 Actual: 84.85%</p>	<p>Passed </p>
<p>Objective 8: Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective.</p>	<p>Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p>	<p>Numerator: 89 Denominator: 132 Actual: 67.42%</p>	<p>Passed </p>
<p>Objective 9: Use secure electronic messaging to communicate with patients on relevant health information.</p>	<p>The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.</p>	<p>Yes</p>	<p>Passed </p>



Objective 10 Public Health expanded

Meaningful Use Objective 10 - Public Health Summary				
Eligible Professionals are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.				
Objective 10 - Public Health Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 1: The EP is in active engagement with a public health agency to submit immunization data.		Passed	
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 2: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		Passed	
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3: The EP is in active engagement to submit data to a specialized registry.		Passed	
Objective 10 - Additional Measures				
Objective	Measure	Entered	Result	Action
Objective 10: The Eligible Professional is in active engagement with a public health agency (PHA) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Measure 3 - Second Specialized Registry: The EP is in active engagement to submit data to a second specialized registry.		Passed	



CQMs expanded (1 of 4):

Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to at least 9 out of 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

QCM Reporting Period: 01/01/2015 - 03/31/2015

Patient and Family Engagement CQMs

Title	Description	Entered	Result	Action
CMS 157: Oncology: Medical and Radiation Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.		Deferred	
CMS 066: Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.		Deferred	
CMS 056: Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.		Deferred	
CMS 090: Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.	Numerator: 45 Denominator: 55 Performance Rate: 83.33% Exclusions: 1	Completed	

Patient Safety CQMs

Title	Description	Entered	Result	Action
CMS 156: Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported: (a) percentage of patients who were ordered at least one high-risk medication, and (b) percentage of patients who were ordered at least two different high-risk medications	Numerator 1: 21 Denominator 1: 45 Performance Rate 1: 46.67% Numerator 2: 19 Denominator 2: 32 Performance Rate 2: 59.38%	Completed	
CMS 139: Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.		Deferred	
CMS 068: Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications name, dosage, frequency and route of administration.	Numerator: 101 Denominator: 128 Performance Rate: 80.16% Exception: 2	Completed	
CMS 132: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.		Deferred	
CMS 177: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.		Deferred	
CMS 179: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.		Deferred	

Care Coordination CQMs

Title	Description	Entered	Result	Action
CMS 050: Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Numerator: 22 Denominator: 24 Performance Rate: 91.67%	Completed	

Population and Public Health CQMs

Title	Description	Entered	Result	Action
CMS 155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported: (a) percentage of patients with height, weight, and body mass index (BMI) percentile documentation, (b) percentage of patients with counseling for nutrition, and (c) percentage of patients with counseling for physical activity.		Deferred	



CQMs expanded (2 of 4):

CMS 138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Numerator: 86 Denominator: 102 Performance Rate: 87.76% Exception: 4	Completed	
CMS 153: Chlamydia Screening for Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.		Deferred	
CMS 117: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.		Deferred	
CMS 147: Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.		Deferred	
CMS 069: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters. Normal Parameters are considered: (a) age 65 years and older - BMI between 23 and 30, and (b) age 18-64 years - BMI between 18.5 and 25.	Numerator 1: 47 Denominator 1: 121 Performance Rate 1: 39.17% Exclusion 1: 1 Numerator 2: 42 Denominator 2: 101 Performance Rate 2: 41.58% Exclusion 2: 0	Completed	
CMS 002: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.	Numerator: 12 Denominator: 108 Performance Rate: 11.32% Exclusions: 2 Exception: 0	Completed	
CMS 082: Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.		Deferred	
CMS 022: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.		Deferred	
Efficient Use of Healthcare Resources CQMs				
Title	Description	Entered	Result	Action
CMS 146: Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.		Deferred	
CMS 166: Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Numerator: 39 Denominator: 68 Performance Rate: 57.35% Exclusions: 0	Completed	
CMS 129: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.		Deferred	
CMS 154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.		Deferred	
Clinical Processes/Effectiveness CQMs				
Title	Description	Entered	Result	Action
CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported: (a) percentage of patients who initiated treatment within 14 days of the diagnosis, and (b) percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.		Deferred	
CMS 165: Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.	Numerator: 78 Denominator: 90 Performance Rate: 90.70% Exclusions: 4	Completed	
CMS 125: Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.		Deferred	



CQMs expanded (3 of 4):

CMS 124: Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Deferred
CMS 130: Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Deferred
CMS 126: Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Deferred
CMS 127: Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Deferred
CMS 131: Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	Deferred
CMS 123: Diabetes: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Deferred
CMS 122: Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c greater than 9.0% during the measurement period.	Deferred
CMS 134: Diabetes: Urine Protein Screening	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	Deferred
CMS 163: Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (less than 100 mg/dL) during the measurement period.	Deferred
CMS 164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	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 coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	Deferred
CMS 145: Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF less than 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.	Deferred
CMS 182: Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control	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 coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (less than 100 mg/dL).	Deferred
CMS 135: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) less than 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	Deferred
CMS 144: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) less than 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	Deferred
CMS 143: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.	Deferred
CMS 167: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Deferred
CMS 142: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Deferred
CMS 128: Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported: (a) percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks), and (b) percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Deferred



CQMs expanded (4 of 4):

CMS 141: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Deferred
CMS 140: Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Deferred
CMS 148: Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.	Deferred
CMS 161: Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	Deferred
CMS 136: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported: (a) percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase, and (b) percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Deferred
CMS 169: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Deferred
CMS 062: HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.	Deferred
CMS 052: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	Deferred
CMS 077: HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is less than 200 copies/mL.	Deferred
CMS 133: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Deferred
CMS 158: Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Deferred
CMS 159: Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score greater than 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Deferred
CMS 160: Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Deferred
CMS 075: Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.	Deferred
CMS 074: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Deferred
CMS 061: Preventive Care and Screening: Cholesterol Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.	Deferred
CMS 064: Preventive Care and Screening: Risk-Stratified Cholesterol Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.	Deferred
CMS 149: Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.	Deferred
CMS 065: Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Deferred



Agree to Attestation Statements

Attestation Statements page – Click Agree & Continue.

The screenshot shows the 'Attestation Statements' page for Amber Dul Armory (NPI-100000021). The page header includes the Minnesota Department of Human Services logo and the MEIP title. A navigation bar contains links for Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The main content area is titled 'Attestation Statements' and contains the following text:

Review each attestation statement below and select the Agree button to attest and continue the enrollment submission process. If you Disagree, the enrollment submission process will stop and you will be navigated to the Home Page.

- The information submitted for Clinical Quality Measures (CQMs) was generated as output from an identified Certified EHR Technology.
- The information submitted is accurate to the knowledge and belief of the Eligible Professional (EP).
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the Eligible Professional (EP).
- The information submitted includes information on all patients to whom the measures apply.
- For Clinical Quality Measures (CQMs): If zero was reported in the denominator of a measure, then an EP did not care for any patients in the denominator or population during the EHR reporting period.

At the bottom of the page are three buttons: 'Previous', 'Agree & Continue', and 'Disagree'.

Legal Notice Review

Review the legal notice –

- Enter your Electronic Signature. Note that the signature must be the **full name** of the person completing the attestation. If you are attesting on behalf of someone else, enter *your* full name, not the name of the provider.
- Click **Agree & Continue** (unless you do not agree to the terms).

The screenshot shows the 'Legal Notice' page for Amber Dul Armory (NPI-100000021). The page header is identical to the previous screenshot. The main content area is titled 'Legal Notice' and contains the following sections:

General Notice

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

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the Minnesota EHR Incentive Program incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I have not requested additional Medicaid EHR Incentive Program incentive payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my EHR system and all records that are necessary to demonstrate that I met the Minnesota EHR Incentive Program requirements including federal requirements 42 CFR Part 495.204(e)(3), for no less than six years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff as requested by the Minnesota Department of Human Services, or other agents working on their behalf.

Eligible Professionals Only: I hereby agree that, if applicable, any assignment of payment, where permissible under law, must be made to an active Minnesota Health Care Programs (MHCP) Provider in good standing with an active Provider Agreement and who is an employer or entity with which I have a valid contractual arrangement allowing the employer or entity to bill and receive payment for my covered professional services.

No Minnesota EHR Incentive Program payment may be issued unless this registration form is completed as required by existing law and regulations and payment is authorized by the state, or an agent of the state.

I understand that this application is subject to audit and that the payment calculation amount shown to me in this application is subject to change based upon audit findings. I will comply with all audit recoveries within 30 days of written notification from the state of a final audit recovery.



Legal Notice (continued)

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

ROUTINE USE(S): Information from this Minnesota EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Minnesota EHR Incentive Program.

DISCLOSURES: Failure to provide information will result in delay in payment or may result in denial of the Minnesota EHR Incentive payment. Failure to furnish information will prevent the Minnesota EHR Incentive Program payment from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of the Minnesota EHR Incentive Program payments indicate by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Department of Human Services within 60 days of its discovery.

I agree that the Minnesota Department of Human Services can through offsets, recoupment, adjustments, or other collection methods apply Minnesota EHR Incentive Program payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Minnesota Department of Human Services, state, county or local governments, Department of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Minnesota Department of Human Services in its collection efforts, including executing any documents to effect or implement such offsets, recoupment, adjustments, or other collection methods.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

I hereby certify that I have the legal authority to sign this Legal Notice.

If you agree, electronically sign your name below, enter your CMS Registration ID and click the Agree and Continue button to proceed.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. (42 CFR 495.368 (b)(1)).

Amber D. Armory

*Electronic Signature - Full Name of Authorizing Official

*CMS Registration ID

Previous

Agree & Continue

Disagree

Submit Enrollment

To submit your enrollment: Click the Confirm & Submit button.

MN DHS :: CMS.GOV :: Help/FAQ

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Submit Enrollment

IMPORTANT NOTICE: To complete your enrollment, please select the Confirm & Submit button. Upon selection of Confirm & Submit, the system will perform a series of program validations to verify the completeness of your attestation. This process may take up to a few minutes to complete due to verification with external systems.

Please remain patient and DO NOT use any browser navigation functions (refresh, back arrow or forward arrow) after selection of the Confirm & Submit button.

Name: Amber Dul Armory
Provider Type: Nurse Practitioner
Provider Specialty: NURSE PRACTITIONER
Address: 21 EP Lane, Suite 1000000021
Minneapolis, MN 50021 -1562
Tax ID: *****0021(SSN)
NPI: 1000000021
Program Year: 2015
Payment Year: 1

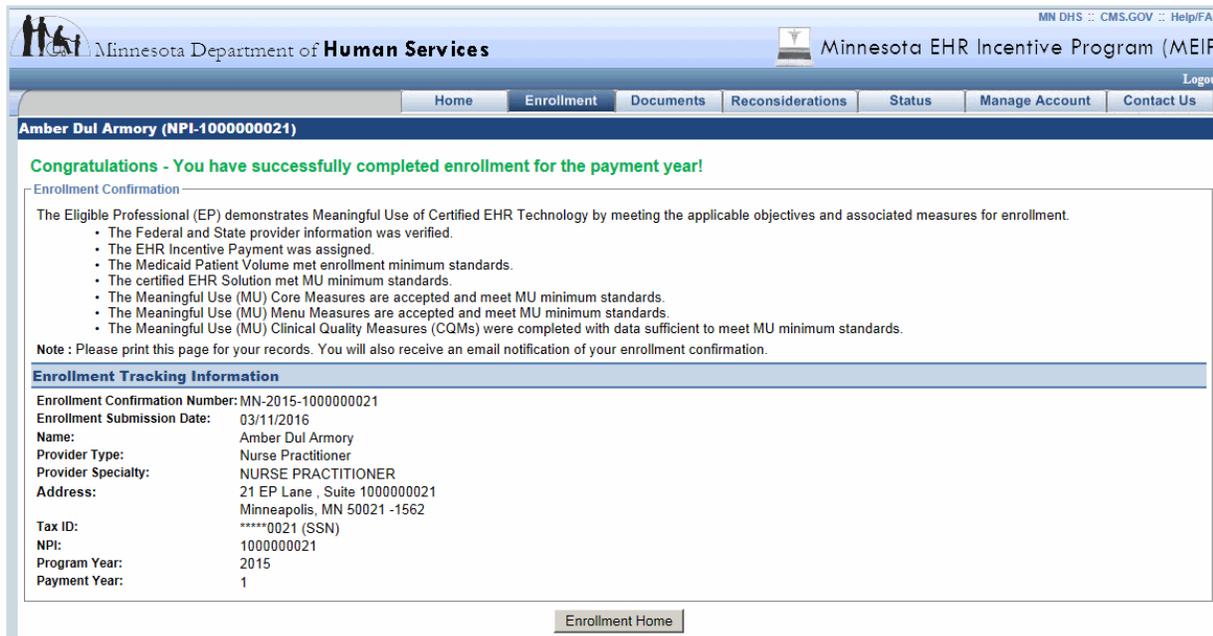
Previous Confirm & Submit



It is *essential* to click the Confirm & Submit button in order to process the enrollment and avoid payment delays.

Note: All information is subject to audit at any time, and the eligible professional must maintain supporting documentation for six years. If selected for an audit, the applicant must be able to supply supporting documentation for AIU and MU.

Submit Enrollment – Congratulations! Enrollment has been completed and submitted for review. Click Enrollment Home to review your enrollment status.



The screenshot shows the Minnesota Department of Human Services website for the Minnesota EHR Incentive Program (MEIP). The user is logged in as Amber Dul Armory (NPI-1000000021). The page displays a green confirmation message: "Congratulations - You have successfully completed enrollment for the payment year!". Below this, under "Enrollment Confirmation", it states that the Eligible Professional (EP) demonstrates Meaningful Use of Certified EHR Technology by meeting applicable objectives and associated measures for enrollment. A list of bullet points details the verification of federal and state provider information, assignment of EHR Incentive Payment, meeting of Medicaid Patient Volume and certified EHR Solution minimum standards, and acceptance of Meaningful Use (MU) Core Measures, Menu Measures, and Clinical Quality Measures (CQMs). A note advises the user to print the page and receive an email notification. The "Enrollment Tracking Information" section provides the following details:

Enrollment Confirmation Number:	MN-2015-1000000021
Enrollment Submission Date:	03/11/2016
Name:	Amber Dul Armory
Provider Type:	Nurse Practitioner
Provider Specialty:	NURSE PRACTITIONER
Address:	21 EP Lane, Suite 1000000021 Minneapolis, MN 50021 -1562
Tax ID:	*****0021 (SSN)
NPI:	1000000021
Program Year:	2015
Payment Year:	1

An "Enrollment Home" button is located at the bottom of the page.



Enrollment Home – Submitted for Review

MN DHS :: CMS.GOV :: Help/FAQ
Minnesota Department of Human Services
Minnesota EHR Incentive Program (MEIP)
Logout

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Amber Dul Armory (NPI-1000000021)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
 - Enroll for the Minnesota EHR Incentive program
- Modify**
 - Modify or continue an existing enrollment
- View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professionals can choose to attest to Adopt, Implement or Upgrade (AIU) or Meaningful Use (MU) for payment year 1. Meaningful Use attestation is required for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Amber Dul Armory	1000000021	*****0021	*****0021	2015	1	Submitted for Review	View Status
Amber Dul Armory	1000000021	*****0021	*****0021	2014	1	Expired	View Status
Amber Dul Armory	1000000021	*****0021	*****0021	2013	1	Expired	View Status
Amber Dul Armory	1000000021	*****0021	*****0021	2012	1	Expired	View Status

Entering and Reviewing Reconsiderations

To enter or review reconsiderations:

- Click the **Reconsiderations** tab.
- Click **Request Reconsideration** to enter a new Reconsideration.

Initial Reconsiderations

MN DHS :: CMS.GOV :: Help/FAQ
Minnesota Department of Human Services
Minnesota EHR Incentive Program (MEIP)
Logout

Home Enrollment Documents Reconsiderations Status Manage Account Contact Us

Amber Dul Armory (NPI-1000000021)

Reconsiderations

The following table lists the current and historical Requests for Reconsiderations initiated for your Minnesota EHR Incentive Program. From this home page, you can perform the following:

- Click the "Request Reconsideration" button to initiate a request for reconsideration. From the next screen, you will be able to choose the Category, Type, provide a description, and upload any necessary documentation to support the Request for Reconsideration.
- Click the "View Details" button to view the reconsideration details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your Request for Reconsideration. You can only withdraw a Request for Reconsideration when the status is "In-Progress" or "Unassigned".

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
Request Reconsideration								



New Reconsideration – Select and enter Reconsideration Information, then click Submit.

The screenshot shows the 'New Reconsideration' form in the MEIP system. The user is Amber Dul Army (NPI-100000021). The form includes the following fields:

- Category:** Eligibility Determination
- Type:** Review Response
- Program Year:** 2015
- Payment Year:** 1
- Description:** Please evaluate provider qualifications for eligibility determination for the 2015 enrollment.

Buttons for 'Cancel' and 'Submit' are located at the bottom of the form.

Reconsideration Status – Review the Reconsideration Information. Click Upload Document if there is documentation to substantiate a requested Reconsideration. Click Previous to return to the Reconsiderations page.

The screenshot shows the 'Reconsideration Status' page for Amber Dul Army (NPI-100000021). The page displays the following information:

- Reconsideration ID:** 6
- Category:** Eligibility Determination
- Type:** Review Response
- Program Year:** 2015
- Payment Year:** 1
- Status:** Unassigned
- Date Initiated:** 03/11/2016
- Description:** Please evaluate provider qualifications for eligibility determination for the 2015 enrollment.

Buttons for 'Previous' and 'Upload Document' are located at the bottom of the page.



Reconsiderations Document Upload – You may be required to upload documentation supporting the requested Reconsideration.

Document Upload

To upload a document, choose your document, click Browse, then locate and select your file. Once selected, click Upload to complete the upload.

Acceptable File Formats: Microsoft Word (DOC), Microsoft Excel (XLS), Microsoft Works Word Processing (WPS), WordPerfect Document (WPD), Rich Text Format (RTF), Tagged Image File (TIF, TIFF), Portable Document Format (PDF), Text (TXT), Microsoft PowerPoint (PPT).

(*)Red asterisk indicates a required field.

*Program year: 2015

*Type: Reconsideration/Appeal Supporting Documentation

*File: C:\David.Trotter\MI360\00 UPLOAD MI360

*Document Description: Supporting documentation for reconsideration.

Document Upload Policy

Do not upload any documents containing PHI unless expressly requested by program administrators or auditors to support payment verification activities. When uploading documents with PHI as requested with our secure file upload, the file name should begin with "PHI_".

Checking this box indicates your understanding of and adherence to this policy. Contact Business Services if you have any questions.

Upload Cancel

Reconsiderations – The newly requested Reconsideration. Note that at this time, the Reconsideration has not yet been processed. It shows a Reconsideration Status of Unassigned and a blank Reconsideration Decision.

Reconsiderations

The following table lists the current and historical Requests for Reconsiderations initiated for your Minnesota EHR Incentive Program. From this home page, you can perform the following:

- Click the "Request Reconsideration" button to initiate a request for reconsideration. From the next screen, you will be able to choose the Category, Type, provide a description, and upload any necessary documentation to support the Request for Reconsideration.
- Click the "View Details" button to view the reconsideration details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your Request for Reconsideration. You can only withdraw a Request for Reconsideration when the status is "In-Progress" or "Unassigned".

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
6	2015	1	Eligibility Determination	Review Response	03/11/2016		Unassigned	Withdraw View Details

Request Reconsideration



Reconsiderations – The Reconsideration is In-Progress (Reconsideration Decision remains blank). Notice that the Withdraw command is still visible, indicating that the provider still has the option to withdraw the Reconsideration.

Reconsiderations

The following table lists the current and historical Requests for Reconsiderations initiated for your Minnesota EHR Incentive Program. From this home page, you can perform the following:

- Click the "Request Reconsideration" button to initiate a request for reconsideration. From the next screen, you will be able to choose the Category, Type, provide a description, and upload any necessary documentation to support the Request for Reconsideration.
- Click the "View Details" button to view the reconsideration details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your Request for Reconsideration. You can only withdraw a Request for Reconsideration when the status is "In-Progress" or "Unassigned".

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
6	2015	1	Eligibility Determination	Review Response	03/11/2016		In-Progress	Withdraw View Details

[Request Reconsideration](#)

Reconsiderations – The Reconsideration has been resolved (Reconsideration Decision showing Approved). Notice that the Withdraw command is no longer available as a provider option. Click View Details.

Reconsideration ID	Program Year	Payment Year	Category	Type	Initiated Date	Decision Date	Status	Decision Action
6	2015	1	Eligibility Determination	Review Response	03/11/2016	03/14/2016	Resolved	Approved View Details

[Request Reconsideration](#)

Reconsiderations Status – The details of the Reconsideration and the Approval.

Minnesota Department of Human Services | Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Reconsideration Status

The details for your Request for Reconsideration are listed below. You may upload additional supporting documentation by clicking the 'Upload Document' button below.

Reconsideration Information

Reconsideration ID: 6
 Category: Eligibility Determination
 Type: Review Response
 Program Year: 2015
 Payment Year: 1
 Status: Resolved
 Date Initiated: 03/11/2016
 Description: Please evaluate provider qualifications for eligibility determination for the 2015 enrollment.
 Escalated:
 Escalation Description:
 Resolved: 03/14/2016

Resolution Information

Decision: Approved
 Date of Decision: 03/14/2016
 Decision Summary: After review, your reconsideration has been approved.
 State Disposition:
 State Disposition Date:
 State Summary:

[Previous](#) [Upload Document](#)



Reconsiderations – Documents – If the provider uploaded supporting documentation during the submission of the Reconsideration, it would be listed in the Documents section. Here the provider has clicked on the Documents tab and listed the documents for Program Year 2015. The Reconsideration document is the first one listed.

The screenshot shows the Minnesota Department of Human Services' MEIP web application. The user is logged in as Amber Dul Armory (NPI-1000000021). The interface includes a navigation menu with tabs for Home, Enrollment, Documents, Reconsiderations, Status, Manage Account, and Contact Us. The 'Documents' tab is active, displaying a summary for Program Year 2015, Payment Year 1, and Scheduled MU Stage 1. Below this, a table lists various documents uploaded on behalf of the user, including Reconsideration/Appeal Supporting Documentation, EP Signed Legal Page, Immunization Registries Test or Submission Document, Security Risk Analysis, Provider MU Summary Report, MU Year 1 - Verify CEHRT, Attested PV Exceeds MMIS Threshold, Additional Specialized Registry Reporting Document, and Specialized Registry Test or Submission Document. Each row includes the document name, ID, whether it is required, the upload user, the upload date, the document status, and a 'View Document' button.

Document	Document ID	Required?	Upload User	Upload Date	Document Status	Action
Reconsideration/Appeal Supporting Documentation	48954	No	1000000021	03/11/2016 04:07:02 PM EST	Complete – Pending Review	View Document
EP Signed Legal Page	48953	No	System	03/11/2016 03:34:10 PM EST	System Accepted	View Document
Immunization Registries Test or Submission Document	48952	Yes	1000000021	03/11/2016 03:03:02 PM EST	Complete – Pending Review	View Document
Security Risk Analysis	48951	Yes	1000000021	03/11/2016 03:02:50 PM EST	Complete – Pending Review	View Document
Provider MU Summary Report - 90 days	48950	Yes	1000000021	03/11/2016 03:02:39 PM EST	Complete – Pending Review	View Document
MU Year 1 - Verify CEHRT	48949	Yes	1000000021	03/11/2016 03:02:28 PM EST	Complete – Pending Review	View Document
Attested PV Exceeds MMIS Threshold	48948	Yes	1000000021	03/11/2016 03:02:19 PM EST	Complete – Pending Review	View Document
Additional Specialized Registry Reporting Document	48947	Yes	1000000021	03/11/2016 03:02:08 PM EST	Complete – Pending Review	View Document
Specialized Registry Test or Submission Document	48946	Yes	1000000021	03/11/2016 03:01:58 PM EST	Complete – Pending Review	View Document



Review Your Enrollment Status

To review your enrollment status, click the **Status** tab.

Status Summary Home – To review the Enrollment Summary for any program year, click View Details for that Program Year. The result will be the Enrollment Summary page as shown below in Enrollment Summary.

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

Home Enrollment Documents Reconsiderations **Status** Manage Account Contact Us

Amber Dul Armory (NPI-1000000021)

Status Summary Home
The following sections outline the current and historical events in the Minnesota EHR Incentive Program.

Provider Information

Name: Amber Dul Armory
 Provider Type: Nurse Practitioner
 Provider Specialty: NURSE PRACTITIONER
 Address: 21 EP Lane, Suite 1000000021
 Minneapolis, MN 50021-1562
 Phone #: (888) 555-0021 Ext:
 Tax ID: *****0021
 NPI: 1000000021
 CMS Registration ID: *****0021

Status Summary
Select View Details button below to see the complete details for each of your enrollments.

Program Year	Year	Status	Submitted Date	Patient Volume	AIU/MU Met	Payment Issued Date	Payment Amount	Action
2015	1	Submitted for Review	03/11/2016	42%	Yes	---	\$0.00	View Details
2014	1	Expired	---	---	No	---	\$0.00	View Details
2013	1	Expired	---	---	No	---	\$0.00	View Details
2012	1	Expired	---	---	No	---	\$0.00	View Details

Total Amount Paid: \$0.00

You can begin or continue the enrollment process via the [Enrollment](#) home page.



Enrollment Summary (1 of 2) – On the Enrollment Summary page, the provider can expand any of the pertinent sections for further review.

Minnesota Department of Human Services Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-1000000021)

Enrollment Summary
Program Year: 2015 Enrollment Confirmation Number: MN-2015-1000000021 Ineligibility Reason: N/A
Payment Year: 1 Enrollment Status: Submitted for Review Enrollment Submission Date: 03/11/2016
Download Enrollment Data to PDF

Step 1 - Provider Registration Verification

National Provider Information

Name: Amber Dul Armory
Provider Type: Nurse Practitioner
Provider Specialty: NURSE PRACTITIONER
Address: 21 EP Lane, Suite 1000000021
Minneapolis, MN 50021-1562
Phone #: (800) 333-1234 Ext:
Tax ID: *****0021
NPI: 1000000021
CMS Registration ID: *****0021

State Provider Information

Hospital Based: No
Pediatrician: No
Practices in FQHC or RHC: No

Group Practice

Reporting as Group: No
Group Enroller:
Group Name:
Group TIN:
Group NPI:
Group Member:

Payee Assignment

Payee ID: 358628100
Payee Name: EP Payee 6
Payee Address: EP Payee Route 6, Suite 6
Minneapolis, MN 50052
Payee TIN: *****0006
Payee NPI: 3000000006



Enrollment Summary (2 of 2)

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:
Reporting Period: 06/01/2015 - 08/31/2015

Out-of-State Encounters Attestation:
Out-Of-State Encounters: Yes
OOS Selected States/Territories: Iowa, North Dakota, South Dakota, Wisconsin

Patient Volume Attestation Method: Individual

Name	Address	Phone #	Location Type	CEHRT In Current Yr?	Medicaid Encounters	Out-of-State Encounters	Total Encounters	Patient Volume Percentage
Amber Army	21 EP Lane, Suite 1000000021 Minneapolis, MN 50061		Individual	Yes	121	5	345	37%
MN Group Practice 1	1 Group Lane, Suite 1 Minneapolis, MN 50050		Group	Yes	55	11	115	57%
Totals:					176	16	460	42%

Step 3 - Meaningful Use

Eligible Professionals (EPs) are required to attest to all practice locations with or without CEHRT and Meaningful Use Objectives. To view the detailed summary for each category of Meaningful Use objectives/measures, please click the Expand Icon ("+"). To collapse the objective/measure details, click the Collapse Icon ("-").

+ Certified EHR Information

Review and verify the attested practice locations and associated Certified EHR Technology information below.

+ Meaningful Use Objectives 1-9 Summary

Eligible Professionals are required to attest to all Modified Stage 2 Meaningful Use Objectives. Review and verify each Meaningful Use Objective result below. Click the View Objective Icon to view all attestation details.

+ Meaningful Use Objective 10 - Public Health Summary

Eligible Professionals are required to attest to at least one Modified Stage 2 Meaningful Use Public Health Measure. Review and verify each Meaningful Use Public Health Measure result below. Click the View Measure Icon to view all measure attestation details.

+ Meaningful Use Clinical Quality Measure Summary

Eligible Professionals are required to at least 9 out of 64 Meaningful Use Clinical Quality Measures, and must select at least one measure in three of the six National Quality Strategy (NQS) domains. Review and verify each Meaningful Use Clinical Quality Measure result below. Click the View Measure Icon to view all measure attestation details.

Step 4 - EHR Payment Determination

For all Eligible Professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Minnesota EHR Incentive payment amount you could receive based on your current payment year.

Eligible Professional Payment Schedule

Payment Year	EP attesting to 30% or more patient volume	EP attesting to less than 30% patient volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

EHR Incentive Payment Details

Payment Method	Payee Medicaid ID	Payment Address	Payment Issued Date	Payment Amount
----------------	-------------------	-----------------	---------------------	----------------

Previous

Enrollments Home

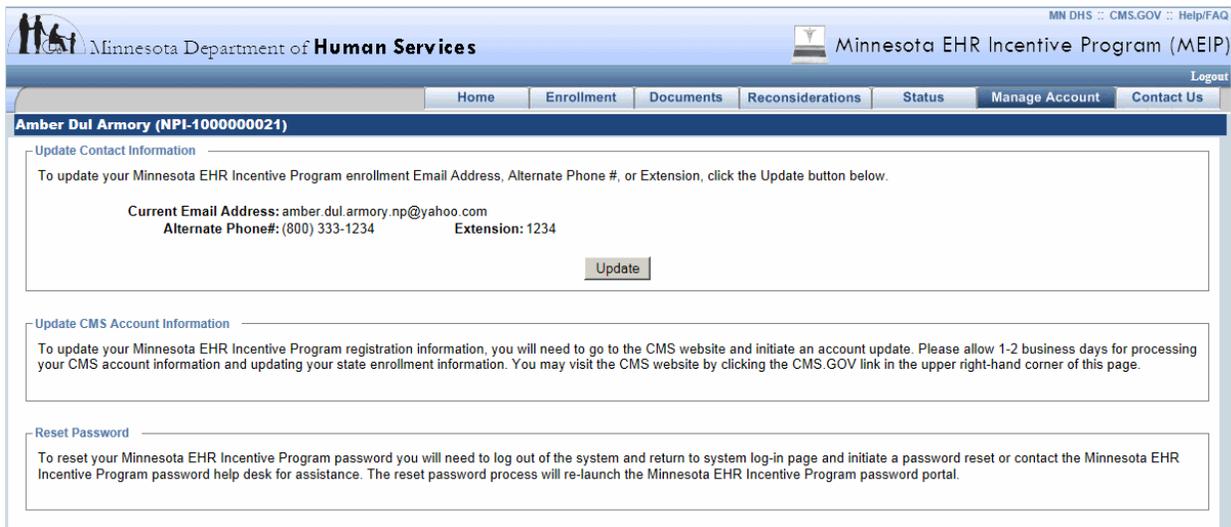


Manage Your Account

To manage your account:

- Click the **Manage Account** tab.
- Click **Update** to change contact information.

Update Contact Information – Click Update to modify your current email address or alternative phone number or extension.



MN DHS :: CMS.GOV :: Help/FAQ

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

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Amber Dul Armory (NPI-100000021)

Update Contact Information

To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Update button below.

Current Email Address: amber.dul.armory.np@yahoo.com
Alternate Phone#: (800) 333-1234 **Extension:** 1234

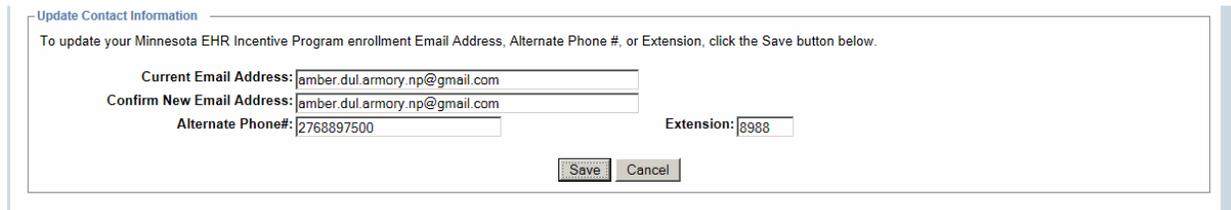
Update CMS Account Information

To update your Minnesota EHR Incentive Program registration information, you will need to go to the CMS website and initiate an account update. Please allow 1-2 business days for processing your CMS account information and updating your state enrollment information. You may visit the CMS website by clicking the CMS.GOV link in the upper right-hand corner of this page.

Reset Password

To reset your Minnesota EHR Incentive Program password you will need to log out of the system and return to system log-in page and initiate a password reset or contact the Minnesota EHR Incentive Program password help desk for assistance. The reset password process will re-launch the Minnesota EHR Incentive Program password portal.

Update Contact Information – Enter your new email address, alternate phone number or extension and click Save.



Update Contact Information

To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Save button below.

Current Email Address:
Confirm New Email Address:
Alternate Phone#: **Extension:**



Update Contact Information section – Updated email address and alternative phone number and extension.

Update Contact Information

To update your Minnesota EHR Incentive Program enrollment Email Address, Alternate Phone #, or Extension, click the Update button below.

Current Email Address: amber.dul.armory.np@gmail.com
Alternate Phone#: (276) 889-7500 Extension: 8988

Contact Us – Secure Communications

To contact us using secure communications:

- Click the **Contact Us** tab.
- Click **Create New Message** to create your message.

You will be able to view your messages and the responses to them that are transmitted from the Minnesota EHR Incentive Program Business Services Program Specialists.

Contact Us Home – Click Create New Message

MN DHS :: CMS.GOV :: Help/FAQ

Minnesota Department of **Human Services** Minnesota EHR Incentive Program (MEIP)

Logout

Home Enrollment Documents Reconsiderations Status Manage Account **Contact Us**

Amber Dul Armory (NPI-100000021)

Contact Us

Welcome to the Secure Communication Home page.

If you have any questions please contact us at 1-855-676-0366 or email us at MN.Support@MN-MEIP.com

Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.

To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication



Create New Secure Communication – Select and enter communications information and click Submit.

The screenshot shows the 'Create New Secure Communication' form within the Minnesota EHR Incentive Program (MEIP) interface. The form is titled 'Create New Secure Communication' and includes the following fields and controls:

- Type:** A dropdown menu with 'General' selected.
- Subject:** A text input field containing 'Meaningful Use Attestation'.
- Message:** A large text area containing 'I have a question about Objectives 1-9 attestation.' A note indicates a 2000 character maximum.
- Name of Sender:** A text input field containing 'Administrator'.
- Buttons:** 'Submit' and 'Cancel' buttons are located at the bottom of the form.

On the left side of the form, there is a 'Create New Message' button. On the right side, there is a note: 'Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.'

Contact Us Home – The Contact Us Process message is collapsed. Click the expand symbol (“+”) adjacent to your message title.

The screenshot shows the 'Contact Us Home' page within the Minnesota EHR Incentive Program (MEIP) interface. The page includes the following content:

- Welcome:** 'Welcome to the Secure Communication Home page.'
- Contact Information:** 'If you have any questions please contact us at 1-855-676-0366 or email us at MN.Support@MN-MEIP.com'
- Instructions:** 'Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.'
- Navigation:** 'To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit. To view or respond to a message strand, select which message you wish to respond to and click Respond.'
- Message List:** A list of message strands is shown. The first strand is 'Secure Communication'. The second strand is 'Meaningful Use Attestation', which has a '+' symbol next to its title, indicating it is collapsed.
- Buttons:** A 'Create New Message' button is located at the bottom left of the message list.



Contact Us Home – The Contact Us Process message fully displayed; awaiting response from a Program Specialist member of the Minnesota EHR Incentive Program Business Services team.

Contact Us

Welcome to the Secure Communication Home page.

If you have any questions please contact us at 1-855-676-0366 or email us at MN.Support@MN-MEIP.com

Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: this form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquiry, please return to this page to read the message and respond if needed.

To create a new message, click Create New Message and select inquiry type, enter a subject, your message, your name, and click Submit.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication

Meaningful Use Attestation

Type	Message	From	Date/Time
General	We have a question about Objectives 1-9.	John Smith, Administrator	03/14/2016 08:43:15 AM EDT

Respond

Create New Message

Contact Us Home – Response received from Business Services Program Specialist

Secure Communication

Meaningful Use Attestation

Type	Message	From	Date/Time
General	Please send all your questions to the Business Services team. We have the answers you need!	David Trotter	03/14/2016 08:57:21 AM EDT
General	We have a question about Objectives 1-9.	John Smith, Administrator	03/14/2016 08:43:15 AM EDT

Respond

Create New Message

Additional Information

For additional information:

- For Eligible Providers, the Minnesota EHR Incentive Program website is: <https://meip.dhs.mn.gov/MN/enroll/logon>.
- Email: mn.support@mn-meip.com.
- Phone: Minnesota EHR Incentive Program Business Service Center: 855-676-0366

