District of Columbia



Promoting Interoperability State Level Repository (SLR) Guide Eligible Professional Program Year 2017

November 2018 Version 1

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Disclaimer

The pages that follow in this State Level Repository (SLR) Guide for Eligible Professionals (EPs) are intended to provide information to assist with completion of an Eligible Professional attestation to the District of Columbia (DC) Promoting Interoperability (PI) Program. The DC PI Program is administered by the Department of Health Care and Finance (DHCF). However, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the PI Program. It is the responsibility of the provider who is attesting to the DHCF PI Program to be acquainted with the requirements of the PI Program Final Rules and the State Medicaid HIT Plan (SMHP).

Background

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

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

Goals for the national program include:

- Enhance care coordination and patient safety
- Reduce paperwork and improve efficiencies
- Facilitate electronic information sharing across providers, payers, and state lines
- Enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN).

Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce costs of healthcare nationwide. In 2017, the program was renamed to the Promoting Interoperability (PI) Program to reflect CMS' commitment to improving interoperability and patients' access to health information.

District of Columbia Health Care Finance (DHCF) has worked closely with federal and state partners to ensure the Promoting Interoperability Program fits into the overall strategic plan for the DC Health Information Exchange, thereby advancing the national and state goals for HIE.

Before registering and attesting at the State level, both EPs and EHs are required to be registered at the national level with the Medicare and Medicaid Registration and Attestation System. This is CMS's official website for the Promoting Interoperability Program and can be found at http://www.cms.gov/EHRIncentivePrograms/. The site provides both general and detailed information on the programs which includes information on the path to payment, eligibility, Meaningful Use, certified EHR technology, and Frequently Asked Questions.

Introduction

The DC Promoting Interoperability Program will provide incentive payments to EPs as they demonstrate Meaningful Use of certified EHR technology through meeting Meaningful Use measures and objectives.

Resources:

- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Promoting Interoperability Program Final Rule located at <u>https://www.federalregister.gov/documents/2015/10/16/2015-</u> 25595/medicare-and-medicaid-programs-electronic-health-recordincentive-program-stage-3-and-modifications
- DC Medicaid EHR Application Portal located at https://dcsir.thinkhts.com
- Medicare and Medicaid Promoting Interoperability Program at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- Office of the National Coordinator for Health Information Technology located at https://www.healthit.gov/

Eligibility

Eligible Professionals must have begun the program no later than Program Year 2016. Beginning in Program Year 2017, no year 1 participants can complete attestations for the EHR Incentive Program.

The first tier of provider eligibility for the DHCF Promoting Interoperability Program is based on provider type and specialty. If the provider type and specialty for the submitting provider in the DC Medicaid Management Information System (MMIS) provider data store does not correspond to the provider types and specialties approved for participation in the DHCF Promoting Interoperability Program, the Provider will receive an error message with a disqualification statement.

At this time, CMS has determined that the following Providers are potentially eligible to enroll in the DHCF Promoting Interoperability Program:

- Physicians*
- Nurse Practitioner
- Certified Nurse Midwife
- Dentist
- Physician Assistant (PA) who furnishes services in a Federally Qualified Health Center (FQHC), Indian Health Clinic (IHS), or Rural Health Center (RHC) that is led by a PA.
 - An FQHC or RHC is considered to be PA led in the following instances:
 - The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic); or
 - The PA is the clinical or medical director at a clinical site of the practice; or
 - The PA is the owner of a clinic

*In the District of Columbia, this includes MDs, and DOs

Additional requirements for the EP

For each year the EP seeks incentive payment, the EP must not be hospital-based, nor meet the exclusion for hospital-based, and must meet one of the following Patient Volume criteria:

- Have a minimum of 30 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services or
- Have a minimum 20 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services, **and** be a pediatrician **or**
- Practice predominantly in a FQHC, RHC, or Indian Health Services (IHS) and have a minimum 30 percent Patient Volume attributable to "needy individuals"
- Patient Volume counts must be from at least one service location that has certified EHR technology.
- Have no sanctions and/or exclusions

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid

contracted clinic or group to which he/she is associated. The Tax Identification Number (TIN) of the individual or entity receiving the incentive payment is required when registering with CMS and must match a TIN linked to the individual provider in the DC MMIS system.

Qualifying Providers by Type and Patient Volume

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

Out of State Providers

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

Establishing Patient Volume

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

Patient Encounters Methodology

EPs (except those practicing predominantly in an FQHC/RHC/IHS) calculate TXIX Medicaid Patient Volume by dividing the total TXIX Medicaid, or out-of-state Medicaid patient, encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

EPs practicing predominantly in an FQHC/RHC/IHS calculate "needy individual" Patient Volume by dividing the total "needy individual" patient encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

Definition of an Eligible Professional Encounter

For purposes of calculating EP Patient Volume, an encounter is defined as:

- Services rendered on any one day to an individual where District of Columbia or another State's Medicaid program paid for:
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing

<u>Beginning in Program Year 2013,</u> for purposes of calculating EP Patient Volume, a Medicaid encounter was defined as services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and cost-sharing
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

Definition of a "Needy Individual" Encounter

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

- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing
- Services rendered to an individual on any one day were furnished at no cost (excluding

bad debt) or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay

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

Group Practices

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

- The clinic's or group practice's Patient Volume is appropriate as a Patient Volume methodology calculation for the EP
- There is an auditable data source to support the clinic's or group practice's Patient Volume determination
- All EPs in the group practice or clinic must Use the same methodology for the payment year
- The clinic or group practice uses the entire practice or clinic's Patient Volume and does not limit Patient Volume in any way
- If an EP works inside and outside of the clinic or practice, the Patient Volume calculation includes only those encounters associated with the clinic or group practice and not the EP's outside encounters

Payment Methodology for EPs

The maximum incentive payment an EP could receive equals \$63,750 over a period of six years, or \$42,500 for Pediatricians attesting to a 20-29 percent Medicaid Patient Volume as shown below.

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

Since Pediatricians are qualified to participate in the District of Columbia Medicaid EHR incentive program as Physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the Pediatrician can demonstrate that they meet the minimum 30 percent Medicaid Patient Volume requirements.

Payment for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than 2016 to participate in later Program Years. EPs will assign the incentive payments to a TIN in the CMS Registration Module. The TIN must be associated in the DC MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) will be required to provide DC Medicaid with updated information.

For each year a Provider wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year the EP can receive payments is 2021.

Currently, all Providers are required to submit a valid NPI as a condition of DC Medicaid provider enrollment. Each EP will be enrolled as a Medicaid Provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. DHCF performs a manual National Plan and Provider Enumeration System (NPPES) search to validate NPIs during the enrollment process.

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

Provider Registration

If an EP attested to the PI Program in Program Year 2016 with DC, there is no need to register. You may log in directly to the DC State Level Registry (SLR) to attest for Meaningful Use using the link <u>DCSLR</u>. For EPs who have previously participated in the PI Program and received an incentive payment, but these payments occurred prior to Program Year 2016, they will be required to go the CMS registration portal (http://www.cms.gov/EHRIncentivePrograms/) and resubmit. No updates to the registration will be required, but the submission will allow the provider to be loaded into the DC SLR system appropriately.

The CMS Registration Module has assigned the EP a CMS Registration Number and will electronically notify DHCF of an EP's choice to access the DC SLR for attestation and payment. The CMS Registration Number will be needed to complete the attestation in the DC SLR system. On receipt of the registration transactions from CMS, two basic validations take place at the state level:

- Validate that the NPI in the transaction is on file in the DC MMIS system
- Validate that the EP is a participating provider with DHCF

If either of these conditions are not met, a message will be automatically sent back to the CMS Registration Module indicating the Provider is not eligible. Providers may check back at the CMS Registration Module to determine if the registration has been accepted.

Per 42 CFR Part 495, new participants are no longer allowed in the Promoting Interoperability Program, therefore registrations for Payment Year 1 EPs will be deemed ineligible automatically upon DC SLR receiving their registration data from CMS.

Provider Attestation Process and Validation

DHCF will utilize the secure DC SLR to house the attestation system. The following is a description, by EP type, of the information that a provider will have to report or attest to during the process.

- After registering for the incentive program with the CMS Registration Module (at http://www.cms.gov/EHRIncentivePrograms/), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier.
- The EP will then be asked to view the information that will be displayed with the prepopulated data received from CMS (if the provider entry does not match, an error message with instructions will be returned).
- EPs will then enter two categories of data to complete the Eligibility Provider Details screen including 1) Patient Volume characteristics and 2) EHR details.
- The EP will be asked to attest to:
 - Review the Provider and TIN entered in the CMS Registration Module and confirm assignment of the incentive payment to a specific TIN (only asked if applicable)
 - Not working as a hospital-based professional (this will be verified through claims analysis)

- Not applying for an incentive payment from another state
- Not applying for an incentive payment under another DHCF ID
- Meaningful Use of certified EHR technology
- The EP will be required to answer yes/no and numerator and denominator questions supporting Meaningful Use, public health registry reporting, and clinical quality measures.
- The EP will be asked to electronically sign the attestation
- The EP enters his/her initials and NPI on the Attestation screen.
- If a staff member is completing the attestation on behalf of the EP they will be asked to identify themselves.
- Any staff member completing the attestation on behalf of the EP will be asked to enter his or her name.

Incentive Payments

An incentive payment can be approved upon completion of the attestation process including submission of the electronic attestation and receipt of required documentation and validation by DHCF.

Program Integrity

DHCF will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process including risk assessment, receipt of a complaint, or inclusion into reviews selected for other objectives. Providers should be sure to retain all supporting documentation for ten (10) years from the date of attestation.

Accessing State Level Repository

The EP will begin the DHCF Promoting Interoperability Program registration process by accessing the DC SLR system at <u>DCSLR</u> (sign-in screen shown below).

DCSLR Sign-in Screen

* * *	The District of Columbia State Level Repository
	Department of Health Care Finance Promoting Interopenability Program
	DC Medicaid Promoting Interoperability Program
Stat Prevent Galaxie CACE IP Regress Ellis ORC DHP, She CO. Multisel PP program Stat Emails U. CO. 21 May Deal. Galait U. CO. 21 May Deal.	Wilcome to the District of Columbia State Level Repository (SLR) Take Cathers for Hedicard E-Medical Strekes (CHE) has implemented, through provisions of the American Recovery and Reinvestiment Af Level Repository (SLR) and signific professionals (FD) and signific professionals (FD) professionals (FD) and FLE Provide and Hedical Perspersion What are meaningful surve of certified electronic hashin record (FDR) technology. The incrementive provides are of a surveinable record (FDR) technology. The incrementive provides are of a surveinable Hedical Strength Parad (FDR) and solution heapitch (FD) and signific professionals (FD) and signific professionals (FD) and signific professionals (FD) and signific professionals (FDP) and Strength Perspersionals (FD) and signific professionals (FDP) and signific professionals (FDP) and signific professionals (FDP) and Strength Perspersionals (FDP) and Strength Perspersionals (FDP) and signific professionals (FDP) and signific professionals (FDP) and Strength Perspersionals (FDP) and signific professionals (FDP) and Strength Perspersionals (FDP) a
	Need to modify an existing registration with CHS' Registration and Attestation System? Please with https://www.cms.gov/Regulation/ElifeAcoutiveProgramm/RegistrationandAttestation.html Users working on bohd of an eligible provider for registration and/or attestation mouth lave a CHS Identity and Access Hanagement System (IAA) Web user account (User ID/Password), and be associated to the provider's NPL. In absence of a CHS IAA account, an individual may not at as a surrogate user on bohalf of the provider for registration or attestation.
	Resources Need help with Off registrations? Off DIR (Information: Center; (Big) 7254-433. Off DIR (Information: Center; (Big) 7264-433. Read help with Attentiation with the OC Hedicaid PI Program? Migs) //www.cms.gov/DIRDIncentret/Program. Head Information about the DC Hedicaid PI Program? Migs://life.dir.gov/page/medicaid=discretoric-headth-record-whr- incentive program. Head Information about the DC Hedicaid PI Program? Migs://life.dir.gov/page/medicaid=discretoric-headth-record-whr- incentive program.

The EP will enter the NPI registered on the CMS Registration Module and the CMSassigned Registration Identifier that was received in the confirmation email from CMS.

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

Navigation:

Submit – Routes the EP to the SLR Home Screen

DCSLR Home Screen

Upon successful login to the SLR application EPs will view the home screen below. Here the EP will select the Program Year they wish to attest to and begin their attestation process.

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	SLR Home: Rumana Kazmi (Year 2 Attestation)	Home Logout
View All Payment Yeans Alternate Contact Info Issues/Concerns Document Upload	Massages and Announcements	
Conversion Attachments Additional Resources I E-mail to DC PI Program SLR Provider Outless	PI Program Payment Details Payment Viai Payment Viai Payment Viai Payment Annual	
	Provider Information	
	You are currently envilled in the DC Hedicaid Promoting Interoperability Program The current status of your application for the second year payment is 'IN PROCESS AT DC Hedicaid'	
	The program year(s) currently available for attestation: 2017 or 2018	
	Salact one of the following a factors:	
	" of pair of segments are not accessed on you want to see to see the sector a program year. Pergammers the sector sector and the sector appropriate year.	
	1 Paid View	
	2017 V 2 Attest_Completed View Attestation	

Navigation:

View/View Attestation – Routes the EP to the CMS Registration/DHCF Data page of the completed attestation

Begin/Modify Attestation – Routes the EP to the CMS Registration/DHCF Data page of the completed attestation

CMS/NLR Screen

The CMS/NLR Registration page includes details carried over from the EPs registration at the CMS portal. This information cannot be edited from the DC SLR portal. In the instance incorrect information is displayed, the provider should go back to their CMS registration and make the correct modification and resubmit for the information to be updated in the SLR application.

In addition to the registration details there is also a section for providers to confirm their Medicaid ID. This confirmation is done through an automated process where the registration details are matched to the MMIS details for the provider. In the instance there is no information populated, the EP should follow the directions on the screen and contract DHCF Promoting Interoperability Program for further clarification.

* * *	The Dist	trict of (Columbia		
	Department of Health Ca	are Finance Promotin	g Interoperability Program		
				NPI: 1003906488	
		CMS R	gistration / DC Medicaid	d Data (Year 2 Attestal	ion / Program Year 2017) Home
LOUF Registration / DC Mellouid Date Merck // Propriet Yean Merck // Propriet Yean Mellowed Content Downerk (Mellow Downerk (Mellow Downerk (Mellow Addition of Resource) Earl Provider October)	Vox are currently annihild in the DC Holicaid Prese The current dates of your application for the second Applicant National Provider Identifier (NP1); Applicant T206 Progres Rational Provider Identifier (NP1); Progres Tables Provider Dyne: Holicaid datas: Provider Progres Participation Yare Folderd Ecclasions: Rejection Reason States	noting Interoperability	Program		CW3 Registration Data
	*** If any of the above information is incorrect,	please return to the Cl	15 Registration and Attestation 5	System to correct it.	DC Medicald Data
	The Payee NPI and Payee TIN year provided at CA active DC Hedical IDs. If there are multiple acti- the Hedical ID to which year are reassigning yea **** If no information is pre-specificated in the Pay- Hedical Hanapament Information System with Please contact DC /F Program staff at DCS/Reduct Payee Hedical ID. 122456789 Payee Hedical ID.	ve Medicaid IDs, they a ar incentive. yee Medicaid ID field, e an active DC Medicaid I	re displayed in the drop-down fr	rom which you must select is not associated in the	
	Paryce Runne: Test Doctor Huilling Address 123 Test Ave. Address 1: City/Rate: Washington, DC Zip Code: 12345		Save		

Navigation

Previous – Returns the EP to the CMS Registration/LA Medicaid Data Screen **Next** – Routes the EP to the Provider Eligibility Screen **Save** – Saves the data

Provider Eligibility Details

As part of attestation, providers must meet defined thresholds for Medicaid patient volume. EPs must enter the following details concerning their patient volume:

- Indicate if your Patient Volume was calculated at a clinic or practice level
- If at the clinic level, enter the TIN of the clinic or group and the NPI associated with the clinic or group
- Select the time period for the 90-day patient volume reporting period (prior calendar year or 12 months prior to attestation)
- Select the starting date of the 90-day period to calculate the Medicaid encounter volume percentage
- Enter the Medicaid (or Needy Individuals as applicable) patient encounters during this period
- Enter the total patient encounters during this period
- Medicaid Patient Volume percentage (system calculated)
- Indicated Meaningful User to continue the application

* * *		The District of Columbia State Level Repository	
		Department of Health Care Finance Promoting Interoperability Program	
		NPI: 1003906488	
		Provider Eligibility Details (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View All Payment Years Atternate Context Info Issues/Cancerns			All * fields are required lields.
Document Splant Conversion Addition/Electronic Addition (Electronic) - Eurit IsoOCI Ingrain SLIT Prevaler Guides. +	Patient Volume:	Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of halthcare practitioners organized as one logal entity under one TIN): Air tryes, neter the TIN (EER) of the one logal entity: Select the SIN (EER) of the one logal entity. Select the spliton that indicates the time period from which the 90-day patient volume period is derived: Select the spliton that indicates the time period from which the 90-day patient volume period is derived: Select the spliton that indicates the time period from which the 90-day patient volume percentage: Hedical (or Needy Individual, as applicable) patient encounters during this period: Ted applies theorem and the specifies of the spliton that wolume percentage: Hedical or Needy Individual patient volume percentage: Hedical er Needy Individual patient volume percentage:	Ibi Ibi Ibi Ibi Ibit Ibit Ibit
	EHR Details: Previo	5. Indicate the status of your BHD m Next Save Cancel	* # Hearningful User

Navigation:

Previous – Returns to the previous screen

Next – Saves the data entered and moves to the next attestation screen

Save – Saves the data

Cancel – Removes the data entered and does not save

Service Locations

After entering the provider eligibility details, EPs are required to enter all service locations for which they practice. This screen was added to satisfy a new requirement beginning with Program Year 2013 that was established under 42 CFR 495.304 that states that at least one clinical location used in the calculation of patient volume must have a certified EHR technology (CEHRT) during the Program Year for which the eligible professional is attesting.

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Provider Eligibility Detailis (cont.) (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View All Payment Years	Provider Locations	
Attemate Contact Info Issues/Concerns Document Ucload	Beginning with program year 2013 a new requirement was established 22 CPR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CDIRT, or attests they are meaningful GHR user.	
Conversion Attachments Additional Resources	Heaningful users please note: To be considered a meaningful user, at least 30% of an EF's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CBRT.	
E-mail to DC PI Program SLR Provider Guides	Please provide additional information regarding practice locations below: Enter the number of locations in which you provide services: *[]	
	Use the fields below to enter the details for each location in which you provide services.	
	Check the CEHRT loss if the location entered has Certified EHR Technology.	
	Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.	
	Edit Address Line 1 Address Line 2 Offy State Zip Code Ed (Zip Code Ed) (Zip Code Ed)	
	Heldify 123 Tast Aves. Washington DC 12345 20 20 20 00 00 00 00 00 00 00 00 00 00	
	Protose Back Save Canad	

Enter the number of locations in which you provide services – This is the count for the number of locations for which you see patients.

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

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

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

Multiple Service Locations

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View All Payment Years	Provider Locations	
Alternate Contact Info Issues/Concerns Document Unived	Beginning with program year 2013 a new requirement was established 42 CIR 405.304 that states at least one clinical location used in the calculation of patient volume must have Certified DIR Technology (CDIR1) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEIRT, or attests they are meaningful BHR user.	
Conversion Attachments Additional Resources	Heaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Pariod (the period (the period for reporting meaningful use measure data) must eccur at a practice(s)/location(s) equipped with CDBT.	
E-meil to DC PI Program	Please provide additional information regarding practice locations below:	
SLR Provider Guides	Enter the number of locations in which you provide services: * 1 🔤 >	
	Use the fields below to enter the details for each location in which you provide services.	
	Check the CEHRT bas if the location entered has Certified EHR Technology.	
	Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.	
	Edit Address Line 1 Address Line 2 City State Zap Code Lag Coller Zap Code Lag Coller Zap Code Lag	
	Teldify 12 Test Ave. Washington DC 12345 22 Delete	
	Previous Next Save Canal	

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

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

Change/ Delete an Existing Service Location Entry

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View All Payment Years	Provider Locations	
Alternate Contact Info Issues/Concerns Decument Upload	Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified DIR Technology (CDIRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEIRT, or attests they are maaningful EHR user.	
Conversion Attachments Additional Resources	Heaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful user measure data) must occur at a practice(s)/location(s) equipped with CERT.	
E-mail to DC PI Program SLR Provider Guides	Please provide additional information regarding practice locations below: Enter the number of locations in which you provide services: *	
	Use the fields below to enter the details for each location in which you provide services.	
	Check the CDBIT from if the location entered has Carefind DBI Technology. Check the SIDBIT from if the location entered was addiced to meet the patient volume requirement.	
	Edit Address Line 1 Address Line 2 Oity State Zip Code Zip Code Ect C31K/T Patient Volume Delete	
	Holfy 123 Test Ave. Washington DC 12245 🛛 🕅 🕅 Delete	
	Previous Next Save Canol	

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicald Data View All Payment Years	Provider Locations	
Alternate Contact Info Issues/Concerns Document Upload	Beginning with program year 2013 a new requirement was established 42 CTR 405.304 (bat states at least one clinical location used in the calculation of patient volume must have Cortified DHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.	
Conversion Attachments Additional Resources	Heaningful users please note: To be considered a meaningful user, at least 50% of an EF's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CDBUT.	
E-mail to DC PI Program SLR Provider Guides	Please provide additional information regarding practice locations below:	
aux Provider Guides	Enter the number of locations in which you provide services:	
	Use the fields below to enter the details for each location in which you provide services.	
	Check the CEHRT box if the location entered has Certified EHR Technology.	
	Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.	
	Edit Address Lue 2 City State Zgr Code Zgr Code Edit CLINIT Patient Volume Delete Heldfy I23 Yest Ave. Washington DC 12345 R A A A A A A A A A A A A A A A A A A	
	Previous Reat Save Canod	

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View All Payment Years	Provider Locations	
Alternate Contact Info Issues/Concerns Document Ukload	Beginning with program year 2013 a new requirement was established 42 CIR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified DIR Technology (CDIRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEIRT, or attests they are meaningful EIR user.	
Conversion Attachments Additional Resources	Heaningful users please note: To be considered a meaningful user, at least 50% of an EP's outputient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHIT.	
E-mail to DC PI Program SLR Provider Guides	Please provide additional information regarding practice locations belown	
	Enter the number of locations in which you provide services: * 2	
	Use the fields helpeve to enter the details for each location in which you previde services.	
	Check the CDHRT host if the location entered has Cartified DRTs Technology. Check the DRT host if the location entered was attributed to must the astitute valueur requirement.	
	Edit Address Line 2 City Batle Zpp Code City Batle City Delite Outlet Update Gener 223 for Anne City Easter City Easter City Delite Delite	
	Previous Rect Sere Canod	

After the EP has completed their editing of the service location they will need to select one of the following options under the edit column:

Update – This will accept the changes made to the service location

Cancel – This will cancel the changes made to the service location and return to the original entry.

Navigation:

Previous Button – Takes the EP to the previous screen

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

CEHRT Details

The CEHRT Details screen require all entry of all details concerning the providers certified electronic health record technology. EPs are required to enter the CMS EHR Certification ID, product ID information, and provide a brief description of their EHR technology.

CEHRT must be a complete product, or combination of multiple products, that have been certified to offer the necessary technological capacity, functionality, and security to help an EP meet the MU criteria required by the Promoting Interoperability Program. The CEHRT Details Screen requires the EP to attest to CEHRT product(s) and describe the auditable documentation/evidence that will be retained to support attestation. Attestation in Program Year 2017 requires either a 2014, 2015, or combination 2014/2015 Edition CEHRT.

* * *	The District of Columbia	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	CEHRT Details (Year 2 Attestation / Program Y	Year 2017) Home Logo
CMS Registration / DC Medicaid Data View AI Payment Years Alternate Cartact Info Issues/Concerns Document Upfoad Conversion Attachments Additional Resources > E-evail to DC PI Pegram	(*) Bid asterisk indicates a required Certified DBR technology (CDBR7) must be a complete product, or combination of multiple products, that has been certified to offer the necess technological capability, functionality, and security to help a provider meet the meaningful use oftenia required by the Medicare and Medicard Internity Programs. This CDBRT Details areas mergines you to attest the your CDBRT product(s), and to describe the auditable documentation/evidence you will retain to support your attestation.	sary
BUR Provider Guides •	CMS DRK certification TO CMS DRK certification TD of pror querified EIR technology. Advection Core CDI, and bettern in ALC CMPS). For an AU advectation. This certification to the CCDIR's provide the third of attractions advectation. For an AU advectation, this is relative to the CCDIR's provide and the time of attractions advectation. For an AU advectation, this is relative to the CCDIR's provide and the time of the AU EIR reporting partial. For an AU advectation, this is relative to the CCDIR's provide and the time of the AU EIR reporting partial. For an AU advectation, the is relative to the CDIR's provide and the time of the AU EIR reporting partial. For an AU advectation, the is there are apprecised as a second advectation and the time of the AU EIR reporting partial. For an AU advectation, the is there are apprecised as a second advectation and the time of the AU EIR reporting partial. For an AU advectation, the is there are apprecised as a second advectation	
	By Certified Halth IT Product List Dating the data fields halong, and/or the Product Name and Yorking, Vender Name, and OIR, Product Name/or earch product had Product To Name (The Complete "Hy Control fields hit if Product List." For each product, you list, select "Dick Here to Add Product To Ny COIL" of the you complete all those fields for each product. For an Add attestions, this is reliable to the CERF you was the time of eartistics modernism. For an Add attestions, this is reliable to the CERF you was the time of eartistics modernism. Product To Ny Control To Ny Contrelation Control To Ny Control To Ny Control To	
	Dist Here is Add Product To Hy OPE	
	Previous Next Save Cancel	

Navigation

Previous – Returns to the previous screen

Next – Saves the data entered and moves to the next attestation screen

Save – Saves the data

Cancel – Removes the data entered and does not save

Meaningful Use Questionnaire Screen

After entering the CEHRT details, EPs will be directed to the Meaningful Use Questionnaire screen to enter additional data prior to entering their measures. EPs will be required to select to either attesting to Modified Stage 2 or Stage 3. EPs who wish to report to Stage 3 MU measures must attest with a 2015 or 2014/2015 combination CEHRT and have previously attested and been paid for Meaningful Use.

EPs are required to attest to a minimum of a 90-day consecutive EHR reporting period. Additionally, EPs can report to a CQM reporting period that is different from their EHR reporting period. A providers CQM reporting period must be at least a consecutive 90-day period within the Program Year.

The following fields are required to continue with the attestation:

- **Stage 3** EPs may choose to report to Stage 3 measures if they have previously attested to MU.
 - If an EP marks yes to this selection a 2015 or 2014/2015 combination CEHRT is required.
- EHR Reporting Period Start Date Enter the starting date for the period of time you are reporting your Meaningful Use Measure data. This date should be within the Program Year being attested.
- EHR Reporting Period End Date Enter the end date for the period of time you are reporting your Meaningful Use Measure data.
 - For Program Year 2017, the EHR reporting period will be a minimum 90-day reporting period from January 1, 2017 through December 31, 2017.
- CQM Reporting Period Option EPs may choose to report their Clinical Quality Measures (CQM) for a different time period than their Meaningful Use Measures. If an EP wishes to take this option, mark the "No" radio button next to the question "Is the reporting period for your CQM submission the same period as your EHR Reporting period listed above." The screen will allow for entry of the following fields:
 - CQM Reporting Start Date Enter the starting date for the period of time you are reporting your CQM data. This date should be within the Program Year being attested.
 - **CQM Reporting End Date** Enter the end date for the period of time you are reporting your CQM data.
 - The CQM Reporting Period option is only applicable for Program Years that allow a 90-day EHR reporting period. Once the EP is required to report a full year EHR reporting period the option will no longer be displayed.
 - The CQM Reporting Period must be at least 90 days and can be up to a full year reporting period within the Program Year selected.
- Enter the total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period: – Enter the count of all the patients you have seen in locations that have CEHRT during the EHR reporting period entered above.
- Enter the total number of out-patient encounters at all practice locations for the EHR reporting period: Enter the count of all the patients you have seen in <u>all</u> service locations during the EHR reporting period entered above.

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1154319119	
	Meaningful Use Questionnaire (Year 4 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data View AB Payment Years Alternate Contact Into Issues/Concerns Document Uptovad Conversion Attachments Additional Resources & E-mail to DC PI Program SLR Provider Guides &	Meaningful Use Questionnaire For Program Year 2017 Only, Eligible Professionals have the option to report to the Stage 3 Meaningful Use Objectives early. This option shou Id only be taken if the Eligible Professional has a 2015 Edition Certified EHR Technology (CEHRT) or has a 2014 Edition CEHRT in combination with 2015 Edition modules that can produce the responses for the objectives required for a Stage 3 attestation. • Would you like to attest using the Stage 3 Objectives for Program Year 2017? • Yes • No The "PJ Reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation: • PJ Program Reporting Period Start Date: 1/1/2017 • PJ Program Reporting Period End Date: 1/1/2017	
	 Total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period: Total number of out-patient encounters at all practice locations for the EHR reporting period: Is the reporting period for your CQM submission the same period as your EHR reporting period listed above? Yes ® No Please enter the start and end date for your CQM submission CQM Reporting Start Date: 10/1/2017 (mm/dd/yyyy) CQM Reporting End Date: 12/31/2017 (mm/dd/yyyy) 	
	Previous Next Save Cancel	

** Please note the question for Stage 3 will only appear for EPs who have previously been paid for MU.

EP Requirements for Meaningful Use Measures for Program Year 2017

Per 42 CFR 495, the OPPS, and IPPS final rule published by CMS, in Program Year 2017, CMS has allowed providers the option to attest to either Modified Stage 2 or o Stage 3 Meaningful Use measures. As part of the regulation, all providers are required to attest to a single set of aligned measures, regardless of the provider's status of their Stage 1 or Stage 2 in the program. Depending on the EP selection to the o Stage 3 question on the previous screen (Meaningful Use Questionnaire screen), the associated objectives will display appropriately on the screens as the provider navigates through their attestations.

The below sections will detail the measures for attesting to Meaningful Use in Program Year 2017 for both Modified Stage 2 and Stage 3.

Meaningful Use Measure Menu Screen

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	DC Hedicaid Promoting Interoperability Program (Year 2 Attestation / Program Year 2017)	e Logout
Cliff Triggereduction (20 United and Table Memorgical Labo Entron Christian Memorgical Labo Entro Christian Memorgical Labo Memores Park & Holling M. Memores Park & Holling M. Memores Park & Holling M. Memory Memorgical Christian Memory Memorgical Christian Memory Memorgical Christian Memory Commercial Additionation Commercial Additionation Additionated Exploration Commercial Additionation Additionated Resources Memory	Kaningful Use Menu Screen Kaningful Use Menu Screen provides links to navigate to specific attestation screens. The links are enabled as the attestation screens are completed. Heasingful Use Heasures must be completed first, then Public Health Heasures, then Clinical Quality Heasures. When returning to view a completed attestation, the links on this screen (and sindlar links in the acrean's link anrighted and mon) will allow the provider to quickly navigate to a specific group of screens within the attestation. Meaningful Use Measures Public Health Measures Clinical Quality Measures	
	Previous Rest	

Navigation:

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

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

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

Previous – Take the EP to the previous screen

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

Modified Stage 2- Program Year 2017 EP Measures

The section below details the Meaningful Use screens that will display for EP's attesting to Modified Stage 2 for Program Year 2017.

Objective 1-Patient Protected Health information

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

The following details other requirements of this screen:

• Please select Yes or No

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
		06488
	Meaningful Use Measures (Year 2 A	ttestation / Program Year 2017) Home Logost
CMS Registration / DC Medicaid Data Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Meaures	Meaningful Use Objective 1 of 19	
Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.	
Pre-Attestation Measure Summary MU Specifications View All Payment Years	Protect Patient Health Information	
Atternate Contact Info Issues/Concerns Document Upload Conversion Attachments	Objective: Protect electronic protected health information (eHH) created or maintained by the CDHC through the implementation of appropriate technical capabilities.	
Additional Resources I I E-mail to DC PI Program SLR Provider Guides I	Haaaree Conduct or review a secoltry risk and/win in accordance with the regimensets in 45 CPR 145.305(1)(1), including advancely the associal is include excerption 14 off crunted or metalened by CERT in accordance with requirements under 45 CPR 164.321(b)(2)(b) and 45 CPR 164.305(d)(0)), and implement ascord-products an necessary and correct detribled security deficiencies as part of the EPs risk management process.	
	Complete the following:	
	* Have you conducted or reviewed your security risk analysis and if necessary implemented security updates and corrected identified security deficiencies per the requirements of this measure?	
	❀Yes O No	
	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 2- Clinical Decision Support

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

The following details other requirements of this screen:

- Please select Yes or No for Measure 1
- Please select Yes or No for the exclusion for measure 2
- Please select Yes or No for Measure 2
- Response to additional questions are required

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

* * *	The District of Columbia		
	Department of Health Care Finance Promoting Interoperability Program		
	NPI: 1003906488		
	Meaningful Use Measures (Year 2 Attestation / Program Year	7 2017) Home	Logout
Citi Tayaninan (C) Unband Cita Warnghu Lin Zhannon Hannghu Lin Zhannon Hannghu Lin Zhannon Hannghu Lin Zhannon Cita Cita Cita Angel Hannan (C) Hannon Hannan (C) Hannan (C) Hannan (C) Hannan Hannan (C) Hannan (C			
	S. mm Hasses 2 - Oreg Interaction ChackE Be the number and indemonstrate the functionality for drug and drug allergy interaction chacks for the extre DHI reporting period. Complete Headbarr The report DH works from the 100 medication orders during the DHI reporting period. * Or you work the dame interaction for Headware 21 * The report * The report		

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 3- Computerized Provider Order Entry (CPOE)

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

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator:
 - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measure 1
 - $\circ~$ If not excluded, the EP must meet the >30% threshold, N/D > 30% for measures 2 and 3
 - If an EP responds Yes to the exclusion, then they have met the measure threshold
- Response to additional questions are required

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

petration / DC Medicaid Date	Department of Health Care Finance Promoting Interoperability Program		
johration / DC Medicaid Data			
pistration / DC Medicaid Data			
gistration / DC Medicaid Data	Meaningful Use Measures (Year 2 Attestation / Program Year 2	017)	Home
gful Use Questionnaire	Meaningful Use Objective 3 of 10		
ful Use Menu Options ful Use Measures	Meaningful Use Objective 3 of 19		
salth Measures Juarily Measures	(*) Red asterisk indicates a required field.		
dation Measure Summary Reations	Computerized Provider Order Entry (CPOE)		
Payment Yeans Contact Info oncerns It Upload on Attachments	Objective: Use computeraid provider order entry for medication, laboratory, and radiology order details, entered by any formated heathcare professional avia can enter orders into the medical record par natus. Social and professional guidance.		
é Resources 🕨 DC PI Program Ader Guides 🕨	Heasure: An EP through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:		
	Complete the following:		
	 Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. 		
	This data was extracted from ALL patient records not just those maintained using certified EHR technology.		
	O This data was extracted only from patient records maintained using certified EHR technology.		
	Hessare 1 - Hedication Nore than 60 percent of medication orders created by the EP during the EPR reporting period are recorded using computerised provider order entry.		
	Complete the following:		
	Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.		
	Do you want to claim the exclusion for Measure 1?		
	○ Yes ● No Numerator: The number of orders in the denominator recorded using LVUE.		
	Denominator: Number of medication orders created by the EP during the EHR reporting period.		
	Humenatori 7 Denominatori 10		
	Neasure 2 - Laboratory More than 20 percent of laboratory orders created by the DP during the DPR reporting period are recorded using computering period order edvy.		
	Complete the following:		
	Exclusions Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.		
	Do you want to claim the exclusion for Measure 2?		
	O Yes ⊛No		
	Numerator: The number of orders in the denominator recorded using CPOE. Denominator: Number of laboratory orders created by the EP during the EPR reporting period.		
	Descentinator Number of laboratory orders created by the EP during the EPR reporting period. Numerator: Numerator: Center State S		
	Heasen 3 - Radiology More than 30 metric finallogy orders created by the EP during the EHR reporting period are recorded using computarized provider order entry.		
	Complete the following:		
	Exclusion: Any EP who writes fewer than 100 radiology orders during the BHR reporting period.		
	* Does this exclusion apply to you?		
	O Yes ⊛No		
	Numerator: The number of orders in the denominator recorded using CPOE.		
	Denominator: Number of radiology orders created by the EP during the EHR reporting period.		
	* Numerator 4 Denominator 10		
	Previous Next Save Cancel		

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 4- Electronic Prescribing

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

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

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Heaningful Use Measures (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicaid Data		
Meaningful Use Questionnaire	Maningful Use Objective 4 of 10	
Meaningful Use Menu Options Meaningful Use Measures		
Public Health Measures	(*) Red autorisk indicates a required field.	
Clinical Quality Measures	() toon assessing monotonical a redomining and	
Pre-Atlestation Measure Summary	Electronic Prescribing	
MU Specifications View All Payment Years	Linctions Preschang	
	Objective: Generate and transmit permissible prescriptions electronically (eRs).	
Issues/Concerns		
Document Upload		
Conversion Attachments Additional Resources	Heasure Note than 30 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted dedictionally using CHERT.	
E-mail to DC PI Program	bandmitted electronically using CETR1.	
SLR Provider Ouides		
	Complete the following:	
	* Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or	
	only from patient records maintained using certified EHR tachnology.	
	O This data was extracted from ALL patient records not just those maintained using certified DIR technology.	
	This data was extracted only from patient records maintained using certified EHR technology.	
	Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.	
	* Do you want to claim Exclusion 17	
	O Yes ® No	
	Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that	
	Exclusion 1 may be indicating from the plantacy many many many provide and other and the start of his or her SHR	
	reporting period.	
	Do you want to claim Erdusion 2?	
	Loo you mans to cannot conclusion all	
	O'Yas ® No	
	Newsarshers The number of prescriptions in the denominator generated, quarked for a drug formulary and transmitted electronically using CEHIT.	
	Descensionation Number of permittable prescriptions written during the EHR reporting period for drugs requiring a prescription In order to be dispersed.	
	Numerator 10 Cenominator 10	
	Which eRis service do you use?	
	The set of	
	Name a pharmacy that you transmit to.	
	test	

Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 5- Health Information Exchange

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

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

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

* * *	The District of Columbia		
	Department of Health Care Finance Promoting Interoperability Program		
	Meaningful Use Measures (Year 2 Attestation / Pe	ogram Year 2017)	Home Logout
CMS Registration / DC Medicaid Data Meaningful Use Coastionnaire Meaningful Use Menu Options Meaningful Use Measures	Meaningful Use Objective 5 of 10		
Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.		
Pre-Attestation Measure Summary MU Specifications View Al Payment Years	Health Information Exchange		
Alternate Contact Info Issues/Concerns Document Upload	Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.		
Conversion Atlachments Additional Resources E-mail to DC PI Program SLR Provider Guides	Heasewei The IP that transitions or refers their patient to another setting of care or provider of care must $-(1)$ use CDIFT to create a knownary of care record, and (2) decisionability transmit such assumary to a receiving periodic for more than 10 spectra of transmittor of one on a distribution.		
	Complete the following:		
	 Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHX technology. 		
	® This data was extracted from ALL patient records not just those maintained using certified EHR technology.		
	O This data was extracted only from patient records maintained using certified EHR technology.		
	Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.		
	Do you want to claim the exclusion?		
	⊖Yes €No		
	Nemerater The number of transitions of care and referants in the denominator where a summary of care record use created using CRIVER and enhanged extensionally. Denominator Number of transitions of care and referand during the DR reporting partial for which the EP uses the transmitters to the product of the second sec		
	Previous Next Save Caucal		

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 6- Patient-Specific Education

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

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

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

* * *		The District of Columbia State Level Repository		
		Department of Health Care Finance Promoting Interoperability Program		
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		Meaningful Use Measures (Year 2	t Attestation / Program Year 2017)	me Logout
CMS Registration / DC Medicald Data Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Measures	— Meaningful (Use Objective 5 of 19		
Public Health Measures Clinical Quality Measures	(*) Red aste	arisk indicates a required field.		
Pre-Atlestation Measure Summary MU Specifications View All Payment Years	Patient-Spe	acific Education		
Alternate Contact Info Issues/Concerns Document Ucked	Objective:	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.		
Conversion Attachments Additional Resources II E-mail to DC PI Program SLR Provider Guides II	Measure:	Patient-specific education resources identified by CDHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.		
	Complete th	e following:		
	Exclusion:	Any EP who has no office visits during the EHR reporting period.		
	• Do you wa	int to claim the exclusion?		
	⊖Yes ⊛N	10		
	Numerator: CEHRT.	Number of patients in the denominator who were provided patient specific education resources identified by the		
	Denominato	w Number of unique patients with office visits seen by the EP during the EHR reporting period.		
	 Numerator 	1 10 • Denominators 10		
	Previous	Next Save Cancel		

Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 7- Medication Reconciliation

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

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

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

* * *		The District of Columbia State Level Repository		
		Department of Health Care Finance Promoting Interoperability Program		
		Meaningful Use Measures (Year 2	Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicald Data Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Measures	Meaningful Us	e Objective 7 of 10		
Public Health Measures Clinical Quality Measures	(*) Red aster	sk indicates a required field.		
Pre-Attestation Measure Summary MU Specifications	Medication R	econciliation		
View All Payment Years Alternate Contact Info Issues/Concerns Document Upload	Objective:	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.		
Conversion Attachments Additional Resources E-mail to DC PI Program SLR Provider Guides	Measure:	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		
	Complete the	following:		
	only from patie	ds: Please select whether the data used to support the measure was extracted from ALL patient records or it records maintained using certified EHR technology.		
		as extracted from ALL patient records not just those maintained using certified EHR technology. as extracted only from patient records maintained using certified EHR technology,		
	Exclusion:	Any EP who was not the recipient of any transitions of care during the EHR reporting period.		
	• Do you want	to claim the exclusion?		
	⊖Yes ⊛No			
		e number of transitions of cars in the decominator where medication reconciliation vias performed. Runber of transitions of care during the BHR reporting period for which the IP was the receiving perty of the 10 * Decominators (10		
	Previous	Next Save Cancel		

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 8- Patient Electronic Access (VDT)

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50% for Measure 1
- If an EP responds Yes to the exclusion, then they have met the measure threshold
- If not excluded, the EP must meet the threshold >5% threshold, N/D >5% for Measure 2

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

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CMS Registration / DC Medicaid Data Meaningful Use Questionnaire Meaningful Use Menu Options	Wannight Use Objective 1 of 19							
Meaningful Use Measures Public Health Measures Clinical Quality Measures	(*) Ned attachk indicates a regional field.							
Pre-Attestation Measure Summary MU Specifications	Patient Electronic Access (V91)							
View AR Peyment Views Alternale Contact Info Inscale/Concerns Decement Upland Concession Alternationents Additional Resources Esmail to DD PI Pergen SLR Provider Calaba	Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being parallable to the EP.							
	Heasures In order for the EP to meet the measure for the objective he or she must satisfy all of the following measures and/or endution(s) heliow.							
	Complete the following:							
	Exclusion: Any ID who methor orders nor creates any of the information listed for inclusion as part of the measures encope for "Needer Nume" and "Provider's sume and office contact information" may be excluded from both measures.							
	* Do you used to dam this exclusion?							
	Over the							
	Neuron 1 - Provide timely online access to health information:							
	Here the 26 percent of all unuque patients sees by the EP during the DRF reporting period are provided timely access to view online, download, and transmit to a tilture party their health information adapted to the EP's documents to all the party their health information.							
	Complete the following							
	Numeration: The number of patients in the determinator who have access to visce online, doubled and frammit their health information while 4 business days after the information is available to the IP.							
	Demonitoriation function of unique patients seen by the DP during the DPR reporting period.							
	* Numerators (12 = Danominators (18							
	Hearer 2: Patient accessed health information: for an BHT regording and in 2011, note that a porterior of unique patients seen by the EP during the EPH reporting particle (or his or is authorized representatives) view, deveload or transmit to a third party their health information during the EPH. reporting.							
	Complete the following							
	Exclusion: Any ID who conducts 30 percent or more of his or har patient encounters in a mouthy that does not have 30 percent or more 40% housing outs, with Highs benchlands analishing according to the bland information analishes from the VCC on the fitted of the 10% re-processing percent.							
	* Do you used to claim the exclusion for Heasure 27							
	O'tes ®to							
	Numerators The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their leadth information.							
	Denominator: Number of unique patients seen by the EP during period. * Numerator: [10 * Denominator: [10							
	- universities (ss.) - measurement (ss.							
	Previous Next Save Cancel							

Navigation:

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

Objective 9- Secure Electronic Messaging

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >5% threshold, N/D >5%
- If an EP responds Yes to one of the exclusions, then they have met the measure threshold

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

* * *	The District of Columbia State Level Repository								
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CMS Registration / DC Medicald Data Meaningful Use Questionnaire Meaningful Use Meru Options Meaningful Use Measures	Keaningful liter Objective 9 of 19								
Public Health Measures Clinical Quality Measures	(*) Red atteriak indicates a required field.								
Pre-Atlestation Measure Summary MU Specifications	Secure Electronic Messaging								
View All Payment Years Alternate Contact Info Issues/Concerns	Objective: Use secure electronic messaging to communicate with patients on relevant hashis information.								
Documenti Upload Conversion Attachments Additional Resources I Elimat to DC PI Program SLR Provider Ouides I	Heasure: For an DRI reporting partod in 2017, for more than 5 parcent of unique patients seen by the EP during the DRI reporting partod. a source message us set unique de electronic message justices of 2C1947 to the patient of the patient-buildward representation, so in response to a source message use by the patient (or the patient-buildward representation) during the ERI reporting period.								
	Complete the following:								
	Exclusion 1: Any EP who has no office visits during the EHR reporting partial.								
	* Do you want to dam Dickulan 17								
	⊖ Yes ≋ No								
	Exclusion 2: Any EP who conducts 30 percent or more of his or her patient encounters in a county that does not have 30 percent or more of its housing units with 406pp broadband availability according to the latent information available from the Federal Communications Commission on the first day of the ERIt reporting period.								
	* Do you want to claim finduration 27								
	O Yea # No								
	Numerators The number of patients in the decommator for whom a secure deciroris: message is sort to the patient (or patient variabrias are presentative), or in response to a secure message sent by the patient (or patient variabrias are particular to an open patients are to be the patient of unique patients are to be the to during patient. Numerators E								
	Previews Next Seve Cancel								

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 10- Public Health Reporting

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

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

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

* * *			The District of Columbia		
		D	epartment of Health Care Finance Promoting Interoperability Program		
			NPI: 1003906488		
			Public Health Measures (Year 2 Attestation / Program Year 20	017)	Home Logoul
CMS Registration / DC Medicaid Data Meaningful Use Classitionnaire Meaningful Use Mean Options Meaningful Use Measures Philot: Health Measures Price-Healthon Measures Price-Attestation Measures Price-Attestation Measures MU Specifications View AI Payment Yeans Alternatic Contents Decument Ugload Conversion Attachments Additional Resources > E-mail to DC: PI Program SLR Provider Guides >	Meaningful Use Objective 10 of 10 Public Health Reporting Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with appricable law and practice. Public Health Measure Reporting Selection EPs must report on a total of two (2) Public Health Measures to meet the Measure 10 Objective for meaningful use. Exclusions cannot be used to count towards meeting the regulated two (2) measures. This means that beginning in 2015, an EP would need to: • Attest to TWO total Public Health Measures for which the EP can meet the measure successfuly; • EP may attest to achve engagement with more than one Specialized Registry and satisfy the measure for Public Health Registry Reporting if the EP reports to TWO or more different specialized registries; OR • Attest to HUb CHalt Measures for which you are attesting according to the following guidelines: 1. If you are attesting to meet two (2) Public Health Measures without claiming exclusion, you may select the Public Health Measures 3 (Specialized Registry) and are reporting to at least two (2) different specialized registries, you may select just "Measure 10-3" from the list below. 2. If your are attesting to Public Health Measures 3 (Specialized Registry) and are reporting to at least two (2) different specialized registries, you may select just "Measure 10-3" from the list below. 3. If your cannot meet at least two (2) of the Public Health Measures below without claiming an exclusion then you must select at three (3) of the Public Health Measures (3) attest the select AI Tink below) and attest to e				
	Select	Public Health R	teporting Measures		
		Measure 10 - 1	Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.		
		Measure 10 - 2	Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.		
		Measure 10 - 3	Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.		
	Previous]	Next Save Cancel		

Public Health Measures should be selected according to the following guidelines:1. If you are attesting to meet two (2) Public Health Measures without claiming exclusion, you may select the two (2) total Public Health Measures from the list below.

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

3. If you cannot meet at least two (2) of the Public Health Measures below without claiming an exclusion then you must select all three (3) of the Public Health Measures below or click

the 'Select All' link below and attest to either meeting the measure or the exclusion of the public health measure for all three (3) Public Health Measures below.

Navigation:

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

Measure 10-1: Immunization Registry Reporting

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

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Public Health Measures (Year 2 Attestation / Program Ye	car 2017) Home Logout
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	Previous Next Save Cancel	

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Measure 10-2: Syndromic Surveillance Reporting

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

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

* * *	The District of Columbia	
	Department of Health Care Finance Promoting Interoperability Program	
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	Public Health Measures (Year 2 Attestation / Program Yea	ear 2017) Home Logout
CMS Registration / DC Medicaid Data Meaninghi Use Questionnaire Maaninghi Use Meau Options Muaninghi Use Meau Options Public Health Measures Pre-Attestation Measure Summary FMU Specifications View AI Parment Vents Alternaie Contact Info Issues/Concerns Document Uptiond Conversion Altachments Additional Resources • E-mail to DC Pr Program SLR Provider Guides •	NPI: 1003906488	
	 Yes No Please indicate the active engagement option that best describes how you met the measure: Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to being testing and validation. This option allows providers to meet the measure when the PHA or the CDR has being testing and validation. This option allows providers to meet the measure when the PHA or the CDR has initide resources to initiate the testing and validation to meet this requirement for each EHR reporting period. Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure. Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 	
	Previous Next Save Cancel	

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Measure 10-3: Specialized Registry Reporting

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

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

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	Public Health Measures (Year 2 Attestation / Program Ye	ar 2017) Home	e Logout
CMS Registration / DC Medicaid Data	Public Health Measures (Year 2 Attestation / Program Ye	ar 2017)	Logout
Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Measures	(') Red asterisk indicates a required field.		
Public Health Measures Clinical Quality Measures	Specialized Registry Reporting		
Pre-Attestation Measure Summary MU Specifications	Measure 10-3: The EP is in active engagement to submit data to a specialized registry.		
View All Payment Years Alternate Contact Info	"Active engagement" may be demonstrated by any of the following options:		
Issues/Concerns Document Unload	Active Engagement Option 1- Completed Registration to Submit Data: The EP has registered to submit data with		
Conversion Attachments Additional Resources > E-mail to DC PI Program SLR Provider Guides >	 Network induced in the second s		
	 Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure. 		
	 Active Engagement Option 3 – Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 		
	Complete the following:		
	Exclusion 1: Any EP who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period.		
	*Do you want to claim Exclusion 1?		
	○ Yes ● No		
	Exclusion 2: Any 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.		
	*Do you want to claim Exclusion 2?		
	○ Yes ● No		
	Exclusion 3: Any EP who operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period.		
	*Do you want to claim Exclusion 3?		
	*Is the EP actively engaged to submit data to a specialized registry?		
	© Yes ○ No		
	*Please indicate the active engagement option that best describes how you met the measure:		
	Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDK to which the information is being submitted; registration was completed within 60 days after the start of the ERR reporting period; and the EP is availing an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR to begin testing invitate 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.		
	O Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHE reporting period would result in that provider not meeting the measure.		
	Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.		
	*Please select how many Specialized Registries to which you are actively engaged to submit data:		
	○ 1 ● 2		
	~ -		
	*Please list the names of the Specialized Registries to which you are actively engaged:		
	1. test		
	2. test		
	Previous Next Save Cancel		

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Stage 3- Program Year 2017 EP Measures

Below detail the Meaningful Use screens that will display for EP's attesting to select and meet the requirements to attest to Stage 3 for Program Year 2017.

Objective 1- Protect Patient Health Information

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

The following details other requirements of this screen:

• Please select Yes or No

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

* * *	The District of Columbia State Level Repository
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	NPI: 1154319119
	Meaningful Use Measures (Year 4 Attestation / Program Year 2017)
CMS Registration / DC Medicaid Data Meaningful Use Questionnaire Meaningful Use Meanures Public Health Measures Clinical Quality Measures	Meaningful Use Objective 1 of 8 (*) Red asterisk indicates a required field.
Pre-Attestation Measure Summary MU Specifications View All Payment Years	Protect Patient Health Information
Alternate Contact Info Issues/Concerns Document Upload	Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
Conversion Attachments Additional Resources E-mail to DC PI Program SLR Provider Guides	Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.
	Complete the following:
	Have you conducted or reviewed your security risk analysis in accordance with the requirements under 45 CFR 164.306(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.306(a)(3), implemented security updates as necessary, and corrected identified security deficiencies as part of the provider's risk management process per the requirements of this measure?
	Previous Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 2- Electronic Prescribing

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >60% threshold, N/D > 60%
- If an EP responds Yes to meet the exclusion criteria, then that also counts as meeting the measure
- Response to additional questions are required

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program NPI: 1154319119	
	Meaningful Use Measures (Year 4 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicad Data Meaningful Use Questionnaite Meaningful Use Kenu Options Meaningful Use Kenu Options Fulcit Leath Measures Clinical Quality Measures Pre-Attestation Measures Pre-Attestation Measures Over AI Payment Yeans Alternate Contact Into Issues/Concerns Document Uptions Conversion Attachments Additional Resources • E-mail to DC PI Program BLR Provider Quality •	Meaningful Use Objective 2 of 8 (*) Red asterisk indicates a required field. Electronic Prescribing Objective: Generate and transmit permissible prescriptions electronically (eRx). Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. Complete the following: • • Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. • This data was extracted from ALL patient records not just those maintained using certified EHR technology. • This data was extracted only from patient records maintained using certified EHR technology. • This data was extracted only from patient records maintained using certified EHR technology. • This data was extracted only from patient records maintained using certified EHR technology. • This data was extracted only from patient records maintained using certified EHR reporting period. • Do you want to claim Exclusion 17 • Yes • No Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.	
	Do you want to claim Exclusion 2? Yes No Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT. Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period. Numerator: [6] benominator: 100 Which eRx service do you use? Feet Rx service Name a pharmacy that you transmit to. Test Pharmacy Numerator: Test Pharmacy Next Save Cancel	

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 3- Clinical Decision Support

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

The following details other requirements of this screen:

- Please select Yes or No for Measure 1
- Please select Yes or No for the exclusion for Measure 2
- Please select Yes or No for Measure 2
- Responses to additional questions are required

* * *	The District of Columbia State Level Repository		Î
	Department of Health Care Finance Promoting Interoperability Program		
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CAMS Registration / DC Medicaid Data Meaningful Use Guestionnaire Manangful Use Menaures Public Health Measures Clinical Quality Measures Pre-Attestation Measures Pre-Attestation Measures Use and Payment Years Alternate Contact Into Issues/Concerns Document Upbald Conversion Attachments Additional Resources ▶ E-mit Io DC Pr Horgan SLR Provider Guides ▶	Meaningful Use Measures (Year 4 Attestation / Program Year 2017) Meaningful Use Objective 3 of 9 (*) Red asternik indicates a required field. Clinical Decision Support Objective : Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions. Measure: In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1 - Clinical Decision Support Implement the clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHI reporting period. Absent four CQBs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHI reporting period? @ Yes _ Iso • Trovide a brief description of the five clinical decision support interventions you implemented below: 1. @finical decision support interventions 2 2. @finical decision support interventions 3 4. @finical decision support interventions 3 5. @finical decision support interventions 4 6. @inical decision support interventions 3 1. @finical decision support interventions 3 2. @finical decision support interventions 4 3. @finical decision support interventions 3 4	Iome Logout	
	®Yes ⊖No		
	Previous Next Save Cancel		~

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 4- Computer Provider Order Entry (CPOE)

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

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

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Meaningful Use Measures Public Health Measures	(*) Red asterisk indicates a required field.	
Clinical Quality Measures Pre-Attestation Measure Summary		
MU Specifications View All Payment Years	Computerized Provider Order Entry (CPOE)	
Alternate Contact Info Issues/Concerns Document Upload	Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff	
Conversion Attachments Additional Resources	member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	
E-mail to DC PI Program SLR Provider Guides	Measure: An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three	
	measures for this objective:	
	Complete the following:	
	 Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. 	
	This data was extracted from ALL patient records not just those maintained using certified EHR technology.	
	O This data was extracted only from patient records maintained using certified EHR technology.	
	Measure 1 - Medication More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using	
	nore than ou percent or medication orders created by the EP during the EPK reporting period are recorded using computerized provider order entry.	
	Complete the following:	
	Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.	
	Do you want to claim the exclusion for Measure 1?	
	⊖Yes ®No	
	Numerator: The number of orders in the denominator recorded using CPOE.	
	Denominator: Number of medication orders created by the EP during the EHR reporting period.	
	Numerator: 61 Denominator: 100	
	Measure 2 - Laboratory	
	More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
	Complete the following:	
	Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.	
	Do you want to claim the exclusion for Measure 2?	
	⊖Yes ●No	
	Numerator: The number of orders in the denominator recorded using CPOE.	
	Denominator: Number of laboratory orders created by the EP during the EHR reporting period.	
	Numerator: 62 Denominator: 100	
	Measure 3 - Diagnostic Imaging	
	More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
	Complete the following:	
	Exclusion: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.	
	Poss this suchuses apply to usu?	
	Does this exclusion apply to you? Yes No	
	Numerator: The number of orders in the denominator recorded using CPOE.	
	Denominator: Number of radiology orders created by the EP during the EHR reporting period.	
	Numerator: 63 Denominator: 100	
	Readow Next From Found	
	Previous Next Save Cancel	

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 5- Patient Electronic Access to Health Information

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

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, N/D > 80% for Measure 1
- If an EP responds Yes to the exclusion, then they have met the measure threshold
- If not excluded, the EP must meet the threshold >35% threshold, N/D >35% for Measure 2

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Meaningful Use Measures Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.	
Pre-Attestation Measure Summary MU Specifications	Patient Electronic Access to Health Information	
View All Payment Years Alternate Contact Info Issues/Concerns Document Upload	Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	
Conversion Attachments Additional Resources	Measure: In order for EPs to meet the objective they must satisfy both of the following measures:	
SLR Provider Guides	Complete the following:	
	Exclusion 1: Any EP who has no office visits during the EHR reporting period.	
	Do you want to claim this exclusion 1?	
	○Yes ●No	
	Exclusion 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.	
	* Do you want to claim the exclusion 2?	
	○ Yes ● No	
	Measure 1 - Provide timely online access to health information:	
	For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit. his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.	
	Complete the following:	
	Numerator: The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.	
	Denominator: The number of unique patients seen by the EP during the EHR reporting period.	
	Numerator: 81 Denominator: 100	
	Measure 2 - Patient-Specific Education: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.	
	period. Complete the following:	
	Numerator: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.	
	Denominator: The number of unique patients seen by the EP during the EHR reporting period.	
	Numerator: 36 Denominator: 100	
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Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Objective 6- Coordination of Care through Patient Engagement

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

- The EP must meet at least 2 of the three measures thresholds
- If an EP responds Yes to one of the exclusions, then they have met the measure threshold
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the thresholds for measures 1-3
 - \circ Measure 1 >5% threshold, N/D > 5%
 - \circ Measure 2 >5% threshold, N/D > 5%
 - $\circ~$ Measure 3 >5% threshold, N/D > 5%
- Responses to additional questions are required

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Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.	
Pre-Attestation Measure Summary MU Specifications View All Payment Years	Coordination of Care Through Patient Engagement	
Alternate Contact Info	Objective: Use CEHRT to engage with patients or their authorized representatives about the patient's care.	
Document Upload Conversion Attachments Additional Resources	Measure: Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:	
SLR Provider Guides	Complete the following:	
	Exclusion 1: Any EP who has no office visits during the EHR reporting period.	
	Do you want to claim this exclusion 1?	
	⊖Yes ®No	
	Exclusion 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.	
	Do you want to claim the exclusion 2?	
	⊖Yes ®No	
	Measure 1 - Patient Accessed Health Information:	
	For an EHR reporting period in 2017, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either:	
	 View, download or transmit to a third party their health information; or Access their health information through the use of an API that can be used by applications chosen by the patient and 	
	configured to the API in the provider's CEHRT; or (3) A combination of (1) and (2).	
	Complete the following:	
	Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed	
	online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
	Numerator: 6 Denominator: 100	
	Measure 2 - Secure Electronic Messaging:	
	For an EHR reporting period in 2017, more than S percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient authorized	
	representative), or in response to a secure message sent by the patient or their authorized representative.	
	Complete the following:	
	Numerators: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized	
	representative), during the EHR reporting period. Denominator: The number of unique patients seen by the EP during the EHR reporting period.	
	Numerator: 6 Denominator: 100	
	Measure 3 - Patient Generated Health data:	
	Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.	
	Complete the following:	
	Numerator: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-	
	generated health data, is captured through the CEHRT into the patient record during the EHR reporting period. Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
	Numerator: 6 Oenominator: 100	
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Objective 7- Health Information Exchange

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

- The EP must meet at least 2 of the 3 Measures thresholds to satisfy the objective
- Exclusions count towards meeting the Measures
- If an EP responds Yes to exclusion 1, they will meet the threshold for Measure 1 and only be required to meet 1 other measure
- If an EP responds Yes to exclusion 2, they will meet the threshold for Measures 1 and 2 and will not be required to meet the threshold of Measure 3
- If an EP responds Yes to exclusion 3, they will meet the threshold for Measure 2 and 3 and will not be required to meet the threshold for Measure 3
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the threshold for Measures 1-3
 - \circ Measure 1 >50% threshold, N/D > 50%
 - $\circ~$ Measure 2 >40% threshold, N/D > 40% ~
 - \circ Measure 3 >80% threshold, N/D > 80%
- Responses to additional questions are required

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Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.		
Pre-Attestation Measure Summary MU Specifications View All Payment Years	Health Information Exchange		
Alternate Contact Info Issues/Concerns Document Upload Conversion Attachments Additional Resources	Objective: The EP provides a summary of care record when transit of care, receives or retrieves a summary of care record the first patient encounter with a new patient, and inco providers into their EHR using the functions of CEHRT.	upon the receipt of a transition or referral or upon	
SLR Provider Guides	Measure: The EP must attest to all three of the following measure measures to meet the objective.	is and must meet the thresholds for at least two	
	<u>Measure 1</u> - For more than 50 percent of transitions of their patient to another setting of care or provider of ca 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record	re:	
	Measure 2 - For more than 40 percent of transitions or the provider has never before encountered the patient, electronic summary of care document.		
	<u>Measure 3</u> - For more than 80 percent of transitions or the provider has never before encountered the patient, reconciliation. The provider must implement clinical info information sets: 1) Medication, Review of the patient's medication, inclu each medication.	the EP performs a clinical information rmation reconciliation for the following three clinical ding the name, dosage, frequency, and route of edication allergies.	
	 Current Problem list. Review of the patient's current Complete the following: 	anu acuve ulagnoses.	
	 Patient Records: Please select whether the data used to support the me only from patient records maintained using certified EHR technology. 	asure was extracted from ALL patient records or	
	This data was extracted from ALL patient records not just those maint O This data was extracted only from patient records maintained using or		
	Exclusion 1: Any EP who transfers a patient to another setting or ref times during the EHR reporting period may exclude Mer		
	Do you want to claim the exclusion 1?		
	⊖Yes ●No		

Exclusion 2:	Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbpsbroadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures 1 and 2.	^
* Do you want t	o claim the exclusion 2?	
⊖Yes ●No		
Exclusion 3:	Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period may exclude the measures 2 and 3.	
* Do you want t	o claim Exclusion 3?	
⊖Yes ®No		
Measure 1 - Tra	insition of Care	
For more than 50 of care or provid) percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting er of care:	
1) Creates a sum	mary of care record using CEHRT; and exchanges the summary of care record.	
Numerator: The	number of transitions of care and referrals in the denominator where a summary of care record was created IR technology and exchanged electronically.	
Denominator: N transferring or re	lumber of transitions of care and referrals during the EHR reporting period for which the EP was the ferring provider.	
* Numerator: 5	Denominator: 100	
Measure 2 - Su		
	i percent of transitions or referrals received and patient encounters in which the provider has never before patient, the EP incorporates into the patient's EHR an electronic summary of care document.	
	nber of patient encounters in the denominator where an electronic summary of care record received is he provider into the certified EHR technology.	
	lumber of patient encounters during the EHR reporting period for which an EP was the receiving party of a irral or has never before encountered the patient and for which an electronic summary of care record is	
* Numerator: 4	Denominator: 100	
	nical Reconciliation	
encountered the	percent of transitions or referrals received and patient encounters in which the provider has never before patient, the EP performs a clinical information reconciliation. The provider must implement clinical scillation for the following three clinical information sets:	
2) Medication all	view of the patient's medication, including the name, dosage, frequency, and route of each medication. rgy. Review of the patient's known medication allergies. m list. Review of the patient's current and active diagnoses.	
	number of transitions of care or referrals in the denominator where the following three clinical information are performed: medication list, medication allergy list, and current problem list.	
	number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient or referral or has never before encountered the patient.	
* Numerator: 8	Denominator: 100	
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Objective 8- Public Health and Clinical Registry Reporting

EPs must report on a total of two (2) Public Health Measures to meet the Measure 8 objective for Meaningful Use.

Exclusions cannot be used to count towards meeting the required two (2) Measures. This means that an EP would need to:

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

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Meaningful Use Questionnare Meaningful Use Measures Public Heath Measures PricAltes Measures Dirical Quality Measures Measures View AIR Septimization Measures Measures SuesciOncoms Sociament Upbald Document Jupited	Meaningful Use Objective 8 of 8 Public Health and Clinical Data Registry Reporting: The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice. Public Health and Clinical Data Registry Reporting Selection EPs must report on a total of two (2) Public Health and Clinical Data Registry Measures to meet the Meaningful Use objective 8. Exclusions cannot be used to count towards meeting the two (2) measures. This means that an EP would need to:	
dditional Resources 🕨 -mail to OC PI Program LR Provider Guides 🕨	Aftest to TWO total Public Health and Clinical Data Registry Measures for which the EP can meet the measure successful; EP may attest to active engagement with two Publics Health sunder Dublic Health and Clinical Data Registry Measure 8-3 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR EP may attest to active engagement with two Public Data Registry Measure 8-4 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR EP may attest to active engagement with two Public All Registry Measure 8-4 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR Attest to all four (4) Public Health Measures, counting exclusions	
	Please select the Public Health Measures for which you are attesting according to the following guidelines: 1. If you are attesting to meet two (2) Futule Health and Clinical Data Registry Measures without claiming exclusion, you may select the two (2) total Public Health and Clinical Data Registry Measures from the list below. 2. If you are attesting to Public Health and Clinical Data Registry Measures 5-3 (Public Health Registry Reporting) and are reporting to at least two (2) different Public Health and Clinical Data Registry Measures 5-3 (Public Health and Clinical Data Registry Measures 5-4 (Clinical Data Registry Measures 5-4	
	Select All / De-Select All	
	Select Public Health → Clinical Data Registry Measures Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization foregration forecasts and histories from the public health immunization registry/immunization information system (IIS).	
	Measure 8 - 2 Syndromic. Surveillance. Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	
	Measure 8 - 3 which data to public health registry. Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	
	Heasure 8 - 4 Clinical Data Registry Reporting: The EP is in active engagement with a public health agency to submit data to a clinical data registry.	
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Measure 8-1: Immunization Registry Reporting

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

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

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Measure 8-2: Syndromic Surveillance Reporting

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

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

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Measure 8-3: Public Health Registry Reporting

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

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

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CMS Registration / DC Medicaid Data Meaningful Use Cuestionnaire Meaningful Use Mean Options Meaningful Use Measures Public Health Measures Clinical Quality Measures Pre-Atlestation Measure Summary MU Specifications Mu Specifications Mu Specifications Mu Specifications Maternate Conduct Into Issues/Concerns Decument Uphonat Conversion Allachments Addisount Resources } E-mail to DC Phopgam SLR Provider Cludes }	 (*) Red asteriak indicates a required field. Public Health Registry Reporting Measure 8-3: The EP is in active engagement with a public health agency to submit data to public health registries. *Active engagement* may be demonstrated by any of the following options: Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or cDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period. Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure. 	
	 Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 	
	Complete the following: Exclusion 1: Any EP who does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period. *Do you want to claim Exclusion 17 Yes No Exclusion 2: Any EP who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. *Do you want to claim Exclusion 27	
	 ○ Yes ● No Exclusion 3: Any EP who operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. *Do you want to claim Exclusion 37 ○ Yes ● No *Is the EP actively engaged to submit data to public health registries? ♥ Yes ○ No 	
	 Prease indicate the active engagement option that best describes how you met the measure: Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has begin testing and validation and validation. This option allows providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period. Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; filantize to respond their within an EHR reporting period would result in that provider net meeting the measure. Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. Please select how many Public Health Registries to which you are actively engaged to submit data: 2 *Please list the names of the Public Health Registries to which you are actively engaged: Index Hash Registry 1 	
	Previous Next Save Cancel	

Navigation:

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

Measure 8-4: Clinical Data Registry Reporting

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

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

* * *	The District of Columbia	
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CMS Registration / DC Medicad Data Meaningful Use Questionnaire Meaningful Use Measures Pre-Attestation Measures Pre-Attestation Measures Pre-Attestation Measures Pre-Attestation Measures Atternate Conductive Issues/Concerns Occument Upont Conversion Attachments Additional Resources > E-mail to DC PI Program SLR Provider Queles >	Production of Headth Care Finance Promoting Interoperability Program Public Headth Measures Year 4 Attestation / Program Year 2017) ************************************	
	 Please indicate the active engagement option that best describes how you met the measure: Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the ERIR reporting pendic; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting pendid. Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure. Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. Please select how many Clinical Data Registries to which you are actively engaged to submit data: 	
	Please list the names of the Clinical Data Registries to which you are actively engaged: Clinical Data Registry 1 Previous Next Save Cancel	

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Clinical Quality Measure Reporting

As part of an EP Meaningful Use attestation, EPs are required to report on Clinical Quality Measures (CQM) that best fit their scope of practice. For Program Year 2017, CQM requirements were modified via the IPPS Final Rule on August 14th, 2017, which was effective on October 1, 2017. The IPPS outlined changes to CQM reporting for Program Year 2017 and detailed alignment of Clinical Quality Measure reporting for eligible professionals (EPs) Medicaid Promoting Interoperability Program and Medicare's Merit-based Incentive Program (MIPS) beginning in Program Year 2017.

As part of this new alignment with MIPS, 11 CQMs were removed, EPs are only required to report on 6 out of 53 CQMs, and the domain classifications were removed. Below details the 11 CQMs that were removed as part of the alignment efforts between the PI Program and MIPS.

CMS eCQM ID	Domain	Measure Name	
CMS126v5	Effective Clinical Care	Use of Appropriate Medications for Asthma	
CMS140v5	Effective Clinical Care	Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	
CMS141v6	Effective Clinical Care	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	
CMS148v5	Effective Clinical Care	Hemoglobin A1c Test for Pediatric Patients	
CMS163v5	Effective Clinical Care	Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL)	
CMS179v5	Patient Safety	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	
CMS182v6	Effective Clinical Care	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100 mg/dL)	
CMS61v6	Effective Clinical Care	Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	
CMS62v5	Effective Clinical Care	HIV/AIDS: Medical Visit	
CMS64v6	Effective Clinical Care	Preventive Care and Screening: Risk-Stratified Cholesterol -Fasting Low Density Lipoprotein (LDL-C)	
CMS77v5	Effective Clinical Care	HIV/AIDS: RNA Control for Patients with HIV	

The next screens detail the CQMs that will display for EPs regardless of their Stage selection of Modified Stage 2 or Stage 3 for Program Year 2017.

CQM Selection Screen

Beginning in Program Year 2017, EPs attesting for any MU Stage are required to report 6 of 53 CQMs using EHR technology that is certified to the 2014, 2015, or a 2014/2015 combination standards and certification criteria. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.

Please select 6 or more CQMs listed below using the following guidelines:

- Select a minimum of 6 CQMs
- If you do not have 6 CQMs to report with patient data, you may enter "0" for the CQMs for which you do not have patient data

		1	ne District of Columbia State Level Repository	
		Depar	tment of Health Care Finance Promoting Interoperability Program	
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			NPI: 1003906488	
			Clinical Quality Measures (Year 2 Attestation / Program Year 20	D17)
CMS Registration / DC Medicaid Data				
Meaningful Use Questionnaire Meaningful Use Menu Options	Questionn	aire		
Meaningful Use Measures	Instructions:			
Public Health Measures	FDs attesting	for any MII stage a	re required to report 6 of 53 CQMs using EHR technology that is certified to the 2014, 2015, or a 2014/2015	
Clinical Quality Measures Pre-Attestation Measure Summary			ication criteria. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique	
MU Specifications	patient popula	ation.		
View All Payment Years Alternate Contact Info	Please select	6 or more CQMs list	ed below using the following guidelines:	
Issues/Concerns		ninimum of 6 CQMs		
Document Upload Conversion Attachments	• If you do	not have 6 CQMs to	report with patient data, you may enter "0" for the CQMs for which you do not have patient data	
Additional Resources	Select All /	De-Select All		
E-mail to DC PI Program	Selection	ID Number	Title	
SLR Provider Guides		CMS ID 136v6	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity	
			Disorder (ADHD) Medication	
		CMS ID 161v5	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	
		CMS ID 128v5	Anti-Depressant Medication Management	
	~	CMS ID 146v5	Appropriate Testing for Children with Pharyngitis	
	v	CMS ID 154v5	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	
	\checkmark	CMS ID 169v5	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	
		CMS ID 125v5	Breast Cancer Screening	
		CMS ID 133v5	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract	
		CMS ID 133V5	Surgery	
		CMS ID 132v5	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	
		CMS ID 124v5	Cervical Cancer Screening	
		CMS ID 177v5	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	
		CMS ID 117v5	Childhood Immunization Status	
		CMS ID 75v5	Children Who Have Dental Decay or Cavities	
		CMS ID 153v5	Chlamydia Screening for Women	
		CMS ID 50v5	Closing the Referral Loop: Receipt of Specialist Report	
		CMS ID 130v5	Colorectal Cancer Screening	
		CMS ID 165v5	Controlling High Blood Pressure	
		CMS ID 145v5	Coronary Artery Disease (CAD): Beta Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction	
		CMS ID 149v5	Dementia: Cognitive Assessment	
		CMS ID 159v5	Depression Remission at Twelve Months	
		CMS ID 160v5	Depression Utilization of the PHQ-9 Tool	
		CMS ID 131v5	Diabetes: Eye Exam	
		CMS ID 123v5	Diabetes: Foot Exam	
		CMS ID 122v5	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	
		CMS ID 134v5	Diabetes: Medical Attention for Nephropathy	
		CMS ID 142v5	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	
		CMS ID 167v5	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	
		CMS ID 68v6	Documentation of Current Medications in the Medical Record	
		CMS ID 139v5	Falls: Screening for Future Fall Risks	
		CMS ID 56v5	Functional Status Assessment for Total Hip Replacement	
		CMS ID 66v5	Functional Status Assessment for Total Knee Replacement	
		CMS ID 90v6	Functional Status Assessments for Congestive Heart Failure	
		CMS ID 135v5	Heart Failure (HF): Anglotensin-Converting Enzyme (ACE) Inhibitor or Anglotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
		CMS ID 144v5	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
		CMS ID 52v5	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	
		CMS ID 52v5 CMS ID 65v6	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis Hypertension: Improvement in Blood Pressure	

Ш	CMS ID 82v4	Maternal Depression Screening	
	CMS ID 157v5	Oncology: Medical and Radiation - Pain Intensity Quantified	
	CMS ID 127v5	Pneumococcal Vaccination Status for Older Adults	
	CMS ID 158v5	Pregnant women that had HBsAg testing	
	CMS ID 69v5	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-U Plan	
	CMS ID 147v6	Preventive Care and Screening: Influenza Immunization	
	CMS ID 2v6	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	
	CMS ID 22v5	Preventive Care and Screening: Screening for High Blood Pressure and Follow-U Documented	
	CMS ID 138v5	Preventive Care and Screening: Tobacco Use: Screening and Cessatio Intervention	
	CMS ID 74v6	Primary Caries Prevention Intervention as Offered by Primary Care Provider including Dentists	
	CMS ID 143v5	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	
	CMS ID 129v6	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Ris Prostate Cancer Patients	
	CMS ID 156v5	Use of High-Risk Medications in the Elderly	
	CMS ID 166v6	Use of Imaging Studies for Low Back Pain	
	CMS ID 155v5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 136v6 ADHD: Follow-up for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

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

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

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

* * *	The District of Columbia State Level Repository					
	Department of Health Care Finance Promoting Interoperability Program					
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout				
CMS Registration / DC Medicaid Data Meaningful Use Questionnaire Meaningful Use Mersi Options Meaningful Use Measures Public Healt Measures	Questionnaire 1 of 6 (*) Red asterisk indicates a required field.					
Clinical Quality Measures Pre-Attention Measures Summary Mill Specifications View All Specifications View All Specifications Attention Crashed Istin Insurani-Concernin Decument Uplicad Conversion Attentions Additional Resources — E-mark Isto CC Program SLR Provider Guides —	CMS ID 13696 Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Description: 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 viait with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who had one follow-up viait with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at teast 210 Jays and who, in Addition to the viait in the Initiation Phase, had at least two additional follow-up with with a practitioner within 270 days (9 months) after the Initiation Phase medic. Complete the following Information: * Numerator 1: Performance Rate 1: We "Exclusion 1:					
	Numerator 2: Performance Rate 2: % Exclusion 2:					
	Previous Next Save	Cancel				

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 161v5: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

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

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

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registerior / CC Meckand Data Meaning/Like Concelenning Meaning/Like Mean Cythens Meaning/Like Meanures Pado: Health Meanures Chicad Catality Meanures Chicad Catality Meanures Pre-Adatation Meanure Summary Mult Systematication Materials Concentra Beacament Upland Conversion Adlactments Additional Resources & Elemant to CP IP Program SLA Provider Goods &	Questionnaire 2 of 6 (*) Red asterisk indicates a required field. CMS ID 161v5 Title: Adult Major Depressive Disorder (HDD): Suicide Risk Assessment. Description: Precentage of patients aged 10 years and older with a diagnosis of major depressive disorder (HDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. Complete the following information: • Numerator: • Performance Rate: %	
	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 128v5: Anti-Depressant Medication Management

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout
CMS Registration / DC Medicald Data Meaningful Use Questionnaire Meaningful Use Measures Meaningful Use Measures	Questionnaire 3 of 6 (*) Red asterisk indicates a required field.	
Public Health Measures Clinical Cashi Meanures Pre-Antication Measures Burnhary MUI Specifications Vare AI Payment Vara Automatic Cashi Internet Cashi Internet Cashi Conversion Attachments Additional Resources E-mail In CC Physician SER Provider Galdes	CMS ID 128v5 Tele: Anti-Depressant Medication Management Description: 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 04 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 04 days (5 months). Complete the following information: * Numerator 1: • Denominator 1: • Performance Rate 1: • % • Exclusion 1: • Numerator 2: • Denominator 2: • Performance Rate 2: • % • Exclusion 2:	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 146v5- Appropriate Testing for Children with Pharyngitis

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

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

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

* * * The District of Columbia State Level Repository Department of Health Care France Promoting Interoperability Program				
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	Previous Next Save	Cancel		

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 154v5: Appropriate Treatment for Children with Upper Respiratory Infections (URI)

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

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

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

* * * The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program					
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout			
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	Previous Next Save	Cancel			

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 169v5: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance Use

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

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

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 125v5: Breast Cancer Screening

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)	Home Logout
CDIT Reparation (20 Mediant Date Harring) Libra Marc Cyllins Marangol Libra Marc Cyllins Marangol Libra Marca Marangol Libra Marca Part II. Maran Marana Marana Marana Constat sa Adarana Constat sa Consenses Adarana Consenses Adarana Consenses Adarana Consenses Adarana Consenses Adarana Consenses Adarana Consenses Adarana	Operationment 7 of 53 (*) Red autorsk indicates a required field. CHS 10 123:0 Tillia: Ensure Cancer Streaming Description: Proceedings Description: Proceedings Complete the following information: * Remember 10 * Denominators 10 ⁻¹	
	Previous Bext Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 133v5: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery

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

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

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

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Navigation:

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

CMS ID 132v5: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

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

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

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

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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 124v5: Cervical Cancer Screening

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

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

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

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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 177v5: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

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

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

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

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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 117v5: Childhood Immunization Status

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

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

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

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 75v5: Children Who Have Dental Decay or Cavities

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

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

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

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CMS Registration / DC Medicaid Data Meaningful Use Questionnaire Meaningful Use Menu Options	- Questionnaire 13 of 53	
Meaningful Use Measures Public Health Measures Clinical Quality Measures Pre-Attestation Measure Summary	(*) Red asterisk indicates a required field. CHS ID 75x5	
MU Specifications View All Payment Years Alternate Contact Info	Title: Children Who Have Dental Decay or Cavities	
Issues/Concerns Document Upload	Description: Percentage of children, ages 0-20 years, who have had tooth decay or cavilies during the measurement period. Complete the following information:	
Conversion Atlachments Additional Resources E-mail to DC PI Program SLR Provider Guides	* Numerator () * Denominator () * Performance Rate ((x) %)	
	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 153v5: Chlamydia Screening for Women

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

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

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

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	Previous Rest Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 50v5: Closing the Referral Loop: Receipt of Specialist Report

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 130v5: Colorectal Cancer Screening

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 165v5: Controlling High Blood Pressure

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 145v5: Coronary Artery Disease (CAD): Beta Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction

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

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

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

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Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 149v5: Dementia: Cognitive Assessment

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 159v5: Depression Remission at Twelve Months

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

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

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

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Meeningful Use Measures Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.	
Pre-Attestation Measure Summary MU Specifications View All Payment Years	CHS ID 139v3 Title Depression Ramission at Twelve Months	
Alternate Contact Info Issues/Concerns Document Upload Convention Attachments	Description Patients age 13 and older with major depression or dysthymia and an initial Patient Health Questionnaire (IMQ-9) going greater than nine who demonstrate remission at burlee months (1-7.30 days after an index veld) defined as a PAQ-9 score less than five. This measure applies to both patients with newly degreesed and existing degreesion whose current RIQ-9 score indextan a need for interfined.	
Additional Resources E-mail to DC PI Program	Complete the following information:	
SLR Provider Guides	Numeratori Denominatori Performance Rate: 96 * Exclusion:	
	Previous Next Save	Cancel

Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 160v5: Depression Utilization of PHQ-9 Tool

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

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

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

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	Department of Health Care Finance Promoting Interoperability Program	
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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 131v5: Diabetes: Eye Exam

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

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

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

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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 123v5: Diabetes: Foot Exam

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

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

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

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 122v5: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

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

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

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

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Meaningful Use Measures Public Health Measures Clinical Quality Measures	(*) Red asterisk indicates a required field.	
Pre-Attestation Measure Summary MU Sovoifeations	CMS ID 122v5	
View All Payment Years	Title: Diabetes: Hemoglobin A1c (HbA1c) Foor Control (> 9%)	
Alternate Contact Info Issues/Concerns	Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	
Document Upload Conversion Attachments	Complete the following information:	
Additional Resources E-mail to DC PI Program ELR Provider Guides	Numerator: Penominator: Performance Rate: 96	
	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 134v5: Diabetes: Medical Attention for Nephropathy

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

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

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

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Meaningful Use Measures Public Health Measures	(*) Red asterisk indicates a required field.	
Clinical Quality Measures Pre-Attestation Measure Summary	CMS ID 134v5	
MU Specifications View All Payment Years	Title: Diabetes: Medical Attention for Nephropathy	
Alternate Contact Info Issues/Concerns Document Uploed	Description: 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.	
Conversion Attachments Additional Resources	Complete the following information:	
E-mail to DC PI Program SLR Provider Guides	Numaratara Orientinator Performance Ratio (view)	Cont

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 142v5: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- Denominator must be a whole number
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- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 167v5: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 68v6: Documentation of Current Medications in the Medical Record

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 139v5: Falls: Screening for Future Fall Risks

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- The numerator should be less than or equal to the denominator
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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 56v6: Functional Status Assessment for Total Hip Replacement

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- Please enter a denominator: 0 is acceptable if there is no measure population
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- The numerator should be less than or equal to the denominator
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- Exclusions must be a whole number

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 66v5: Functional Status Assessment for Total Knee Replacement

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

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

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

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 90v6: Functional Status Assessment for Congestive Heart Failure

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- Please enter a denominator: 0 is acceptable if there is no measure population
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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 135v5: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- The numerator should be less than or equal to the denominator
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- Performance rate is entered as a whole number to reflect a percentage
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- Exceptions must be a whole number

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

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 144v5: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
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- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
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Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 52v5: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

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

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

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

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	Department of Health Care Finance Promoting Interoperability Program	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017	7) Home Logout
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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 65v6: Hypertension: Improvement in Blood Pressure

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Fromoting Interoperability Program	
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 137v5: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

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

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

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	Clinical Quality Measures (Year 2 Attestation / Program Year 201	17) Home Logout
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Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 164v5: Ischemic Vascular Disease (IVD): Use of Aspirin or another Antiplatelet

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

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

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

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	Department of Health Care Finance Promoting Interoperability Program NPI: 1003906488
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017)
ndi Separata (C. Makad Dar Marang) Lin Galancian Karang) Lin Karo Catro Marang) Lin Karo Catro Marang) Lin Karo Catro Ca	Constrained 13 of 53 (*) Red addresh indicates a required field. Origin 164:0 The Isolance Vacuator Disease (1/0): Use of Agains or Another Antipolated. These Isolance Vacuator Diseases (1/0): Use of Agains or Another Antipolated. Development intervation of part of data rules user dispared with such represented induction (1/0); coronary networking (1/04); jorgenstaneous correct and such adapted with such represented induction (1/0); coronary networking (1/04); jorgenstaneous correct and such adapted with such responsibility of adapted with such responses (1/04); doing the measurement particle. Complete the following information: * Researchere () * the Denominatory () * Performance Rate () * the * Exclusions () *

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 82v4: Mental Depression Screening

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

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

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

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	Clinical Quality Measures (Year 2 Attestation / Program Year 2017	Mome Logour
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 157v5: Oncology: Medical and Radiation – Pain Intensity Quantified

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 127v5: Pneumococcal Vaccination Status for Older Adults

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 158v5: Pregnant Women that had HBsAg Testing

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 69v5: Preventive Care Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

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

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

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

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	Department of Health Care Finance Promoting Interoperability Program	
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Oth Topological Colombia (Encoded Encoded Enco	Constituents El el 13 (*) Red astarchi Indicates a required field. CHS ID 69x5 Tible: Preventive Care and Ecreming: Body Mass Index (DH) Ecreming and Falsor-Up Plan Description: Parantee, a plantea aged 23 years and able with a DH documental during the correct encounter or during the previous six months AKD with a DH2 outside of normal parantees, a plantea aged and only the assattee at during the previous six months of the current encounter. Normal Terminater: Age 13 years and able DH1 = 11.5 and + 23 kg/m2. Complete the following information: * Researchery @ * Demonitoriator: @ * Performance Rete: @ 4b * Exclusion: @ * Exception: @ *	
	Previous Next Save	Cascel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 147v6: Preventive Care and Screening: Influenza Immunization

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

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

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

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Document Upload Conversion Attachments Additional Resources > E-mail to DC PI Program SLR Provider Quides >	r Consider te following information: Conglete de following information: * Numeratory :: * Denominatory :: * Performance Rule :: * Exception: : * Exception: : *	
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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 2v6: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 22v5: Preventive Care and Screening for High Blood Pressure and Follow-Up Documented

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

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

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

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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 138v5: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 74v6: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

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

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

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

* * *	The District of Columbia	
	Department of Health Care Finance Promoting Interoperability Program NP1: 1003906488	
		Home Logout
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Meaningful Use Questionnaire Meaningful Use Auestionnaire	Questionnaire 48 of 53	
Meaningful Use Measures Public Health Measures	(*) Rad asterisk indicates a required field.	
Clinical Quality Measures Pre-Attestation Measure Summary	CMS ID 74v6	
MU Specifications	Title: Primary Carles Prevention Intervention as Offered by Primary Care Providers, including Dentists	
View All Payment Years Alternate Contact Info	Description: Percentage of children, age 0-20 years, who received a fluoride vamish application during the measurement period.	
Issues/Concerns Document Upload	Complete the following information:	
Conversion Attachments	Population 1: Patient ages 0-5 years	
Additional Resources E-mail to DC PI Program SLR Provider Guides	* Numeratori 0 * Demominatori 0 * Performance Rate: 0 %	
	Population 2: Patient ages 6-12 years	
	* Numerator: 0 * Denominator: 0 * Performance Rate: 0 %	
	Population 3: Patients ages 13-20 years	
	* Numeratori 0 * Denominatori 0 * Performance Ratei 0 × 96	
	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 143v5: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017	7) Home Logout
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 129v6: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
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s Health Measures of Caality Measures destation Measure Summary estilications All Payment Years whe Context Info ViConcerns	CH5 10 12bH5 Titles Invaste Cancer Avoidance of Oversee of livers Scen for Baging Law Risk Frontale Cancer Federats Descriptions Percentage of patients, regardless of ago, with a diagonis of prostate cancer at low (or very low) risk of recurrence receiving intentibil prostate	
Concerns ent Upload nsion Attachments nal Resources to DC PI Program roykler Guides	Includences, OR external leaser neitherarys to the prosteles. OR radioal prostelections, OR syntherarys who did not have a lone size performed at any time since degrees of providences are set of the set of th	
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Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 156v5: Use of High-Risk Medications in Elderly

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
	Clinical Quality Measures (Year 2 Attestation / Program Year 2017	/) Home Logast
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 166v6: Use of Imaging Studies for Low Back Pain

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

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

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

* * *	The District of Columbia State Level Repository Department of Health Care Finance Promoting Interoperability Program	
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	Previous Next Save	Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

CMS ID 155v5: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

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

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

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

* * *	The District of Columbia	
	State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
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	Previous Next Save	Cancel

Navigation:

Previous Button - Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen **Save Button** – Saves the EP's data

Pre-Attestation Summary

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

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

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

* * *	The District of Columbia State Level Repository	
	Department of Health Care Finance Promoting Interoperability Program	
	NPI: 1003906488	
	Summary of Measures (Year 2 Attestation ,	Program Year 2017) Kome Logaz
CDH Reparation (20 Mediated Date Merringht Una Merringht (20 Mediated Date Merringht) Una Merringht (20 Mediated Date Classical County Merringht) (20 Merringht) (20 Merringht) (20 Merringht) (20 Merringht) (20 Merrin	- balance of Mesoures Please select the desired measure link below to review the details of your attestation. This is your last chance to view/off the information you have entered before you attest. Please review your information as you vill be unable to off your information after you attest. Neaningful Use Measures Summary Public Health Measures Summary Clinical Quality Measures Summary	
	Previous Next	

Navigation:

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

Meaningful Use Measure Summary

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

Below displays the summary screens for both Modified Stage 2 and Stage 3

Modified Stage 2:

	1 Пе	e District of Columb State Level Repository	Ia	
	Department	of Health Care Finance Promoting Interoperability I	Program	
			NPI: 1003906488	
IS Registration / DC Medicaid Data		Summary of Meaningfu	ll Use Measures (Year 2 Al	ttestation /
aningful Use Questionnaire aningful Use Menu Options aningful Use Measures	Meaningful Use Measures List Table To print this screen, select the "Print View			
lic Health Measures ical Quality Measures -Attestation Measure Summary	Please select the edit link next to the mea ObjectiveText	sure you wish to update. If you do not wish to edit your measures yo	a may select next to continue.	
/ Specifications w All Payment Years	Protect electronic protected health	Description Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1),		Selection
amata Contact Info ues/Concerns oument Upload	maintained by the CEHRT through the implementation of appropriate	including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in		
nversion Attachments ditional Resources II wal to DC PI Program R Provider Guides II	technical capabilities.	accordance with requirements under 45 CFR 164-312(a) (2)(v) and 45 CFR 164.306(d)(3), and implement security updates a necessary and correct identified security deficiencies as part of the EP's risk management process.		Edit
		Have you conducted or reviewed your security risk analysis and if necessary implemented security updates and corrected identified security deficiencies per the requirements of this measure?		
	Use clinical decision support to improve performance on high-	EPs must satisfy both of the following measures in order to meet the objective:	Yes	
	priority health conditions.	Measure 1 - Clinical Decision Support Implement five clinical decision support interventions related to four or more clinical guality measures at a	1. test 2. test	
		related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures	3. test	
			4. test 5. test	
		must be related to high-priority health conditions. Have you implemented five clinical decision support interventions related to four or more CQHs or other	Yes	
		high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period?		Edit
		Provide a brief description of the five clinical decision support interventions you implemented below:		
		Heasure 2 - Drug Interaction Checks The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for		
		the entire EHR reporting period. Have you enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the		
	lite computerized provider order	entire EHR reporting period? An EP through a combination of meeting the thresholds	Numerator = 7	
	entry for medication, laboratory, and radiology orders directly	and exclusions (or both) must satisfy all three measures for this objective listed below:	Denominator = 10	
	entered by any licensed healthcare professional who can enter orders	Measure 1 - Medication More than 60 percent of medication orders created by	Numerator = 4 Denominator = 10	
		the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator = 4 Denominator = 10	
		Measure 2 - Laboratory More than 3D percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. Measure 3 - Radiology		Edit
	Generate and transmit permissible	Hore than 30 percent of radiology orders created by the EP during the EHR resporting period are recorded using computerized provider order entry. Hore than 50 percent of all permissible prescriptions	Numerator = 10	
		Fore than 30 percent or all permissione prescriptions written by the EP are question for a drug formulary and transmitted electronically using CEHRT. Which eRx service do you use?		
			test	Edit
		Name a pharmacy that you transmit to. Please provide the number of permissible prescriptions		
	The EP who transitions their	that were written during the EHR reporting period: The EP that transitions or refers their patient to another		
	patient to another setting of care or provider of care or refers their patient to another provider of care		Denominator = 10	Edit
	Use clinically relevant information	the EP to another provider or setting of care during the EHR reporting period below: Patient-specific education resources identified by	Numerator = 10	
	from CEHRT to identify patient- specific education resources and provide those resources to the patient.	CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Denominator = 10	Edit
	Use Clinically relevant information from CEHRT to identify patient- specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CENRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Numerator = 10 Denominator = 10	Edit
	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Numerator = 10 Denominator = 10	Edit
	Provide patients the ability to view	In order for the EP to meet the measure for the	Numerator = 10	
		objective he or she must satisfy all of the following measures and/or exclusion(s) below. Measure 1 - Provide timely online access to health	Denominator = 10 Numerator = 10	
	business days of the information being available to the EP.	Heasure 1 - Provide timely contex access to health information: Hore than 30 percent of all unique patients seen by the EP during the ENP 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 withful of cartain information. Heasure 2 - Patient accessed health information:	Denominator = 10	Edit
		reasons 2 · Pauen accesses recan mormation. For an ENR reperting period in 2017, more than 5 percent of unique patients seen by the EP during the ENR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the ENR reporting.		
	Use secure electronic messaging to communicate with patients on relevant health information.	For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using	Denominator = 100	Edit

Stage 3:

* * *		District of Columb State Level Repository			
	Department c	of Health Care Finance Promoting Interoperability F	rogram		
		NPI: 1154319119 gful Use Measures (Year 4 Attestation / Pi			Home Logout
CMS Registration / DC Medical Data Meaninghi Use Menu Options Meaninghi Use Measures Chinai Quality Measures Clinical Quality Measures Clinical Quality Measures Pre-Antestation Measure Simmany MU Specifications View AI Payment Yeans Addrenate Conduct Into Issues/Concernis Document Uptad Conversion Atlactments Addrenate Resources > E-tanal to DC PI Program SLR Provider Guides >	ObjectiveText Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.	buton at the bottom of the screen. There you wish to update. If you do not wish to edit your measures you Description Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), inplement security updiciencies as part of the provider's risk management process. Have you conducted or reviewed your security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implemented security updates as necessary, and corrected identified security deficiencies as part of the provider's risk management process.	Data Entered Yes	Selection Edit	
	Generate and transmit permissible prescriptions electronically (eRx).	requirements of this measure? More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. Which eRx service do you use? Name a pharmacy that you transmit to. Please provide the number of permissible prescriptions that were written during the EHR reporting period:	Numerator = 61 Denominator = 100 Test Rx service Test Pharmacy	Edit	
	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1- Clinical Decision Support Interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient opulation, the clinical decision support interventions must be related to high-priority health conditions. Have you implemented five clinical decision support interventions related to four or more CQMs or other high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period? Provide a brief description of the five clinical decision support interventions you implemented below: Measure 2 - Drug Interaction Checks The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Yes 1. Clinical decision support Interventions 1 2. Clinical decision support 3. Clinical decision support 4. Clinical decision support 5. Clinical decision support 5. Clinical decision support 9. Clinical decision support	Edit	

Eligible Professional (EP) User Manual

	Have you enabled and implemented the functionality for		
	Have you enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period?		
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per	An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective: Measure I - Medication More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator = 61 Denominator = 100 Numerator = 62 Denominator = 100 Numerator = 63 Denominator = 100	Edit
with timely electronic access to their health information and patient-specific education.	In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1 - Provide timely online access to health information: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient- authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.	Numerator = 81 Denominator = 100 Numerator = 36 Denominator = 100	Edit
	Measure 2 - Patient-Specific Education: The EP must use clinically relevant information from CERNT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EIR reporting period.		
patients or their authorized representatives about the patient's care.	Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective: Measure 1 - Patient Accessed Health Information: For an EHR reporting period in 2012, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CLHRI; or (3) A combination of (1) and (2). Measure 2 - Secure Electronic Messaging: For an EHR reporting period in 2012, more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient or the patient authorized representative), or in patient or	Numerator = 6 Denominator = 100 Numerator = 6 Denominator = 100 Numerator = 6 Denominator = 100	Edit

Eligible Professional (EP) User Manual

	Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.			
care record when transitioning or referring their patient to another reterires a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.	care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:	Numerator = 51 Denominator = 100 Numerator = 40 Denominator = 100 Numerator = 81 Denominator = 100		
	Measure 1 - Transition of Care For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care a provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record. Measure 2 - Summary of Care For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document. Measure 3 - Clinical Reconciliation For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. 2) Medication allergiv. Review of the patient's known medication allergivs.		Edit	

Public Health Measure Summary

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

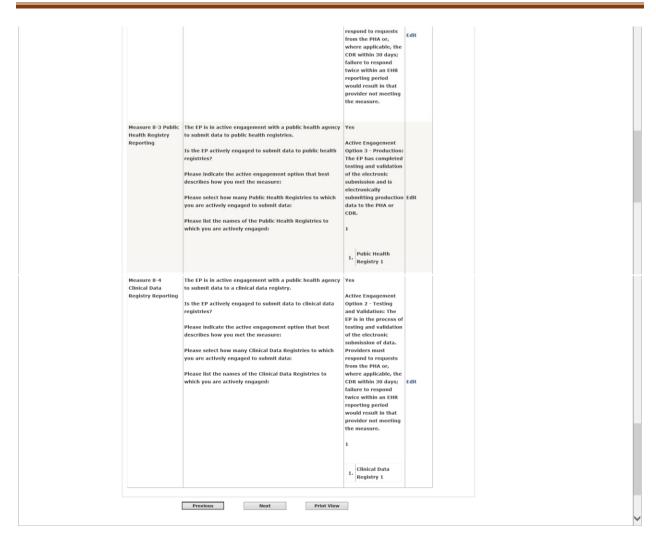
Below displays the summary screens for both Modified Stage 2 and Stage 3.

Modified Stage 2

Stage 3

* * *		The District of Colu State Level Repository	ımbia				
		Department of Health Care Finance Promoting Interop	erability Program				
	Summary of Me	aningful Use Public Health Measures (Year 4	Attestation / Pro	gram Yea	r 2017)	Home	Logout
S Registration / DC Medicaid Data aningful Use Questionnaire aningful Use Menu Options aningful Use Measures kic Health Measures icial Quality Measures		re List Table et the "Print View" button at the bottom of the screen. It next to the measure you wish to update. If you do not wish to edit your	measures you may select n	ext to continue	e.		
Attestation Measure Summary Specifications	Object	Measure	Entered	Selection			
All Payment Years sale Contact Into sale Contact Into suison Contactions ment Optional ension Attachments ional Resources I it to Do LPI Program Provider Guides I	Measure 8-1 Inmunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (115). Is the EP actively engaged with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (115)? Please indicate the active engagement option that best describes how you met the measure:	Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to				
			to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited 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.	Edit			
	Measure 8-2 Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting. Is the EP actively engaged with a public health agency to submit syndromic surveillance data from an urgent care setting? Please indicate the active engagement option that best describes how you met the measure:	Yes Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must				

Eligible Professional (EP) User Manual



Clinical Quality Measure Summary

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

Below displays the summary screen for CQM report regardless of Modified Stage 2 or Stage 3.

		The District of Colum State Level Repository	mbia	
		Department of Health Care Finance Promoting Interoper	rability Program	
			NPI: 10	03906488
		Summary of Clin	ical Quality Measures	(Year 2 At
Meaningful Use Questionnaire Meaningful Use Menu Options Meaningful Use Measures		sleet the "Print View" button at the bottom of the screen. Ink next to the measure you wish to update. If you do not wish to edit your mean feasure List Table -	sures you may select next to continu	•.
Public Health Measures Clinical Quality Measures				
Pre-Attestation Measure Summary MU Specifications	ID Number	Title	Data Entered Numerator = 0	Selection
Vene Al Payment Venes Alternatic Concerts Info Insurant/Concerts Desarrent (Marid Convention Altachmente Additioned Resources I El-mail to DC Pt Paymen SLR Provider Cuides		ADHD: Fullow-Up Care for Children Presorbed Atlantion- Dufict/Hyperactivity Disorder (ADHD) Hedication	Denominator = 0 Performance Rate = 0% Exclusion = 0 Numerator = 0 Denominator = 0 Performance Rate = 0% Exclusion = 0	Edit
	CHS ID 161v5	Adult Hajor Depressive Disorder (HDD): Suicide Risk Assessment	Numerator = 0 Denominator = 0 Performance Rate = 0%	Edit
	CMS ID 128v5	Anti-Depressant Hedication Hamagement	Humerator = 0 Denominator = 0 Performance Rate = 040 Exclusion = 0 Numerator = 0 Denominator = 0 Performance Rate = 040 Exclusion = 0	Edit
	CMS ID 146v5	Appropriate Testing for Children with Pharyngitis	Numerator = 0 Denominator = 0 Performance Rate = 0% Exclusion = 0	Edit
	CMS ID 154v5	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Numerator = 0 Denominator = 0 Performance Rate = 0% Exclusion = 0	Edit
		Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Numerator = 0 Denominator = 0 Performance Rate = 0%	Edit

Documentation Upload

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

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

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

Only PDFs, Word, and Excel documents are compatible to be uploaded.

* * *	T		ct of C	Columbia sitory	a
	Departn	nent of Health Care Fi	nance Promotin	ng Interoperability Progr	ygram
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Navigation:

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

Demonstration of Meaningful Use

In order to comply with 42 CFR 495.40 that was added through the final rule for the new Medicare Quality Payment Program, EPs will attest to several additional statements in order to qualify for Meaningful Use in Program Year 2017.

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1 which to distributions a 10. If requested, will or have cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the EP in the field. I attest to statement 10	Meaninght Use Curestionnaire Meaninght Use Measures Public Health Measures Clinical Cuality Measures Pre-Attestation Measures Summainy MUS Specifications View AI Payment Years Alternatic Context Info Issues-Concerns Document Upload Conversion Altachments Additional Resources D E-mailto CC Program	Attestations for the Demonstration of Meaningful Use In order to comply with 42 CFR 405 40 the provider must attest to the following statements for their demonstration of meaningful use citeries. If eace indicale your attestation of the following statements by checking the loc below each statement for which you with to attest. If eace indicale your attestation of the following statements by checking the loc below each statement of or which you with to attest. If a regulation of the following statements by checking the loc below each statement of or which you with to attest. If a regulation of the following statements by checking the loc below each statement of or which you with the demonstrating to cooperate in good faith with ONC direct review of his or hier health information technology certified under the ONC Health IT Certification information statement 2 If a regulation of the following statements by the cooperate in good faith with ONC direct review of his or hier health information technology certified under the ONC Health IT Certification information statement 2 If a regulation of the following statements by cooperate in good faith with ONC direct review of his or hier health information technology certified under the ONC Health IT Certification information infor	

Attestation Statement Screen

The EP must confirm they apply with the detailed attestation statement, then enter their initials and NPI, and the preparer initials and name in order to submit their attestation.

Eligible Professional (EP) User Manual

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Note: Once you press the submit button below, your attestation will be locked.

Previous Submit Print

Successful Submission

Once successfully submitted, the following screen will display. At this point the EP can logout or select the 'Click here' icon to return to the home page.

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Post Attestation Summary

After submission the link for the post attestation summary screens will become available in the left navigation menu. EPs can view a summary of all their measures through these screens.

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Issues/Concerns Document Upload Conversion Attachments	Clinical Quality Measures Summary								
Additional Resources IN E-mail to DC PI Program SI R Provider Guides									

Meaningful Use Measure Summary-Post Attestation

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

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

Eligible Professional (EP) User Manual

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Public Health Measure Summary- Post Attestation

The summary of measures for the Public Health Reporting Measures is read only and contains columns for the following information:

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

Clinical Quality Measure Summary

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

- ID Number gives the title of the measure
- Title gives the detail measure information
- Status indicates if the measure was Accepted or Rejected

		The District of Columbia	
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Public Health Measures	ID Number	Title	Status
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Post-Atlestation Measure Summary MU Specifications	CMS ID 161v5	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Accepted
View All Payment Years	CMS ID 128v5	Anti-Depressant Medication Management	Accepted
Attemate Contact Info Issues/Concerns	CMS ID 146v5 CMS ID 154v5	Appropriate Testing for Children with Pharyngitis Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Accepted Accepted
Document Upload Conversion Attachments Additional Resources	CMS ID 169v5	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Accepted
E-mail to DC PI Program SLR Provider Quides			

Return to Menu

View All Payment Years

The View All Payment Years screen is accessed by a link that is located on the left navigation menu. This screen is read only and will display all payment and/or adjustments that have been recorded in the DC SLR application.

If an EP was previously paid for the Promoting Interoperability Program, prior to the implementation of DC SLR, then the payment will not display.



Alternate Contact Information

The Alternate Contact Information link can be accessed through the left navigation menu. By selecting this link, EPs can enter in additional contact information for reference concerning their attestation. The alternative contact information can be viewed in the internal application by DC SLR staff as well.

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Issues and Concerns

The Issues and Concerns link is located on the left navigation menu and is a screen where EPs can communicate information with DC SLR staff concerning their attestation details.

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Documentation Upload

The Documentation Upload link can be located on the left navigation menu. This link will display a screen where EPs can view and upload supporting documentation for their attestation.

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Additional Resources

The Additional Resources link can be accessed in the left navigation menu. This link presents hyperlinks for EPs to reference additional resources and sites for their references. EPs will have the ability to navigate to DHCF Medicaid EHR Site, CMS EHR Site, or the ONC CHPL Site.

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Email to the Promoting Interoperability Program

This link provides a direct email to pop-up to the DHCF Promoting Interoperability Program, <u>DCSLR@dc.gov</u>. All questions concerning program based questions and policies should be directed to DHCF Promoting Interoperability Staff.

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Contact DC SLR Help Desk

This link provides email, fax, and phone contact information concerning the DC SLR application. Only questions concerning system functionality should be directed to this help desk. In the instance policies and program questions are submitted to the help desk, they will be forwarded on to DHCF.

* * *	The District of Columbia State Level Repository					
Department of Health Care Finance Promoting Interoperability Program						
	DC Medicaid Promoting Interoperability Program					
DC Medicaid Pi program Site Email to DC PI Program Email DC SLR Help Deak > The Dist to attest administ Already Please e Registra	Welcome to the District of Columbia State Level Repository (SLR) ters for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and ment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) and relicitation in and Medicaid programs that are meaningful unsers of certified electronic health record (ERR Uschology. The incentive is are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified nuology and use it in a meaningful manner. rict of Columbia Medicaid State Level Repository (SLR) is designed for eligible professionals (EP) and eligible hospitals (EH) it to meeting the requirements for the DC Medicaid Promoting Interoperability (PI) Program. The DC Medicaid PI Program is ared by DC Department of Health Care Finance (DHCF). registered with CMS? Inter your NPI and CMS Registration ID in the fields provided to access the DC Medicaid SLR. If you do not know your CMS tion TD, please return to your CMS registration to retrieve that TD; or, contact the CMS EHR Information Center for					
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CHS CNS Guidan Need I Need I	rces belp with CHS registration? EHR Information Center: (888) 734-6433. Official User Guides: https://www.cms.gov/Regulations-and- acc/Legistation/EHRIncentivePrograms/RegistrationandAttestation.html help with attestation with the DC Medicaid Promoting Interoperability Program? DCSLR@dc.gov nformation about the Medicare and Medicaid PI Programs? https://www.cms.gov/EHRIncentivePrograms nformation about the DC Medicaid PI Program? https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-					

SLR Provider Guides

The SLR Provider Guides link is located on the left navigation menu. The Manual link will give the provider quick access to the User Manuals from their Attestation. By clicking on the link, a new window will open in the internet browser and will display the User Manual that the provider can review as necessary.

* * *	The District of Columbia State Level Repository
	Department of Health Care Finance Promoting Interoperability Program
	DC Medicaid Promoting Interoperability Program
SLR Provider Guides CMS RP Program Site ONC CHR-I: Site DC Mudicaid PI program Site Email to C R Program Email DC SLR Help Deak	Welcome to the District of Columbia State Level Repository (SLR) The Centers for Medicare & Medicald Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) participating in Medicare and Medicard programs that are meaningful users of cortified electronic health record (ERR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful meaner. The District of Columbia Medicaid State Level Repository (SLR) is designed for eligible professionals (EP) and eligible hospitals (EH) to attest to meeting the requirements for the DC Medical Promoting Interoperability (PI) Program. The DC Medicaid PI Program is administered by DC Department of Health Care Finance (DHCF). Already registered with CMS? Please enter your MPI and CMS Registration ID in the fields provided to access the DC Medicaid SLR. If you do not know your CMS Registration ID, please return to your CMS Registration ID Please enter your NPI 1013027605 Bumil Dubmil Bubmil Bubmil
	Users working on behalf of an eligible provider for registration and/or attestation must have a CMS Identity and Access Management System (I&A) Web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the provider for registration or attestation.
	Resources Need help with CMS registration? CMS EHR Information Center: (888) 734-6433. CMS Official User Guides: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html Need help with attestation with the DC Medicaid Promoting Interoperability Program? DCSLR@dc.gov Need information about the Medicare and Medicaid PI Programs? https://www.cms.gov/EHRIncentivePrograms
	Need information about the DC Medicaid PI Program? https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-