



## Meaningful Use (Stage 2) Strategy Checklist - 2014

Practice Name: \_\_\_\_\_  
 Reviewed Check list with (name/s): \_\_\_\_\_  
 Date(s) Reviewed: \_\_\_\_\_  
 RI REC Relationship Manager: \_\_\_\_\_

	Important Steps	Notes/Planning
<input type="checkbox"/>	<p><b>Determine Eligibility:</b></p> <p>1. Do you have <b>more than 10%</b> non-hospital-based patient encounters (excluding POS 21 &amp; 23)?</p> <p>2. Do you have <b>more than 50% patient encounters</b> at practice location(s) equipped with certified EHR technology (CEHRT)?</p> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <math display="block">\frac{\text{Total patient encounters at locations live on CEHRT at start of reporting period}}{\text{Total patient encounters at all locations during the reporting period}} = \text{\% of patient encounters with CEHRT (must be &gt;50\%)}</math> </div>	
<input type="checkbox"/>	<p><b>Determine Path &amp; Potential Incentive Payment:</b></p> <p>1. Which incentive program (path) are you eligible for?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medicaid:</b> minimum 30% of patient volume; 20% patient volume for pediatricians</li> <li><input type="checkbox"/> <b>Medicare:</b> incentive dollars related to allowable charges</li> </ul> <p>2. Eligibility resources: <a href="http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp">http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp</a>  <a href="http://cms.gov/apps/ehealth-eligibility/ehealth-eligibility-assessment-tool.aspx">http://cms.gov/apps/ehealth-eligibility/ehealth-eligibility-assessment-tool.aspx</a></p> <p>3. EHR Incentive Payment Schedule for Medicaid and Medicare:  <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html</a></p>	
<input type="checkbox"/>	<p><b>Verify that you are using 2014 certified EHR Technology (CEHRT):</b></p> <p>Go to <a href="http://onc-chpl.force.com/ehrcert">http://onc-chpl.force.com/ehrcert</a> - The Certified HIT Product List (CHPL).              To achieve Meaningful Use, Stage 2 in 2014, you need to be <i>meaningfully using</i> a <b>certified version</b> of EHR software for your <i>full 90 day reporting period</i>. If your EHR is not 2014 certified, contact your vendor for an upgrade timeline.</p> <p style="background-color: yellow;">If your vendor is unable to obtain 2014 certification or you are unable to implement Meaningful Use due to 2014 EHR certification delays, you must complete a Hardship Exemption application. The application has not yet been made available for those currently part of the EHR incentive program. For more information on exemption rules:  <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CEHRT2014_HEGGuidance_EPs.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CEHRT2014_HEGGuidance_EPs.pdf</a>  <b>Note:</b> Program participants will be eligible for an exemption for 2016, the exemption form will be available after 7/1/14. You must select the reason for hardship as "2014 Vendor Issues" and must be submitted by 7/1/15.</p>	
<input type="checkbox"/>	<p><b>Know your NPI number and NPPES web user account login information:</b></p> <p>Know your National Provider Identifier (NPI) and Provider Enumeration System (NPPES) web user account login information. Visit website for application instructions:  <a href="https://nppes.cms.hhs.gov/NPPES/">https://nppes.cms.hhs.gov/NPPES/</a> or call the NPI Enumerator contact at 800-465-3203 or by email <a href="mailto:customerservice@npienumerator.com">customerservice@npienumerator.com</a>.</p>	
<input type="checkbox"/>	<p><b>Setting up a Proxy - Identity and Access Management (I&amp;A):</b></p> <p>If you would like to authorize an individual to work on your behalf in the EHR Incentive Program Registration &amp; Attestation system, you will need to permit them access to do so. Refer to instructions in the Medicare or Medicaid EHR Incentive Program Registration or Attestation User Guides. Or call the <b>EHR Incentive Program Information Center at 888-734-6433</b>, or visit website:  <a href="https://nppes.cms.hhs.gov/IAWeb/warning.do?fdurl=/register/startRegistration.do">https://nppes.cms.hhs.gov/IAWeb/warning.do?fdurl=/register/startRegistration.do</a></p>	

<input type="checkbox"/>	<b>Register for the Medicare or Medicaid EHR Incentive Program:</b> Visit the CMS website to register: <a href="https://ehrincentives.cms.gov/hitech/login.action">https://ehrincentives.cms.gov/hitech/login.action</a> <ul style="list-style-type: none"> <li>• <b>Medicare Registration instructions:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf</a></li> <li>• <b>Medicaid Registration instructions:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf</a></li> </ul>	If you have registered in the past, you <u>do not</u> need to register again.
<input type="checkbox"/>	<b>Determine your attestation reporting time period on a 2014 certified EHR:</b> <b>Medicare:</b> Demonstrate meaningful use for a 3 month reporting period using a fixed calendar quarter starting on January 1, April 1, July 1 or October 1, 2014. <b>Medicaid:</b> Any consecutive 90 day period during 2014.	

**Meaningful Use (MU) Penalties - Information and Timeline**

Eligible Providers (EP) who can participate in either Medicare or Medicaid EHR Incentive Programs will be subject to Medicare payment adjustments unless they are meaningful users of an EHR\*. The payment adjustments begin on January 1, 2015. EPs must continue to demonstrate meaningful use every year to avoid Medicare payment adjustments in subsequent years. **For Eligible Professionals (EPs) who bill Medicare:**

How to Avoid Medicare Payment Adjustments		
	2015 <b>1% adjustment</b>	2016 <b>2% adjustment</b>
<b>1st Year Attesting to Measures</b>	Attest to any 90 days by Oct 1, 2014 to avoid penalties in 2015 and 2016	If you miss 2014: Attest to any 90 days by Oct 1, 2015 to avoid penalties in 2016 and 2017
<b>Beyond 1st Year Attesting to Measures</b>	Attested to required 2013 reporting period (90 days or Full Year) <input checked="" type="checkbox"/>	Attest to required 2014 reporting period (3 months*)
* 3 months = <u>Medicaid:</u> any consecutive 90 days (AIU does <u>not</u> meet requirements) <u>Medicare - 1st Year:</u> any consecutive 90 days <u>Medicare - Beyond 1st Year:</u> 3 months fixed to calendar quarter		

<input type="checkbox"/>	<b>Review Meaningful Use Measures:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Core (All 17 required)</li> <li><input type="checkbox"/> Menu Measures (3 of 6 required)</li> <li><input type="checkbox"/> Clinical Quality Measures - CQMs (9 of 64 required – choose from 3 or more domains)</li> </ul>	
<input type="checkbox"/>	<b>Assess Current Status &amp; Create a Plan to meet Meaningful Use Requirements:</b> Need help addressing gaps in MU? RI REC Vendor Marketplace consultants are available: <a href="http://docehrtalk.org/selecting-ehr/vendor-marketplace-participants">http://docehrtalk.org/selecting-ehr/vendor-marketplace-participants</a>	

**Attest to Meaningful Use & Receive Payment:****Medicare:**

- **Visit the CMS website to attest:** [http://www.cms.gov/EHRIncentivePrograms/32\\_Attestation.asp](http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp)
- **Attestation instructions:** [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP\\_Attestation\\_User\\_Guide.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf)
- **Help Desk: EHR Incentive Program Information Center - 888-734-6433**

**Medicaid:**

- **Visit the MAPIR website to attest:** <https://www.dhs.ri.gov/secure/logonMAPIR.do>
- **Visit the RI Dept. of Human Services website for attestation instructions:** <http://www.eohhs.ri.gov/ProvidersPartners/ElectronicHealthRecordsEHRIncentiveProgram.aspx>
- Obtain RI Medicaid Trading Partner ID & RI Medicaid Provider ID
- After you register on CMS website, you will receive an email that your R&A System registration has been received and you can proceed to attestation in MAPIR
- **Help Desk: MAPIR Customer Service Help Desk - 1-800-964-6211**

## Meaningful Use Core Objectives and Measures

Refer to the CMS specification sheets for additional information, exclusions and FAQs for each measure:

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2\\_MeaningfulUseSpecSheet\\_TableContents\\_EPs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf)

All of these must be met in order to receive the EHR incentives.		
<input type="checkbox"/>	1. <b>CPOE:</b> Use computerized physician order entry (CPOE) for medication orders, laboratory and radiology orders: <b>More than 60%</b> of medication, <b>more than 30%</b> of laboratory and <b>more than 30%</b> of radiology orders created by EP during the reporting period must be recorded by a licensed healthcare professional using CPOE. <b>(Was &gt;30% for Medication orders)</b>	
<input type="checkbox"/>	2. <b>eRx:</b> <b>More than 50%</b> of all prescriptions are queried for a drug formulary & transmitted electronically. <b>(Was &gt;40%)</b>	
<input type="checkbox"/>	3. <b>Demographics:</b> <b>More than 80%</b> of all unique patients seen have their demographics recorded as structured data (preferred language, sex, race, ethnicity, date of birth). <b>(Was &gt;50%)</b>	
<input type="checkbox"/>	4. <b>Vital Signs:</b> <b>More than 80%</b> of all unique patients seen by the EP have blood pressure (for patients age 3 and over) and/or height and weight (for all ages) recorded as structured data. <b>(Was &gt;50%)</b>	
<input type="checkbox"/>	5. <b>Smoking Status:</b> <b>More than 80%</b> of all unique patients 13 years old or older have smoking status recorded as structured data. <b>(Was &gt;50%)</b>	
<input type="checkbox"/>	6. <b>Clinical Decision Support:</b> <b>Measure 1:</b> Implement <b>5</b> clinical decision support interventions <b>related to four or more clinical quality measures (CQMs)</b> at a relevant point in patient care for the <u>entire reporting period</u> . <b>(Was 1)</b> <b>Measure 2:</b> The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire reporting period.	<b>Measure 2:</b> Yes/No. <i>Tip: capture screenshot within reporting period</i>
<input type="checkbox"/>	7. <b>View online, download and transmit. Patient portal required: (NEW)</b> <b>Measure 1:</b> <b>More than 50%</b> of all unique patients during the reporting period are provided timely online access to their health information (available to patients within <b>4</b> business days after information is available to the EP). <b>Measure 2:</b> <b>More than 5%</b> of all unique patients seen during the reporting period (or their authorized representatives) view, download or transmit to a third party their health information.	
<input type="checkbox"/>	8. <b>Clinical Summaries:</b> Clinical Summaries provided to patients or patient authorized representatives within <b>1</b> business day for <b>more than 50%</b> of office visits. <b>(Was 3 days)</b>	
<input type="checkbox"/>	9. <b>Protect Electronic Health Information:</b> Conduct a <b>security risk analysis</b> [in accordance with 45 CFR 164.308(a)(1) requirements] for your system <u>prior to or during</u> the EHR reporting period, incorporating any available security updates and correcting all identified deficiencies. Address the encryption/security of data stored in CEHRT <b>(NEW)</b> .	<i>Yes/No. Tip: assessment must be updated/reviewed annually within reporting period</i>

<input type="checkbox"/>	10. <b>Clinical Lab Results:</b> <b>More than 55%</b> of all clinical lab test results ordered during the reporting period are incorporated as structured data. <b>(Was &gt;40%; Was Menu)</b>	
<input type="checkbox"/>	11. <b>Generate Lists of Patients:</b> Generate at <b>least 1</b> report by EP listing patients with a specific condition. <b>(Was Menu)</b>	Yes/No. Tip: capture screenshot or save report within reporting period
<input type="checkbox"/>	12. <b>Reminders for preventive/follow-up care:</b> <b>More than 10%</b> of all unique patients who have had 2 or more office visits within the 24 months before the the beginning of the reporting period were sent a reminder, per patient preference when available. <b>(Now for all ages; Was Menu)</b>	
<input type="checkbox"/>	13. <b>Patient-specific education:</b> Patient specific education resources identified by certified EHR are provided to patients for <b>more than 10%</b> of all unique patients with office visits within the reporting period. <b>(Was Menu)</b>	
<input type="checkbox"/>	14. <b>Medication Reconciliation (Transition In):</b> Medication reconciliation is done for <b>more than 50%</b> of transitions of care when the patient is transitioned into the care of the EP. <b>(Was Menu)</b>	
<input type="checkbox"/>	15. <b>Transition of Care (Transition Out):</b> When EP transitions patient to another setting/provider of care, must: <b>Measure 1: (Was Menu)</b> - Provides a summary of care record for <b>more than 50%</b> of transitions of care and referrals. <b>Measure 2: (NEW)</b> - Provides a summary of care record for <b>more than 10%</b> of such transitions and referrals either (a) electronically using CEHRT or (b) via exchange by an organization that is a NWHIN Exchange participant. <b>Measure 3 (One of the following must be met): (NEW)</b> - <b>Conducts 1 or more</b> successful electronic exchanges of summary of care document, as part of what is counted in “measure 2” with a recipient who has EHR technology that is different than the sender’s technology. - <b>Conducts 1 or more</b> successful tests with the CMS designated test EHR.	<b>Measure 3: Yes/No.</b> Tip: complete & capture screenshot within reporting period
<input type="checkbox"/>	16. <b>Immunization Registry: (Was Menu)</b> Successful ongoing submission of electronic immunization data from EHR to an Immunization registry for the entire reporting period. *  RI DOH MU Site: <a href="http://www.health.ri.gov/healthinformationtechnology/about/meaningfuluse/">http://www.health.ri.gov/healthinformationtechnology/about/meaningfuluse/</a>	Yes/No. Tip: Save test or transmission report from within reporting period.  Feb. 2014: RI Department of Health does not accept this data for EPs who <u>only</u> see patients >18 years old. #
<input type="checkbox"/>	17. <b>Secure Electronic Messaging: (NEW)</b> A secure message was sent by <b>more than 5%</b> of unique patients seen during reporting period.	

\* Beginning in 2013, all of the public health objectives will require that providers perform at least one test of their Certified EHR Technology’s capability to send data to public health agencies, except where prohibited.

# We recommend that you print this page within the reporting period: RI DOH Meaningful Use Site: <http://www.health.ri.gov/healthinformationtechnology/about/meaningfuluse/>

## Meaningful Use Menu Objectives and Measures

A minimum of <b>three</b> of the following must be met in order to receive EHR incentives.		
<input type="checkbox"/>	1. <b>Electronic Syndromic Surveillance:</b> Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire reporting period. *	Yes/No. The RI Department of Health does not have this functionality for EPs as of Feb. 2014 #
<input type="checkbox"/>	2. <b>Electronic Notes: (NEW)</b> Enter <b>at least 1</b> electronic progress note created, edited and signed by an EP for <b>more than 30%</b> of unique patients with at least <b>1 office visit</b> during the reporting period. The text of the electronic note must be searchable and may contain drawings and other content.	
<input type="checkbox"/>	3. <b>Imaging Results: (NEW)</b> <b>More than 10%</b> of all imaging tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through EHR.	
<input type="checkbox"/>	4. <b>Family Health History: (NEW)</b> <b>More than 20%</b> of all unique patients seen during the reporting period have structured data entry for one or more 1 <sup>st</sup> degree relatives.	
<input type="checkbox"/>	5. <b>Report Cancer Cases: (NEW)</b> Successful ongoing submission of cancer case information from EHR to a public health central cancer registry, except where prohibited, and in accordance with the applicable law and practice. *	Yes/No. The RI Department of Health does not have this functionality for EPs as of Feb. 2014 #
<input type="checkbox"/>	6. <b>Report Specific Cases: (NEW)</b> Successful ongoing submission of specific case information from EHR to a specialized registry for the entire EHR reporting period. *	Yes/No. The RI Department of Health does not have this functionality for EPs as of Feb. 2014 #

\* Beginning in 2013, all of the public health objectives will require that providers perform at least one test of their Certified EHR Technology's capability to send data to public health agencies, except where prohibited.

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## Meaningful Use Clinical Quality Measures (CQMs)\*

Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals (EPs) will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. EPs must report on 9 of the 64 approved CQMs.

Recommended core CQMs – encouraged but not required

- 9 CQMs for the adult population
- 9 CQMs for the pediatric population
- NQF 0018 strongly encouraged since controlling blood pressure is high priority goal in many national health initiatives, including the Million Hearts campaign

Selected CQMs must cover at least 3 of the National Quality Strategy domains:

- ✓ Patient and Family Engagement (PFE)
- ✓ Patient Safety (PS)
- ✓ Care Coordination (CC)
- ✓ Population and Public Health (PPH)
- ✓ Efficient Use of Healthcare Resources (EUHR)
- ✓ Clinical Processes/Effectiveness (CP/E)

Beginning in 2014, all Medicare-eligible providers beyond their first year of demonstrating meaningful use must electronically report their CQM data to CMS. (Medicaid EPs that are eligible only for the Medicaid EHR Incentive Program will electronically report their CQM data to their state.)

### 2014 Reporting Options for EPs

Category	Data Level	Payer Level	Submission Type	Reporting Schema
<b>EPs in First Year of Demonstrating Meaningful Use*</b>	Aggregate	All payer	Attestation	Submit 9 CQMs (includes adult and pediatric recommended core CQMs), covering at least 3 NQS domains <i>(any consecutive 90 days)</i> <i>Submit by Feb. 28<sup>th</sup>, 2015</i>
<b>EPs Beyond the First Year of Demonstrating Meaningful Use in 2014</b>				
<b>Option 1 – A.</b>	Aggregate	All payer	Attestation	Submit 9 CQMs (includes adult and pediatric recommended core CQMs), covering at least 3 NQS domains <i>(Calendar year quarter)</i>
<b>Option 1 – B.</b>	Aggregate	All payer	Electronic	Submit 9 CQMs (includes adult and pediatric recommended core CQMs), covering at least 3 NQS domains <i>(Full Calendar Year)</i>
<b>Option 2</b>	Patient	Medicare Only	Electronic	Satisfy requirements of PQRS group reporting options using CEHRT <b><i>(PQRS Help Desk: 866-288-89120)</i></b>
<b>Group Reporting (only EPs Beyond the First Year of Demonstrating Meaningful Use)**</b>				
EPs in an ACO (Medicare Shared Savings Program or Pioneer ACOs)	Patient	Medicare Only	Electronic	Satisfy requirements of Medicare Shared Savings Program of Pioneer ACOs using CEHRT
EPs satisfactorily reporting via PQRS group reporting options	Patient	Medicare Only	Electronic	Satisfy requirements of PQRS group reporting options using CEHRT

\*Attestation is required for EPs in their first year of demonstrating meaningful use because it is the only reporting method that would allow them to meet the submission deadline of October 1 to avoid a payment adjustment. \*\*Groups with EPs in their first year of demonstrating meaningful use can report as a group, however individual EPs who are in their first year must attest to their CQM results by October 1 to avoid a payment adjustment.



**Domain Abbreviations:** Patient and Family Engagement (PFE)  
 Population and Public Health (PPH)  
 Patient Safety (PS)

Efficient Use of Healthcare Resources (EUHR)  
 Clinical Processes/Effectiveness (CP/E)  
 Care Coordination (CC)

	NQF / CMS ID	Measure	Domain	Notes
<b>Adult Recommended Core Measures</b>				
<input type="checkbox"/>	0018/165v1	Controlling High Blood Pressure	CP/E	
<input type="checkbox"/>	0022/156v1	Use of High-Risk Medications in the Elderly	PS	
<input type="checkbox"/>	0028/138v1	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	PPH	
<input type="checkbox"/>	0052/166v2	Use of Imaging Studies for Low Back Pain	EUHR	
<input type="checkbox"/>	0418/2v2	Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan	PPH	
<input type="checkbox"/>	0419/68v2	Documentation of Current Medications in the Medical Record	PS	
<input type="checkbox"/>	0421/69v1	Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	PPH	
<input type="checkbox"/>		Closing the Referral Loop: Receipt of Specialist Report	CC	
<input type="checkbox"/>		Functional Status Assessment for Complex Chronic Conditions	PFE	
<b>Pediatric Recommended Core Measures</b>				
<input type="checkbox"/>	0002/146v1	Appropriate Testing for Children with Pharyngitis	EUHR	
<input type="checkbox"/>	0024/155v1	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	PPH	
<input type="checkbox"/>	0033/153v1	Chlamydia Screening for Women – Age 16 – 24	PPH	
<input type="checkbox"/>	0036/126v1	Use of Appropriate Medications for Asthma	CP/E	
<input type="checkbox"/>	0038/117v1	Childhood Immunization Status	PPH	
<input type="checkbox"/>	0069/154v1	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	EUHR	
<input type="checkbox"/>	0108/138v2	ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	CP/E	
<input type="checkbox"/>	0418/2v2	Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan	PPH	
<input type="checkbox"/>	TBD/75v1	Children who have dental decay or cavities	CP/E	
<b>Other Core CQM Choices</b>				
<input type="checkbox"/>	0004/137v1	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	CP/E	
<input type="checkbox"/>	0031/125v1	Breast Cancer Screening	CP/E	
<input type="checkbox"/>	0032/124v1	Cervical Cancer Screening	CP/E	



<input type="checkbox"/>	0034/ 130v1	Colorectal Cancer Screening	CP/E	
<input type="checkbox"/>	0041/ 147v1	Preventative Care and Screening: Influenza Immunization	PPH	
<input type="checkbox"/>	0043/ 127v1	Pneumonia Vaccination Status for Patients > 65 yrs. Old	CP/E	
<input type="checkbox"/>	0055/ 131v1	Diabetes: Eye Exam	CP/E	
<input type="checkbox"/>	0056/ 123v1	Diabetes: Foot Exam	CP/E	
<input type="checkbox"/>	0059/ 122v1	Diabetes: Hemoglobin A1c Poor Control	CP/E	
<input type="checkbox"/>	0060/ 148v1	Hemoglobin A1c Test for Pediatric Patients	CP/E	
<input type="checkbox"/>	0062/ 134v1	Diabetes: Urine Protein Screening	CP/E	
<input type="checkbox"/>	0064/ 163v1	Diabetes: Low Density Lipoprotein (LDL) Management	CP/E	
<input type="checkbox"/>	0068/ 164v1	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CP/E	
<input type="checkbox"/>	0070/ 145v1	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF - <40%)	CP/E	
<input type="checkbox"/>	0075/ 182v1	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	CP/E	
<input type="checkbox"/>	0081/ 135v1	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	CP/E	
<input type="checkbox"/>	0083/ 144v1	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	CP/E	
<input type="checkbox"/>	0086/ 143v1	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	CP/E	
<input type="checkbox"/>	0088/ 167v1	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	CP/E	
<input type="checkbox"/>	0089/ 142v1	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CP/E	
<input type="checkbox"/>	0101/ 139v1	Falls: Screening for Future Fall Risk	PS	
<input type="checkbox"/>	0104/ 161v1	Major Depressive Disorder (MDD): Suicide Risk Assessment	CP/E	
<input type="checkbox"/>	0105/ 128v1	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective	CP/E	

		Continuation Phase Treatment		
<input type="checkbox"/>	0110/ 169v1	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	CP/E	
<input type="checkbox"/>	0384/ 157v1	Oncology: Medical and Radiation – Pain Intensity Quantified	PFE	
<input type="checkbox"/>	0385/ 141v2	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	CP/E	
<input type="checkbox"/>	0387/ 140v1	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	CP/E	
<input type="checkbox"/>	0389/ 129v2	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	EUHR	
<input type="checkbox"/>	0403/ 62v1	HIV/AIDS: Medical Visit	CP/E	
<input type="checkbox"/>	0405/ 52v1	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	CP/E	
<input type="checkbox"/>	0407/ 77v1	HIV/AIDS: RNA Control for Patients with HIV	CP/E	
<input type="checkbox"/>	0564/ 132v1	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	PS	
<input type="checkbox"/>	0565/ 133v1	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	CP/E	
<input type="checkbox"/>	0608/ 158v1	Pregnant women that had HBsAg testing	CP/E	
<input type="checkbox"/>	0710/ 159v1	Depression Remission at Twelve Months	CP/E	
<input type="checkbox"/>	0712/ 160v1	Depression Utilization of the PHQ-9 Tool	CP/E	
<input type="checkbox"/>	1365/ 177v1	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	PS	
<input type="checkbox"/>	1401/ 82v1	Maternal depression screening	PPH	
<input type="checkbox"/>	TBD/ 74v2	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	CP/E	
<input type="checkbox"/>	TBD/ 61v2	Preventative Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	CP/E	
<input type="checkbox"/>	TBD/ 64v2	Preventative Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	CP/E	
<input type="checkbox"/>	TBD/ 149v1	Dementia: Cognitive Assessment	CP/E	

<input type="checkbox"/>	65v2	Hypertention Improvement in blood pressure	CP/E	
<input type="checkbox"/>	TBD/ 66v1	Functional status assessment for knee replacement	PFE	
<input type="checkbox"/>	TBD/ 56v1	Functional status assessment for hip replacement	PFE	
<input type="checkbox"/>	TBD/ 90v2	Functional status assessment for complex chronic conditions	PFE	
<input type="checkbox"/>	TBD/ 179v1	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	PS	

**Additional Notes:**

*To learn more about how the Rhode Island Quality Institute's Regional Extension Center (REC) can serve you, please call (888) 858-4815, e-mail [RIREC@riqi.org](mailto:RIREC@riqi.org) or visit [DocEHRtalk.org](http://DocEHRtalk.org).*