



INSTRUCTIONS

Disclaimer

The Arizona Health Care Cost Containment System Administration (AHCCCS) is providing this material as an informational reference for physician and non-physician practitioner providers.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare and Medicaid program is constantly changing, and it is the responsibility of each physician, non-physician practitioner; supplier or provider to remain abreast of the Medicare and Medicaid program requirements.

Medicare and Medicaid regulations can be found on the CMS Web site at <http://www.cms.gov>.

Eligible Professional (EP) Meaningful Use Checklist

This meaningful use checklist explains how to prepare for attesting to the objectives and measures in ePIP for the Promoting Interoperability Program.

Providers must complete and submit an attestation in the ePIP System each program year in order to apply for the program. It is not mandatory to complete this worksheet.

Other reference materials such as reference guides, webinars, links to a list of EHR technology that is certified for this program, and other general resources will help you complete your attestation. For detailed information, click the link to visit the AHCCCS website. Select Education Resources to navigate to the Educational Resources page.

<https://www.azahcccs.gov/PlansProviders/EHR/>

ePIP System

The Arizona Medicaid Promoting Interoperability Program (formerly the Electronic Health Record Incentive Program) will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. This incentive program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web application is for the Arizona Medicaid Promoting Interoperability Program. Those electing to partake in the program will use this system to register, attest and participate in the program. Click the link to navigate to the ePIP System.

<https://www.azepip.gov>

2021 MEANINGFUL USE (MU) ATTESTATION FOR ELIGIBLE PROFESSIONALS

General Information

Eligible Professional

Provider Name:	
Arizona Provider Number (APN):	
National Provider ID (NPI):	
Payment Year Number:	
Stage of Meaningful Use:	
Certified EHR Technology Edition Year Number: → system's Health IT certification criteria version [2011, 2014, 2015]	
EHR Certification Number:	
EHR System Implementation Date (Stage 3):	
Security Risk Analysis Completion Date:	
EHR Immunization Bi-directional Functionality Date:	
EHR Application Programming Interface (API) Enabled Date:	

General Requirements

EP must meet the below minimum percentage standards for unique patients and encounters in the CEHRT.

General Requirement 1

A minimum of 80% of unique patients must have their data in the certified EHR during the PI reporting period.

Excludes: ⁽¹⁾ **Inpatient places of service** and ⁽²⁾ **Patients seen at non-CEHRT locations.**

Total unique patients (regardless of insurance payor) at outpatient locations **with data in the certified EHR during** the PI reporting period.

Total unique patients (regardless of insurance payor) at outpatient locations seen during the PI reporting period.

The resulting percentage must be greater than or equal to 80 percent in order for an EP to meet this requirement.

Numerator:	
Denominator:	
Percentage:	

General Requirement 2

A minimum of 50% of total encounters must be at locations with CEHRT.

Excludes: **Inpatient places of service.**

Total encounters performed by the EP **at locations with CEHRT** during the reporting period.

Total encounters performed by the EP during the reporting period at all locations (**with and without CEHRT**).

The resulting percentage must be greater than or equal to 50 percent in order for an EP to meet this requirement.

Numerator:	
Denominator:	
Percentage:	

Reporting Periods

PI Reporting:

All EPs are required to attest to a 90-day PI reporting period within calendar year 2021 and the end of the PI reporting period must fall on or before October 31, 2021, regardless of the prior stage of meaningful use.

Note: Dates on the documentation should match the dates entered below.

Eligible Professional PI Reporting Period:

→ [does not have to match the eCQM reporting period.](#)

Begin Date:	End Date:	# of Days:

eCQM Reporting

All EPs are required to attest to a 90-day eCQM reporting period within calendar year 2021 and the end of the eCQM reporting period must fall on or before October 31, 2021, regardless of the prior stage of meaningful use.

Note: Dates on the documentation should match the dates entered below.

Eligible Professional eCQM Reporting Period:

→ [does not have to match the PI reporting period.](#)

Begin Date:	End Date:	# of Days:

2021 MEANINGFUL USE (MU) ATTESTATION FOR ELIGIBLE PROFESSIONALS

CEHRT Reports

Objectives

Report on eight Promoting Interoperability Objectives containing twenty associated Measures. See the Exclusions tab for options.

eQMs

Report on 6 of 47 measures to show how the EP competently and safely delivered appropriate clinical services to patients.

Report

The denominators and numerators must be non-negative whole numbers and based on ALL patients, regardless of payor.

Stage 3

Number of Objectives	Number of PI Measures
8	20

MU/PI Category

EPs must attest to all 8 objectives.
 - Some objectives have more than one measure.
 - You must meet the objective by either meeting the threshold or qualifying for an exclusion.

Number of Objectives	Number of eCQM Measures
N/A	6

Clinical Quality Measures (eCQM) Category

EPs must attest to 6 out of 47 available eCQMs.
 - **Priority Level 1:** If relevant, at least one eCQM should be an outcome measure.
 - **Priority Level 2:** If no outcome measure is relevant, at least one eCQM should be a high priority measure.
 - **Priority Level 3:** If no outcome or high priority measures are relevant, report on relevant measures if possible.

8 26 **Total Attestation Entries**

PLEASE READ: In 2021, all EPs must, at a minimum, attest to objectives and measures using a 2015 Edition CEHRT.

2021 MEANINGFUL USE ATTESTATION FOR ELIGIBLE PROFESSIONALS	
Provider Name:	0
APN:	000000
PI Reporting Period Start:	1/0/1900
PI Reporting Period End:	1/0/1900

Eligible Professionals must complete all 8 objectives in Program Year 2021 for Stage 3. Some objectives have more than one measure that must be met in order for the objective to be complete. Please fill in all yellow cells to complete the application.

The objectives and measures have been color coded on the Stage 3 Objectives Reporting tab:

The Stage 3 objectives and measures have been colored in light blue.

The cells colored yellow must be completed by the provider.

Meaningful Use Objectives		Instructions:												
<u>You have not completed all 8 objectives.</u>		The text to the left will say "You have not completed all 8 objectives." until all objectives on the tab are completed. There are also notifications in the top left corner of each objective to let you know when you have completed an individual objective.												
1	<table border="1"> <thead> <tr> <th colspan="2">Protect Patient Health Information</th> </tr> </thead> <tbody> <tr> <td>Objective:</td> <td>Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.</td> </tr> <tr> <td>Measure:</td> <td>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.</td> </tr> <tr> <td>Exclusion:</td> <td>No exclusion.</td> </tr> <tr> <td>Question:</td> <td>Have you conducted or updated a security risk analysis during calendar year 2021? NOTE: In 2021, the SRA must have been completed/updated within the calendar year of the program year.</td> </tr> <tr> <td>Question:</td> <td>Will you be submitting the security risk analysis before or after October 31, 2021? NOTE: The SRA must be completed no later than December 31, 2021 and must be submitted by January 14, 2022.</td> </tr> </tbody> </table>	Protect Patient Health Information		Objective:	Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.	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.	Exclusion:	No exclusion.	Question:	Have you conducted or updated a security risk analysis during calendar year 2021? NOTE: In 2021, the SRA must have been completed/updated within the calendar year of the program year.	Question:	Will you be submitting the security risk analysis before or after October 31, 2021? NOTE: The SRA must be completed no later than December 31, 2021 and must be submitted by January 14, 2022.	<p>You must report on the measure by answering the question below. You must select "Yes" or "No" in the yellow drop down box. Please note that if "No" is selected the EP will not meet meaningful use.</p>
Protect Patient Health Information														
Objective:	Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.													
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.													
Exclusion:	No exclusion.													
Question:	Have you conducted or updated a security risk analysis during calendar year 2021? NOTE: In 2021, the SRA must have been completed/updated within the calendar year of the program year.													
Question:	Will you be submitting the security risk analysis before or after October 31, 2021? NOTE: The SRA must be completed no later than December 31, 2021 and must be submitted by January 14, 2022.													

2 **e-Prescribing (eRx)**

Objective	Generate and transmit permissible prescriptions electronically (eRx).
Measure:	More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
Exclusion:	An EP may take an exclusion if any of the following apply: (1)Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or (2)Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10miles of the EP's practice location at the start of his or her PI reporting period.

For this objective, did you extract the data from ALL patient records or just those patient records which were maintained using the CEHRT?	
--	--

Do you meet the measure or exclusion?	
---------------------------------------	--

The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.	Numerator:	
The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the PI reporting period.	Denominator:	
The resulting percentage must be more than 60 percent in order for an EP to meet this measure.	Percentage:	

You must complete the measure by entering in the numerator and denominator below.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected the measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Instructions:

3 Clinical Decision Support	
Objective:	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
Measure 1:	Implement five CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire PI reporting period. Absent four CQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.
Exclusion:	No exclusion.

Do you meet the measure?	
--------------------------	--

You must report on two measures by answering the questions below. You must select "Yes" or "No" in the yellow drop down boxes. Please note that if "No" is selected the EP will not meet meaningful use.

CDS 1 of 5	(a) Specify which CDS was enabled.	
	(b) Specify which CQM or high-priority health condition relates to this CDS.	
CDS 2 of 5	(a) Specify which CDS was enabled.	
	(b) Specify which CQM or high-priority health condition relates to this CDS.	
CDS 3 of 5	(a) Specify which CDS was enabled.	
	(b) Specify which CQM or high-priority health condition relates to this CDS.	
CDS 4 of 5	(a) Specify which CDS was enabled.	
	(b) Specify which CQM or high-priority health condition relates to this CDS.	
CDS 5 of 5	(a) Specify which CDS was enabled.	
	(b) Specify which CQM or high-priority health condition relates to this CDS.	

EPs must have five CDS alerts enabled during their reporting period. The five selected CDS alerts must relate to at least four CQMs and if absent four CQMs related to an EPs scope of practice or patient population, the EP may select CDS alerts related to high-priority health conditions.

Note: Drug-drug & drug-allergy interaction alerts are separate from the five CDS interventions and do not count toward the five required for Measure 1.

Measure 2:	Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.
Exclusion:	An EP who writes fewer than 100 medication orders during the PI reporting period may take an exclusion.

Do you meet the measure or exclusion?	
---------------------------------------	--

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

4 Computerized Provider Order Entry (CPOE)

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 member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
Measure 1:	More than 60 percent of medication orders created by the EP during the PI reporting period are recorded using computerized provider order entry.
Exclusion:	Any EP who writes fewer than 100 medication orders during the PI reporting period.

For this objective, did you extract the data from ALL patient records or just those patient records which were maintained using the CEHRT?	
--	--

Do you meet the measure or the exclusion?	
---	--

The number of orders in the denominator recorded using CPOE.	Numerator:	
Number of medication orders created by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 60 percent in order for an EP to meet this measure.	Percentage:	

selection in the yellow drop down box to the left.

You must complete the measure by entering in the numerator and denominator below.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Measure 2:	More than 60 percent of laboratory orders created by the EP during the PI reporting period are recorded using computerized provider order entry.
Exclusion:	Any EP who writes fewer than 100 laboratory orders during the PI reporting period.

Do you meet the measure or the exclusion?	
--	--

The number of orders in the denominator recorded using CPOE.	Numerator:	
Number of laboratory orders created by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 60 percent in order for an EP to meet this measure.	Percentage:	

Measure 3:	More than 60 percent of diagnostic imaging orders created by the EP during the PI reporting period are recorded using computerized provider order entry.
Exclusion:	Any EP who writes fewer than 100 diagnostic imaging orders during the PI reporting period.

Do you meet the measure or the exclusion?	
--	--

The number of orders in the denominator recorded using CPOE.	Numerator:	
Number of diagnostic imaging orders created by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 60 percent in order for an EP to meet this measure.	Percentage:	

Instructions:

You must complete the measure by entering in the numerator and denominator below.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

5 **Patient Electronic Access to Health Information**

Objective:	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Measure 1:	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 (VDT) his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT).
Exclusion:	An EP may take an exclusion for either measure, or both, if either of the following apply: (i) He or she has no office visits during the PI reporting period. (ii) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

When was the API in your CEHRT enabled?	
---	--

Does your CEHRT track both VDT and API or only VDT?	
---	--

Do you meet the measure or the exclusion?	
---	--

The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the EP's CEHRT.	Numerator:	
The number of unique patients seen by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 80 percent in order for a provider to meet this measure.	Percentage:	

Additional documentation may be requested depending on the responses to these questions.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected the measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Measure 2:	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 PI reporting period.
Exclusion:	An EP may take an exclusion for either measure, or both, if either of the following apply: (i) He or she has no office visits during the PI reporting period. (ii) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

Do you meet the measure or the exclusion?	
--	--

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 PI reporting period.	Numerator:	
The number of unique patients seen by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be greater than 35 percent.	Percentage:	

Instructions:

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

6 Coordination of Care through Patient Engagement

Objective:	Use certified electronic health record technology (CEHRT) to engage with 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. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.
Measure 1:	More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either— (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2)
Exclusion:	An EP may take an exclusion for any or all measures if either of the following apply: (i) He or she has no office visits during the PI reporting period, or; (ii) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

Do you meet the measure or the exclusion?	
--	--

The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the PI reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the PI reporting period.	Numerator:	
Number of unique patients seen by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 5 percent.	Percentage:	

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Instructions:

Measure 2:	For more than 5 percent of all unique patients seen by the EP during the PI 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.
Exclusion:	An EP may take an exclusion for any or all measures if either of the following apply: (i) He or she has no office visits during the PI reporting period, or; (ii) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

Do you meet the measure or the exclusion?	
--	--

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 PI reporting period.	Numerator:	
Number of unique patients seen by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 5 percent.	Percentage:	

Measure 3:	Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the PI reporting period.
Exclusion:	An EP may take an exclusion for any or all measures if either of the following apply: (i) He or she has no office visits during the PI reporting period, or; (ii) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

Do you meet the measure or the exclusion?	
--	--

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 PI reporting period.	Numerator:	
Number of unique patients seen by the EP during the PI reporting period.	Denominator:	
The resulting percentage must be more than 5 percent.	Percentage:	

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion you do not need to complete the numerator and denominator.

7 **Health Information Exchange**

Objective:	<p>The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.</p> <p>An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.</p>
Measure 1:	<p>For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:</p> <p>(1) Creates a summary of care record using CEHRT; and (2) Electronically exchanges the summary of care record</p>
Exclusion:	<p>An EP may take an exclusion if either or both of the following apply:</p> <p>(1) He or she transfers a patient to another setting or refers a patient to another provider fewer than 100 times during the PI reporting period. (2) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.</p>

Do you meet the measure or the exclusion?	
--	--

The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.	Numerator:	
Number of transitions of care and referrals during the PI reporting period for which the EP was the transferring or referring provider.	Denominator:	
The percentage must be more than 50 percent in order for an EP to meet this measure.	Percentage:	

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected Measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Measure 2:	For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document.
Exclusion:	An EP may take an exclusion if either or both of the following apply: (1) The total transitions or referrals received and patient encounters in which he or she has never before encountered the patient, is fewer than 100 during the PI reporting period. 2) He or she conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the PI reporting period. Arizona EPs are not able to qualify for this exclusion.

For this objective, did you extract the data from ALL patient records or just those patient records which were maintained using the CEHRT?	
---	--

Do you meet the measure or the exclusion?	
--	--

Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.	Numerator:	
Number of patient encounters during the PI reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.	Denominator:	
The percentage must be more than 40 percent in order for an EP to meet this measure.	Percentage:	

Instructions:

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected the measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

Meaningful Use Objectives

Measure 3:	For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she performs a clinical information reconciliation. The EP 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 allergy. Review of the patient’s known medication allergies. (3) Current Problem list. Review of the patient’s current and active diagnoses.
Exclusion:	An EP may take an exclusion if the total transitions or referrals received and patient encounters in which he or she has never before encountered the patient, is fewer than 100 during the PI reporting period.

Do you meet the measure or the exclusion?	
--	--

The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.	Numerator:	
Number of transitions of care or referrals during the PI reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.	Denominator:	
The resulting percentage must be more than 80 percent in order for an EP to meet this measure.	Percentage:	

Instructions:

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left.

If you selected the measure in the yellow drop down box above, complete the numerator and denominator in the yellow boxes to the left. If you selected the exclusion, you do not need to complete the numerator and denominator.

8 **Public Health and Clinical Data Registry Reporting**

Objective:	The EP is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice. An EP must satisfy two measures for this objective. If the EP cannot satisfy at least two measures, they may take exclusions from all measures they cannot meet.
Measure 1:	Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
Exclusion:	An EP may take an exclusion if any of the following apply: (1) He or she does not administer immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the PI reporting period; (2) He or she practices in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) He or she practices in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the PI reporting period.

Do you meet the measure or the exclusions?	
---	--

Measure 2:	Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.
Exclusion:	An EP may take an exclusion if any of the following apply: (1) He or she is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; (2) He or she practices in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) He or she practices in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of six months prior to the start of the PI reporting period.

Do you meet the measure or the exclusions?	
---	--

See the Resources tab for additional information about acceptable documentation for each measure.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left. Remember, the EP must meet two or meet the exclusions for all five to pass the objective.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left. Remember, the EP must meet two or meet the exclusions for all five to pass the objective.

Arizona Providers: All AZ EPs are not in a category of providers from which ambulatory syndromic surveillance data is collected.

Meaningful Use Objectives

Instructions:

Measure 3:	Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
Exclusion:	An EP may take an exclusion if any of the following apply: (1) He or she does not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI reporting period; (2) He or she practices in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) He or she practices in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the PI reporting period.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left. Remember, the EP must meet two or meet the exclusions for all five to pass the objective.

Arizona Providers: All AZ EPs are not in a category of providers from which electronic case reporting data is collected.

Do you meet the measure or the exclusions?	
--	--

Measure 4:	Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.
Exclusion:	An EP may take an exclusion if any of the following apply: (1) He or she does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period; (2) He or she practices in a jurisdiction for which no PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) He or she practices in a jurisdiction where no PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left. Remember, the EP must meet two or meet the exclusions for all five to pass the objective.

Do you meet the measure or the exclusions?	
--	--

Measure 5:	CDR Reporting: The EP is in active engagement to submit data to a CDR.
Exclusion:	An EP may take an exclusion if any of the following apply: (1) He or she does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period; (2) He or she practices in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or (3) He or she practices in a jurisdiction where no CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI reporting period.

You must choose to report on the Stage 3 measure or exclusion. Make your selection in the yellow drop down box to the left. Remember, the EP must meet two or meet the exclusions for all five to pass the objective.

Do you meet the measure or the exclusions?	
--	--

2021 MEANINGFUL USE ATTESTATION FOR ELIGIBLE PROFESSIONAL

Provider Name:	0
APN:	000000
eCQM Reporting Period Start:	1/0/1900
eCQM Reporting Period End:	1/0/1900

Eligible Professionals (EP) must report calculated electronic clinical quality measures (eCQMs) directly from their certified EHR technology (CEHRT) as a requirement of the Medicaid PI Programs.

- (a) EPs must report on all six (6) eCQMs in Program Year 2021. EPs must report on at least one (1) outcome measure.**
- (b) If no outcome measures, the EP must report on at least one (1) high priority measure.**
- (c) If no high priority measures, the EP must report on relevant measures to the EP's scope of practice.**

- Outcome measures assess the results of healthcare that are experienced by patients: clinical events, recovery & health status, and experiences in the health system, efficiency and cost.
- High priority measures are focused on specific health conditions that represent national public health priorities as determined by CMS.
- Relevant measures are based on the provider's scope of practice and patient population.

Have you selected six eCQMs?

No, 6 have not been selected.

You do NOT meet the minimum eCQM requirements.

Electronic Clinical Quality Measures						
Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v10	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter	Process		0.00%	Not Completed
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	CMS22v9	Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is pre-hypertensive or hypertensive	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Closing the Referral Loop: Receipt of Specialist Report	CMS50v9	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred	Process		0.00%	Not Completed
Functional Status Assessment for Total Hip Replacement	CMS56v9	Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery	Process		0.00%	Not Completed
Functional Status Assessment for Total Knee Replacement	CMS66v9	Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery	Process		0.00%	Not Completed
Documentation of Current Medications in the Medical Record	CMS68v10	Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter	Process		0.00%	Not Completed
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v9	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters	Process		0.00%	Not Completed
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	CMS74v10	Percentage of children, 6 months - 20 years of age, who received a fluoride varnish application during the measurement period	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Children Who Have Dental Decay or Cavities	CMS75v9	Percentage of children, 6 months - 20 years of age, who have had tooth decay or cavities during the measurement period	Outcome		0.00%	Not Completed
Functional Status Assessments for Congestive Heart Failure	CMS90v10	Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments	Process		0.00%	Not Completed
Childhood Immunization Status	CMS117v9	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (H i bH i bb); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	Process		0.00%	Not Completed
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS122v9	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Intermediate Outcome		0.00%	Not Completed
Cervical Cancer Screening	CMS124v9	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21-64 who had cervical cytology performed within the last 3 years- - Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Breast Cancer Screening	CMS125v9	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	Process		0.00%	Not Completed
Pneumococcal Vaccination Status for Older Adults	CMS127v9	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	Process		0.00%	Not Completed
Anti-depressant Medication Management	CMS128v9	Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Process		0.00%	Not Completed
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	CMS129v10	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Process		0.00%	Not Completed
Colorectal Cancer Screening	CMS130v9	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	Process		0.00%	Not Completed
Diabetes: Eye Exam	CMS131v9	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	CMS133v9	Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery	Outcome		0.00%	Not Completed
Diabetes: Medical Attention for Nephropathy	CMS134v9	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	Process		0.00%	Not Completed
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	CMS135v9	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Process		0.00%	Not Completed
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	CMS136v10	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Process		0.00%	Not Completed
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	CMS137v9	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.	Process		0.00%	Not Completed
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v9	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Falls: Screening for Future Fall Risk	CMS139v9	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period	Process		0.00%	Not Completed
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CMS142v9	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Process		0.00%	Not Completed
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	CMS143v9	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months	Process		0.00%	Not Completed
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	CMS144v9	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Process		0.00%	Not Completed
Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	CMS145v9	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Appropriate Testing for Pharyngitis	CMS146v9	The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic dispensing event and a group A streptococcus (strep) test	Process		0.00%	Not Completed
Preventive Care and Screening: Influenza Immunization	CMS147v10	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Process		0.00%	Not Completed
Dementia: Cognitive Assessment	CMS149v9	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Process		0.00%	Not Completed
Chlamydia Screening for Women	CMS153v9	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	Process		0.00%	Not Completed
Appropriate Treatment for Upper Respiratory Infection (URI)	CMS154v9	Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v9	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	Process		0.00%	Not Completed
Use of High-Risk Medications in Older Adults	CMS156v9	Percentage of patients 65 years of age and older who were ordered at least two of the same high-risk medications.	Process		0.00%	Not Completed
Oncology: Medical and Radiation - Pain Intensity Quantified	CMS157v9	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Process		0.00%	Not Completed
Depression Remission at Twelve Months	CMS159v9	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.	Outcome		0.00%	Not Completed
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS161v9	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Controlling High Blood Pressure	CMS165v9	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period	Intermediate Outcome		0.00%	Not Completed
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS177v9	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Process		0.00%	Not Completed
Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	CMS249v3	Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period	Process		0.00%	Not Completed
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: - Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR - Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR - Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL	Process		0.00%	Not Completed
HIV Screening	CMS349v3	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV	Process		0.00%	Not Completed
Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	CMS645v4	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	Process		0.00%	Not Completed

Electronic Clinical Quality Measures

Measure Title	CMS eCQM ID	Measure Description	Measure Type Classification	Numerator / Denominator	Performance	Measure Met?
Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	CMS771v2	Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points	Patient Reported Outcome		0.00%	Not Completed

PI Objectives		Measures	Threshold	Doc Type	Resources				
1	Protect Patient Health Information	Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.	Y/N	SRA Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	SRA Webinar	2021 Security Risk Analysis Requirement Tip Sheet	Tips for Completing a SRA
2	Electronic Prescribing (eRX)	More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using CEHRT.	>60%	EHR System Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	eRX Webinar	eRX Frequently Asked Questions	
3	Clinical Decision Support (CDS)	Implement five CDS interventions related to four or more quality measures at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions. Note: Drug-Drug & Drug-Allergy is not included in the five CDS.	Y/N	CDS Documentation	Documentation Retention Webinar	Documentation Retention Tip Sheet	CDS Webinar	CDS Frequently Asked Questions	
		EP has enabled and implemented functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.	Y/N	Drug Interaction Documentation					
4	Computerized Provider Order Entry (CPOE)	More than 60% of medication orders created by the EP during the PI reporting period are recorded using CPOE.	>60%	EHR System Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	CPOE Webinar	CPOE Frequently Asked Questions	
		More than 60% of laboratory orders created by the EP during the PI reporting period are recorded using CPOE.	>60%	EHR System Report					
		More than 60% of diagnostic imaging orders created by the EP during the PI reporting period are recorded using CPOE.	>60%	EHR System Report					
5	Patient Electronic Access	More than 80 percent of all unique patients seen by the EP during the PI reporting period: (1) Patients are provided timely access to view online, download and transmit to a third party their health information and (2) The EP 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 Applications Programming Interface (API) in the provider's CEHRT.	>80%	EHR System Report API Documentation	Documentation Retention Webinar	Documentation Retention Tip Sheet	Patient Electronic Access Webinar	Patient Electronic Access Frequently Asked Questions	
		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 PI (EHR) reporting period.	>35%	EHR System Report					
6	Coordination of Care	More than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the EHR made accessible by the EP and either— (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2)	>5%	EHR System Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	Coordination of Care Webinar	Coordination of Care Frequently Asked Questions	
		For more than 5 percent of all unique patients seen by the EP during the PI (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.	>5%	EHR System Report					
		Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the PI (EHR) reporting period.	>5%	EHR System Report Explanation detailing the patient generated health data that was used and how it was incorporated into the EP's CEHRT.					

PI Objectives	Measures	Threshold	Doc Type	Resources					
7	Health Information Exchange	For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and (2) Electronically exchanges the summary of care record	>50%	EHR System Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	HIE Webinar	HIE Webinar Supplement on Transition of Care	HIE Frequently Asked Questions
		For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's EHR an electronic summary of care document.	>40%	EHR System Report					
		For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she performs a clinical information reconciliation. The EP 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 allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.	>80%	EHR System Report					
8	Public Health Reporting	Immunization 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 (IIS).	Y/N	Public Health Documents	References: (a) State Registries (ADHS) https://www.azdhs.gov/preparedness/epidemiology-disease-control/meaningful-use/index.php (b) CDC National Health Care Survey https://www.cdc.gov/nchs/about/index.htm (c) National Institute Health Registries: https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries Approved Qualified Clinical Data Registries				
		Syndromic Surveillance Reporting - The EP is in active engagement with a PHA to submit syndromic surveillance data.	Y/N	Public Health Documents					
		Electronic Case Reporting - The EP is in active engagement with a PHA to submit case reporting of reportable conditions.	Y/N	Public Health Documents					
		Public Health Registry Reporting - The EP is in active engagement with a PHA to submit data to public health registries.	Y/N	Public Health Documents National Registry Documents					
		Clinical Data Registry (CDR) Reporting - The EP is in active engagement to submit data to a CDR.	Y/N	Public Health Documents National Registry Documents Specialized Registry Documents					
ALL	Stage 3	In summary, Eligible Professionals (EPs) participating in the program are required to attest to Stage 3 requirements of the Medicaid PI Program. (a) EPs must have 2015 Edition CEHRT implemented. (b) EPs must report on 8 objectives & related measures. <input checked="" type="checkbox"/> 5 objectives are percentage-based measures <input checked="" type="checkbox"/> 3 objectives are yes/no measures (c) If exclusions are selected, EPs must meet exclusion criteria. (d) Must report on minimum required number and type of eCQMs. (e) Must maintain at least 80% of unique patients' data in CEHRT. (f) Must perform at least 50% of all encounters at CEHRT locations. (g) Must meet all other eligibility requirements of the program.	See Above	See above	Documentation Retention Webinar	Documentation Retention Tip Sheet	Stage 3 Webinar	Stage 3 Frequently Asked Questions	
N/A	Electronic Clinical Quality Measures (eCQMs)	Eligible Professionals (EP) must report calculated electronic clinical quality measures (eCQMs) directly from their certified EHR technology (CEHRT) as a requirement of the Medicaid PI Program. (a) EPs must report on all six (6) eCQMs in Program Year 2021. EPs must report on at least one (1) outcome measure. (b) If no outcome measures, the EP must report on at least one (1) high priority measure. (c) If no high priority measures, the EP must report on relevant measures to the EP's scope of practice.	N/A	EHR System Report	Documentation Retention Webinar	Documentation Retention Tip Sheet	eCQM Webinar	eCQM Frequently Asked Questions	CMS List of Available eCQMs

Stage 3: Promoting Interoperability (PI) Objectives and Measures Exclusion Guide 2021

#	Objective	Compliance	EP State Exceptions	Exclusions	Measure
1	Protect Patient Health Information	All EPs	No Exceptions	No Exclusions Available	N/A
2	Electronic Prescribing	All EPs	No Exceptions	Exclusion Available	M1
3	Clinical Decision Support	All EPs	No Exceptions	Exclusion Available	M2
4	Computerized Provider Order Entry	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
5	Patient Electronic Access	All EPs	No Exceptions	Exclusion Available	M1, M2
6	Coordination of Care	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
7	Health Information Exchange	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
8	Registry Reporting (PHR/CDR)	Arizona Department of Health Services - State Public Health Agency			
	<i>Immunization Registry Reporting *</i>	All EPs	No Exceptions	Exclusion Available	M1
	<i>Syndromic Surveillance Reporting</i>	All EPs	Exceptions for Arizona EPs	Exclusion Available	M2
	<i>Electronic Case Reporting</i>	All EPs	Exceptions for Arizona EPs	Exclusion Available	M3
	<i>Public Health Registry Reporting **</i>	All EPs	Exception for Arizona EPs < 100 cancer cases Exception for Arizona EPs not in Specialty List (7)	Exclusion Available	M4
	<i>Clinical Data Registry Reporting</i>	All EPs	No Exceptions (click link) Approved Qualified Clinical Data Registries	Exclusion Available	M5

*Immunization Registry Reporting requires Bi-directionality in order to meet the measure.

**Cancer Registry accepted for EP specialties: Dermatologists, Gastroenterologists, Hematologists, Medical Oncologists, Radiation Oncologists, Surgeons and Urologists.

Stage 3: Promoting Interoperability (PI) Objectives and Measures Exclusion Guide 2021

#	Objective	Exclusion 1	Exclusion 2	Exclusion 3	Exclusion 4	Exclusion 5
1	Protect Patient Health Information	None	None	None	None	None
2	Electronic Prescribing	< 100 Permissible Prescriptions	< 10 Miles No Pharmacies	None	None	None
3	Clinical Decision Support	None	< 100 Medications	None	None	None
4	Computerized Provider Order Entry	< 100 Medications	< Laboratory	< 100 Diagnostic Imaging	None	None
5	Patient Electronic Access	No Office Visits	Broadband	None	None	None
6	Coordination of Care	No Office Visits	Broadband	None	None	None
7	Health Information Exchange	< 100 Transfer / Refer	Broadband	None	None	None
8	Registry Reporting - Public Health Registry - Clinical Data Registry	Do not Administer Registry not Accepting Readiness not Declared	Data not Collected Registry not Accepting Readiness not Declared	Do not Diagnose/Treat Registry not Accepting Readiness not Declared	Do not Diagnose/Treat Registry not Accepting Readiness not Declared	Do not Diagnose/Treat Registry not Accepting Readiness not Declared

Note: Additional documentation needed for exclusions.