STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN (SMHP) ATTACHMENTS

Alabama Medicaid Agency
In Partnership with Health Information Exchange Advisory Commission

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8.1 Marketing and Communication Materials

Alabama Medicaid Agency

ePrescribing Fact Sheet

What is ePrescribing?

ePrescribing is the process of generating and transmitting a prescription or renewal request electronically. This data-entry system contains software for generating prescriptions as well as a secure network that directly communicates with pharmacies. Using a handheld device or a computer that contains ePrescribing software, those who prescribe medications can access a patient's medication history, their prescription benefit information and send prescriptions directly to the pharmacy.

How Does It Work?

Rather than handwriting a prescription, the health care provider enters it into their computer. It is then sent via a secure network connection to the patient's pharmacy. Over 75% of pharmacies in the United States and over 89% of the pharmacies in Alabama are part of the ePrescribing network, so the patient can choose where to send the prescription. ePrescribing can also be used to renew a prescription.

What are the Benefits?

There are numerous benefits to ePrescribing.

1. One benefit is that the prescription will arrive at the pharmacy before the patient. This means the patient reduces their wait time and doesn't have to make an extra trip to the pharmacy to drop the prescription off. It also means most patients will get their prescription filled. Often with handwritten prescriptions, patients won't fill them.
2. There are safety benefits to ePrescribing. When a prescription is sent electronically, it increases the chances that the pharmacist is able to read the doctor's handwriting. This helps ensure the patient receives the proper drug and dosage. There are also alert systems in place in the electronic prescription system that will check for drug interactions or allergies the patient may have to the prescription or other prescriptions. If there is a drug recall, patients who have received a prescription electronically are easier to contact.
3. ePrescribing increases efficiency in the pharmacy and eliminates paperwork. It also reduces the number of callbacks between health care providers and pharmacies.
4. When providers write electronic prescriptions, they are able to view the drugs that are covered by the patient's insurer, that need preauthorization, and other prescriptions the patient is taking. This often leads to both time and money being saved by the patients.

Additional Information on ePrescribing can be found on the following web sites
http://www.cms.hhs.gov/EPrescribing/
http://www.cms.hhs.gov/EHealthRecords/
http://www.ehealthinitiative.org/
http://www.surescripts.com/

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ePrescribing For Hospitals

What is ePrescribing?
ePrescribing is the process of generating and transmitting a prescription or renewal request electronically. This data-entry system contains software for generating prescriptions as well as a secure network that directly communicates with pharmacies. Using a handheld device or a computer that contains ePrescribing software, those who prescribe medications can access a patient's medication history, their prescription benefit information and send prescriptions directly to the pharmacy.

ePrescribing is rapidly expanding as more hospitals are finding these services do provide an improved and safer method for handling prescription medications while reducing costs. With medication errors resulting in numerous deaths in the United States, ePrescribing can reduce this risk. Most deaths that occur from medication errors involve allergic reactions, incorrect dosages or illegible handwriting and with physicians writing billions of prescriptions each year, this can leave room for medication errors. ePrescribing can help to prevent these errors from occurring.

Benefits:
•Qualified care providers have access to all medicines and all medical-related tasks, starting with the generation of a legible and complete medication order. This information can then be shared among multiple care providers, regardless of location, allowing reliable access to medicine information without having to hunt down a single paper record reducing the costs of healthcare while improving the safety of patients.
•Improved efficiency by reducing paperwork, phone communication time and provides the patient with needed medication in a more rapid manner.
•Improved patient safety and reduced risk of adverse drug reactions.
•Improved access to information on all drugs, dosages, how many were dispensed and the phone numbers of physicians who prescribed the medications.
•Accessibility 7 days a week, 24 hours a day.

Systems can also be setup for sharing information among different hospitals worldwide. This offers physicians the easy ability to consult with specialists anywhere in the world.

Providers who are required to write numerous prescription medications daily can benefit from ePrescribing. With the system's medication management program, providers can cross check patient's newly prescribed medications with previous medications to prevent any anomalies.

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ePrescribing for Pharmacies

What is ePrescribing?

ePrescribing is the process of generating and transmitting a prescription or renewal request electronically. This data-entry system contains software for generating prescriptions as well as a secure network that directly communicates with pharmacies. Using a handheld device or a computer that contains ePrescribing software, those who prescribe medications can access a patient's medication history, their prescription benefit information and send prescriptions directly to the pharmacy. The benefits of adopting ePrescribing include the following:

ePrescribing results in the delivery of "clean" prescriptions which benefits pharmacists by:

- Reducing the opportunity for medication errors
- Offering prescribers access to patient prescription benefit coverage which means fewer rejected claims and less rework at the pharmacy
- Reducing paperwork and re-keying, which allows you to spend more time with patients or reallocate that time to activities such as medication therapy or inventory management.

Pharmacists realize several benefits in the ePrescribing process, the details of the prescription are transmitted directly to the pharmacists, minimizing the possibility of human error. The provider types in the medication, dose, and quantity requested then it is transmitted directly.

Pharmacists see a significant decrease in work that is put forth in an effort to get medications approved by health insurance companies. In the ePrescribing process, the patient's health insurance information is incorporated into the software itself. Therefore, the provider will be alerted to medications that are not covered by the patient's insurance company. Hence, a prescription will never be sent to a pharmacist if it is not covered by the patient's health insurance company. This is a great reduction of unnecessary work on the Pharmacist's part.

ePrescribing essentially streamlines the entire process. Pharmacists benefit greatly because tasks that previously consumed the majority of their day with redundant paperwork or follow-up calls, can now be spent on purposes that are more productive. Pharmacists can spend more time consulting with patients about their medications, compliant behavior, and possible side effects. Pharmacists will naturally continue to verify that patients are receiving accurate doses, and are free of drug interactions, but ultimately they can now perform at optimum efficiency and accuracy. Hidden in the concept of ePrescribing, is the fact that patients are inherently more compliant with filling their medications. Before the advent of ePrescribing, patients often neglected to actually fill their medications. Whether it was for financial reasons or pure non-compliance issues, patients simply did not fill every prescription that they received.

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ePrescribing for Physicians

What is ePrescribing?
ePrescribing is the process of generating and transmitting a prescription or renewal request electronically. This data-entry system contains software for generating prescriptions as well as a secure network that directly communicates with pharmacies. Using a handheld device or a computer that contains ePrescribing software, those who prescribe medications can access a patient's medication history, their prescription benefit information and send prescriptions directly to the pharmacy. The benefits of adopting ePrescribing include the following:

Improve Patient Safety:
A study from the Center for Information Technology Leadership estimates that electronic prescribing, with clinical decision support, has the potential to reduce preventable adverse drug events (ADEs) by more than 60% over traditional paper based prescription writing. ePrescribing holds the potential to significantly improve patient safety by:
•Reducing the risk of medication errors
•Reducing the potential for fraud or tampering
•Providing access to a patient's medication history

Physicians greatly reduce overall risk of errors by incorporating ePrescribing into their practice.
With ePrescribing, physicians and other prescribers have the potential to access clinical decision support information such as:
•Patient Medication History
•Patient Formulary and Eligibility
•Drug-Drug Interaction Alerts
•Drug-Allergy Interaction Alerts

Improve Practice Efficiency:
A study conducted by Brown University in 2006 showed that the average time per day spent managing prescription refills for both physicians and staff was cut in half once the practice implemented ePrescribing.

Additional benefits to physicians
•Immediate access to generic medication for patients
•Eliminates errors from poor handwriting or faxing
•Reduces pharmacy callbacks
•More convenient for patients
•Less time spent on prescription renewals
•Offering prescribers access to patient prescription benefit coverage which means fewer rejected claims and less rework at the pharmacy

2011, he or she must demonstrate meaningful use of their certified EHR technology for 90 consecutive days in 2011, beginning no later than October 1, 2011.

Acquisition and Implementation Approaches:

Approaches to achieving meaningful use include:

- Implementing full EHRs
- Implementing best of breed modules for key functions that, combined, fulfill meaningful use requirements.

  If the latter option is chosen, it may be a good idea to implement ePrescribing as the first step toward meaningful use. It is important, however, to take into consideration the importance and potential added cost to integrate modular technologies.

  Whether a practice chooses to implement a comprehensive EHR or modular approach, a staged implementation may also make sense.

  For example, the practice could buy an EHR and implement its practice management system functionality, then ePrescribing, then the more robust medical record functionality.

For Practices That Are Already ePrescribing:

Practices should ensure that they meet all of the objectives and measures associated with meaningful use listed above and that their product is certified for Meaningful Use (discussed below). This may only require some minor modifications in workflow to ensure that the practices are fully using the medication history information as well as the formulary checking so they can get credit for that menu option. It may also require some effort to make sure that physicians are in fact transmitting at least 40 percent of their prescriptions electronically and identifying and addressing any barriers to making this threshold.

For Practices That Have Not Yet Implemented ePrescribing:

Implementing ePrescribing at the outset may be a good first step toward meaningful use. These practices should consider working with their vendors on an overall plan to achieve meaningful use that starts with ePrescribing. That will give the practices experience with a relatively mature technology that will result in immediate patient safety, practice efficiency, and patient convenience benefits. Then it may be less intimidating to tackle the remaining aspects of meaningful use.

8.2 Alabama Medicaid E-prescribing Brochure

What Is e-Prescribing?

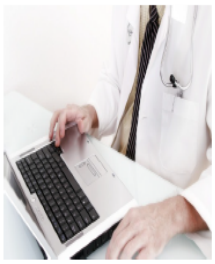
E-prescribing is short for electronic prescribing.

It is the electronic transmission of a prescription from the health care provider to the pharmacy. The Medicare part D prescription drug program defines it as:

"E-prescribing means the transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager or health plan, either directly or through an intermediary, including an e-prescribing network.

E-prescribing includes, but is not limited to, the exchange of information between the point of care and the dispenser."

How Does e-Prescribing Work?



- Rather than writing a prescription, the health care provider enters it into their computer.
- Over 75% of pharmacies in the United States are part of the e-prescribing network, so the patient can choose where to send the prescription.
- E-prescribing can also be used to renew a prescription.

What Are the Benefits of e-Prescribing ?

There are a number of benefits that e-prescribing provides as opposed to using traditional handwritten prescriptions. *These combined benefits can help the prescribing doctor, the patient and the pharmacy.*

1. Improving patient safety and quality of care.
2. Reducing time spent on phone calls and call-backs to pharmacies.
3. Reducing time spent faxing prescriptions to pharmacies.
4. Automating the prescription renewal request and authorization process.
5. Increasing patient convenience and medication compliance.
6. Improving formulary adherence which permits lower cost drug substitutions.
7. Allowing greater prescriber mobility.
8. Improving drug surveillance/recall ability.

E-Prescribing is Transforming Patient Care ...

- The concept of electronic prescribing is not new.
- Origins of the idea date to a 2000 study showing that errors in prescription drug orders were linked to thousands of deaths each year.
- Issues relating to prescription errors included poor or illegible handwriting or instructions that weren't clear (dosage, warnings, etc.).
- Sending prescriptions electronically allows the prescriptions to be received and filled faster, often just shortly after the patient leaves the doctor's office.
- In short, it improves patient's safety and reduces medication errors.

E-prescribing is rapidly becoming standard practice. Two key government programs (MIPPA)[1] and (HITECH)[2] currently allow healthcare professionals to receive incentives through the adoption and use of e-prescribing technology.

[1]MIPPA—Medicare Improvements for Patients and Providers Act

[2]HITECH—Health Information Technology for Economic and Clinical Health Act

One Health Record

ALABAMA MEDICAID AGENCY

The Facts
About e-Prescribing

8.3 Meaningful Use Outreach Plan, Structured Labs Data Progress Report, and A-HIE OneHealthRecord Outreach Program Weekly Status Report

Meaningful Use Outreach Plan

Prepared for: Alabama Medicaid Agency

ABSTRACT

Outreach plan for the education of and dissemination of e-prescribing and structured lab data exchange information to Medicaid Providers in the underserved counties of Alabama from October 2011 through year-end 2014.

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Project Plan Version Control#

Version	Date	Author	Change Description
1.0	10/7/2011	Tuskegee University	Document created

I. Executive Summary

Mission

The Mission of the Meaningful Use Outreach Program is to educate Medicaid providers in the underserved counties of Alabama on the benefits of Meaningful Use adoption.

Consistent with the Agency's views, it is envisioned that Meaningful Use adoption by Medicaid Providers should go a long way in improving health care quality and delivery to Medicaid care recipients thereby leading to better health outcomes for all Medicaid care recipients.

The mission will be accomplished through the education of and dissemination of information to Medicaid Providers in the underserved counties of Alabama. The rural areas of Alabama present unique challenges and barriers to Meaningful Use adoption that require both a concentrated effort and an in-depth knowledge of each geographical area in order to overcome.

Scope

The scope of the Meaningful Use Outreach Program is to build a statewide network of community partnerships in order to maximize the effectiveness and impact of the outreach activities.

The outreach program will be implemented in a four-phase process for the education of Medicaid Providers and the dissemination of Meaningful Use information to Medicaid providers (clinics, healthcare providers, pharmacists, and physicians) in the rural and underserved counties of Alabama.

The timeline for Outreach Program execution is described in detail in Section VIII – Timeline.

The phases are divided into four separate quadrants within the state: Black Belt, Southern, Mid-state and Northern.

- Phase one of this program focuses on the rural and underserved Black Belt counties located in the southeast quadrant of the state of Alabama.

  In Phase One we will also create a network among the 18 Black Belt counties that will serve as a model for the development of a statewide Meaningful Use dissemination strategy.

- Utilizing Phase One as a model, Phase Two will focus on the Southern quadrant of the state.

- Building on Phases One and Two, the third phase will focus on the Mid-state quadrant of the state and will also utilize the networks created in Phases One and Two to backfill or reinforce any new information or updated information that may be necessary.

- Phase Four of the Outreach Program will focus on the Northern quadrant of the state and will also utilize the network created in phases one – three to backfill and refresh the Meaningful Use messaging as needed.

Critical Assumptions

1. Continuity of Program Operations - Successful execution of the Outreach Program throughout the State of Alabama is a long-term endeavor and as such, the program has been written with a time horizon that extends through year-end 2014.

   The Outreach Plan assumes that there will be continuity of the program team for the duration of the project. Delays to the program for procurement of new contractor(s) and any transition to new program management office and team will result in program delays, additional costs to the state, which may very well adversely impact the overall effectiveness of the Outreach Program.

2. Continuity of Program Funding – The Outreach Program plan and related activities have been developed to operate within the funding levels as set forth in the MOU between Alabama Medicaid Agency and Tuskegee University.

   While it is recognized that the federal and stage governmental agencies have the right to change funding at any time, said changes in the level of funding for the Outreach Program may require an adjustment in the activities schedules contained herein and may adversely impact the effectiveness of the Outreach Program.

3. Successful statewide implementation of the Outreach Program is dependent upon the latitude to engage and build outreach partnerships with other organizations within the various quadrants of the state as outlined in the Scope above.

Approach

Successful implementation of the Meaningful Use Outreach Program in Alabama is contingent on the understanding and acceptance of Meaningful Use.

The initial messaging and focus of the outreach activities will center on education on and the adoption of e-prescribing and structured lab data exchange.

Since Meaningful Use requirements will evolve over time, the messaging employed as part of the outreach activities will evolve as well in order to ensure that those activities are supportive of evolving Meaningful Use requirements.

In order to support the mission, the outreach program will accomplish the following:

- Provide consistent, cohesive and understandable messaging to support acceptance of Meaningful Use and adoption of e-prescribing in the underserved communities.
  The primary messaging will be focused on the adoption of e-prescribing and structured lab data exchange (Direct Method).

- Provide opportunities for education, engagement, collaboration and feedback regarding acceptance of Meaningful Use and adoption of e-prescribing and structured lab data exchange in Alabama.

- Build public awareness within the underserved communities.

- Monitor all information that will be derived from the interaction within each of the communities and counties that are part of the Outreach Program, and, adjust messaging and activities as warranted by this interaction.

SUCCESS FACTORS

- Identify and analyze stakeholders and constituencies to participate in the implementation of the e-prescribing Outreach Program.

- Develop strategic communications plans to address acceptance of Meaningful Use and adoption of e-prescribing and structured lab data exchange, with a focus on Medicaid providers in the underserved counties.

- Understand the landscape to develop a cohesive plan to address all Medicaid providers in the underserved counties.

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II. Current Assessment and Gap Analysis

The Current Assessment below has been adapted from Alabama Medicaid Agency's Landscape and Gap Analysis Version 1.2 dated December 28, 2010, with statistics for 2011 included where available. As such all data points referenced herein were provided by SureScripts.

Total e-prescribers in Alabama using SureScripts Network

The Alabama Medicaid agency has employed SureScripts data to determine the baseline of physicians utilizing e-prescribing in Alabama. According to SureScripts, the total number of e-prescribers has grown from just under 1,500 in March 2010 to just under 4,000 in March 2011.

Percent of Office-Based Physicians e-Prescribing using an EHR

According to data compiled by SureScripts, as of August 2011 29.4% of office-based physicians in Alabama sent an electronic prescription on the SureScripts network using an HER. Nationwide, 37.6% of office-based physicians e-prescribed through an EHR on the SureScripts Network.

Pharmacy Access

According to data compiled by SureScripts, the percent of retail community pharmacies enabled to e-prescribe and actively e-prescribing on the SureScripts Network in Alabama has grown from 64% in December 2008 to 89.7% in August 2011.

New Prescriptions and Renewal Requests

According to data compiled by SureScripts, new prescription requests were 625,353 or composed 86.3% of all e-prescribing requests on the SureScripts Network for the State of Alabama vs. 40,108,996 or 80.8% of all e-prescribing requests nationwide.

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Gap Filling Strategies for e-Prescribing

- Targeted Outreach to Medicaid Providers within the underserved counties of Alabama per the plan contained herein.

  Outreach activities will be implemented on a statewide basis based upon the geographic schedule outlined in Section 3 and the timeline outlined in Section 8.

- Concentrate outreach activities on the largest gaps in adoption.

  Physicians to date have been much slower in adopting e-prescribe than the pharmacies. Much of the outreach activities will be focused on addressing the barriers and issues that presently prevent physicians from implementing e-prescribe.

  Resources will also be focused on assisting the Medicaid Providers in understanding how to implement and utilize structured lab data exchange.

- Monitoring, measuring and reporting of e-prescribing utilization for pharmacies and physicians.

  As part of the ongoing outreach program, Tuskegee University will gather data on the adoption and utilization of e-prescribing from available sources such as SureScripts, data gathered from surveys and focus groups, and will provide reporting on both an annual basis per the outreach work plans previously submitted, as well as on an ad hoc basis from time to time.

  Figure 2.0 below outlines Alabama Medicaid Agency's state goals for the adoption of e-prescribing among the Medicaid healthcare provider community.

Figure 2.0 Goals and Tracking Progress

Activity	Current State (December 2009)	Goal (July 2011)	Goal (July 2012)	Goal (July 2013)
Eligible Professionals use of E-Prescribing	18%	25%	50%	75%
Routing of Prescriptions	7%	20%	40%	75%

III. Underserved Counties

The underserved counties that will be part of the Outreach program are listed by program phase in Figure 3.0 below. The start dates and counties included are projections, and the actual timelines and participating counties may change based on logistics and scheduling with regional partners.

Figure 3.0 Underserved Counties by Program Phase

Phase	Projected Start Date	Counties Included
Pilot Phase	11/1/11	Macon
Phase I – Black Belt Counties	1/1/12	Barbour, Wilcox, Montgomery, Pike, Butler, Crenshaw, Marengo, Lowndes, Greene, Hale, Perry, Choctaw, Dallas, Bullock, Sumter, Russell
Phase II – Southern Counties	7/1/12	Washington, Clarke, Monroe, Conecuh, Escambia, Covington, Coffee, Dale, Geneva, Henry, Houston
Phase III – Mid-state Counties	1/1/13	Lamar, Fayette, Pickens, Talladega, Clay, Randolph, Bibb, Chilton, Chambers, Lee, Autauga
Phase IV – Northern Counties	7/1/13	Winston, Cullman, Blount, Etowah, Cherokee, Marshall, Morgan, Lawrence Franklin, Colbert, Lauderdale, Limestone, Madison, Jackson

Produced by Center for Economic & Business Research,
The University of Alabama

State of Alabama by County

Immediately below is a summarization of the Medicaid statistics and available services for each of the underserved counties for which the relevant data is available.

Figure 3.2 Summaries of Underserved Counties

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
Black Belt Region						
Butler	**20,090**	**6,129**	**9.7%/11.2%**	**Hospitals (2), Federal Health centers (1), Rural Health centers (2), medical clinics (11), County Health Dept (1) Pharmacies (4)**	**14 Physicians 3 Nurse Practitioners**	**.7**
Marengo	**22,084**	**5,713**	**12.50%/11.2%**	**Hospital (1), Federal Health center (1) medical clinics (12), County Health dept (1), Pharmacies (5)**	**11 Physicians**	**.5**
Macon	**23,179**	**5.830**	**14.30%`/11.2%**	**Federal Health centers (1), Medical Clinics (4), County Health dept (1), Pharmacies (4)**	**6 Physicians**	**.26**
Bullock	**11,229**	**3,618**	**14.00%/11.2%**	**Hospital (1), Rural health center (1), Medical clinics (5), County Health dept (1), Pharmacies (3)**	**6 Physicians 1 Nurse Practitioner**	**.54**
Dallas	**44,884**	**17,000**	**12.30%/11.2%**	**Hospital (1), Medical clinics (41), Pharmacies (15)**	**34 Physicians 3 Nurse Practitioners**	**.76**
Choctaw	**15,238**	**3.595**	**10.10%/11.2%**	**Federal Health center (1), Rural health center (1), Medical clinics (1), County Health dept (1), Pharmacies (4)**	**6 Physicians 2 Nurse Practitioners**	**.39**

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
Wilcox	12,803	5,040	9.50%/11.2%	Hospital (1), Federal Health dept (3), Medical clinics (1), County Health dept (1)	5 Physicians 3 Nurse Practitioners	.39
Perry	10,591	4,200	18.30%/11.2%	Federal Health dept (2), Rural Health center (1), Medical Clinic (1), County health dept (2)	5 Physicians 3 Nurse Practitioners	.47
Hale	18,275	5,484	14.00%/11.2%	Hospital (1), Federal health center (1), County Health dept. (1), Pharmacies (2)	5 Physicians	.27
Greene	9,172	3,387	10.50%/11.2%	Hospital (1), Federal Health dept (1), Medical Clinic (1), County Health dept (1), Pharmacies (2)	5 Physicians	.54
Lowndes	12,644	3,771	13.00%/11.2%	Federal Health dept (3), Medical Clinics (3)-Part time, County Health dept (1), Pharmacies (2)	5 Physicians	.4
Barbour	28,557	6.977	10.10%/11.2%	Hospital (1), medical clinics (13), County health dept (3)- 2 satellite locations, Pharmacies (4)	16 Physicians 2 Nurse Practitioners 1 Physician Assistant	.56
Sumter	12,552	4,483	14.8%/11.2%	Hospital (1), Federal Health Centers (2), Medical Clinics (3), County Health dept (2), Pharmacies (2)	6 Physicians	.48
Pike	31,176	7,438	9.6%/11.2%	Hospital (1), Federal Health center (1), Medical Centers (20), County Health Dept (1), Pharmacies (7)	16 Physicians 6 Nurse Practitioners	.52

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
Russell	50,504	13,073	17.1%/11.2%	Hospital (2), Federal Health center (1), Medical Center (15), County Heath dept (1), Pharmacies (10)	19 Physicians	.38
Crenshaw	13,754	3,580	11.2%/11.2%	Hospital (1), Federal Health center (1), Medical Clinics (3), County Health dept (1), Pharmacies (4)	10 Physicians	.73
Montgomery	224,810	52,936		Details not available.		
SOUTH Region						
Washington	18,946	3,483	11.0%/11.2%	Hospital (1), Rural Health center (1), Medical Clinics (6), County Health Dept. (1), Pharmacies (3), Federal Health Dept. (1)	3 Physicians	.16
Clarke	28,330	6,723	11.8%/11.2%	Hospital (3), Rural Health center (5), Medical Clinics (14), County Health dept (1), Pharmacies (11)	11 Physicians	.39
Monroe	24,299	5,626	14.0%/11.2%	Hospital (1), Rural Health center (3), Medical Clinics (20, County Health dept (1), Pharmacies (5)	13 Physicians	.54
Conecuh	14,120	3,966	9.6%/11.2%	Hospital (1), Rural Health center (3), Medical Clinics (7), County Health dept (1), Pharmacies (2)	10 Physicians	.71
Escambia	40,106	9,334	11.2%/11.2%	Hospital (2), Federal Health center (2), Medical Clinics (7), County Health dept (1), Pharmacies (3)	7 Physicians	.18
Covington	38,025	9,198	9.5%/11.2%	Hospital (3), Federal Health center (2), Medical Clinics (24), County Health dept (2), Rural Health Dept (2) Pharmacies (11)	31 Physicians	.82
Coffee	45,673	8,136	11.2%/11.2%	Hospital (2), Federal Health center (1),	26 Physicians	.57

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
				Med Clinics (25), County Health dept (2), Rural Health Dept (2) Pharmacies (9)		
Dale	50,115	9,981	9.0 %/11.2%	Hospital (1), Rural Health center (2), Medical Clinics (20), County Health dept (2), Pharmacies (10)	10 Physicians	.2
Geneva	26,958	6,407	14.8%/11.2%	Hospital (1), Medical Clinics (7), County Health dept (1), Rural Health Dept (1) Pharmacies (6)	7 Physicians 2 Nurse Practitioners	.26
Henry	16,786	3,560	11.0%/11.2%	Medical Clinics (2), County Health dept (1), Pharmacies (5)	3 Physicians	.18
Houston	101,547	22,700	Details not available			
Central Region						
Tuscaloosa	194,656	34,234	Details not available			
Talladega	82,291	21,339	Details not available			
Shelby	195,085	16,800	Details not available			
Clay	15,078	3,107	12.2%/11.2%	Hospital (1), Medical Clinics (7), County Health dept (1), Pharmacies (4)	4 Physicians	.25
Randolph	22,620	5,044	15.5%/11.2%	Hospital (2), Federal Health center (1), Medical Clinics (3), County Health dept (1), Rural Health Dept(3) Pharmacies (5)	3 Physicians	.13
Bibb	23,623	4,893	9.1%/11.2%	Hospital (1), Rural Health center (1), Medical Clinics (20), County Health dept	10 Physicians	.42

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
				(2), Pharmacies (10)		
Chilton	42,440	9,705	17.8%/11.2%	Hospital (1), Federal Health center (1), Medical Clinics (3), County Health dept (1), Rural Health Dept(1) Pharmacies (5)	7 Physicians 5 Nurse Practioners	.17
Coosa	10,864	2,295	18.5%/11.2%	Hospital (1), Rural Health center (1), Medical Clinics (2), County Health dept (2), Pharmacies (2)	4 Physicians	.37
Autauga	54,571	8,306	Details not available			
Lee	140,247	19,022	Details not available			
Elmore	79,303	11,683	15.1%/11.2%	Hospital (1), Rural Health center (2), Medical Clinics (20), County Health dept (2), Rural Health Dept(1) Pharmacies (10)	24 physicians	.3
Chambers	34,215	8,324	Details not available			
Lamar	14,447	3,370	17.0%/11.2%	Rural Health center (1), Medical Clinics (5), County Health dept (1), Federal Health Dept(1) Pharmacies (6)	5 Physicians	.35
Fayette	17,648	3,844	14.0%/11.2%	Hospital (1), Medical Clinics (7), County Health dept (2), Pharmacies (5)	7 Physicians	.4
Walker	67,023	15,712	Details not available			
St. Clair	85,593	13,683	Details not available			

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
Cleburne	14,799	3,136	17.1%/11.2%	Hospital (1), Federal Health center (1), Medical Clinics (2), County Health dept (1), Pharmacies (2)	5 Physicians	.34
Pickens	21,125	5,224	13.1%/11.2%	Hospital (1), Rural Health center (2), Medical Clinics (20), County Health dept (2), Pharmacies (5)	10 Physicians	.47
North Region						
Lauderdale	92,709	15,963	Details not available			
Limestone	73,400	12,128	15.8%/11.2%	Hospital (1), Rural Health center (2), Federal Health Center (1)Medical Clinics (20), County Health dept (1), Pharmacies (14)		
Jackson	53,227	10,635	Details not available			
Colbert	54,428	11,171	Details not available			
Franklin	31,704	8,133	Details not available			
Lawrence	34,166	6,535	16.1%/11.2%	Hospital (1), Rural Health center (1), Federal Health Center (1)Medical Clinics (10), County Health dept (1), Pharmacies (6)	11 Physicians	.32
Morgan	19,490	21,948	Details not available			
DeKalb	69,128	17,075	11.5%/11.2%	Hospital (1), Rural Health center (1), Federal Health Center (1)Medical Clinics (10), County Health dept (1), Pharmacies	11 Physicians	.16

County	Population	Medicaid Recipients	Percent Uninsured County vs. State	Health Care Facilities	Practitioners	Physicians per 1,000 Residents
				(6)		
Marion	30,776	6,762	Details not available			
Winston	23,974	5,491	10.8%/11.2%	Hospital (1), Rural Health center (2), Med Clinics (10), County Health dept (1), Pharmacies (14)	13 Physicians	.54
Cullman	80,406	15,335	Details not available			
Blount	57,322	10,074	Details not available			
Etowah	104,430	22,878	Details not available			

IV. Target Audiences

Target Audiences

The target audiences are the Medicaid providers in the Black Belt region since they are key stakeholders in the adoption of e-prescribing and Meaningful Use.

- **Hospitals**
  - Primary Audience; Important link in dissemination of information to physicians; patients
  - Concerns about patients from across state lines, institutions
  - Cost/ Issues related to interface with existing hospital-based EMR systems
  - Governance issues
  - Payer Involvement/ Long Term Sustainability
- **Physicians**
  - Primary Audience; Important link in dissemination of information to patients
  - Concerned about interoperability, compatibility, functionality and security
  - Not clear on how they will benefit; esp. in terms of patient safety, clinical outcomes, liability reduction and improved efficiencies
  - Concerned about cost, set-up, maintenance and training
  - Concerned about system failure and lack of access to patient records
- **Pharmacies**
  - Primary Audience
  - Principal stakeholder in e-prescribing adoption
  - Important link in dissemination of information to patients
  - Concerned about interoperability, compatibility, functionality and security
  - Concerns about increased workload, decreased productivity
  - Concerned about cost, set-up, maintenance and training
- **Safety-Net Providers (FQHCs, Rural Clinics)**
  - Primary Audience; Important link in dissemination of information to patients
  - Concerned about interoperability, compatibility, functionality and security
  - Not clear on how they will benefit; esp. in terms of patient safety, clinical outcomes, liability reduction and improved efficiencies
  - Concerned about cost, set-up, maintenance and training
  - Concerned about system failure and lack of access to patient records
  - Worried about increase in workload; lack of funding or resources
  - Concerned about lack of qualified individuals to teach information needed for proficiency

V. Barriers to e-prescribing and Meaningful Use adoption

There are several significant barriers that exist for rural Medicaid Providers in the underserved areas that need to be addressed in order for Meaningful Use acceptance and the adoption of e-prescribing and structured lab data exchange to achieve their full potential.

Alabama Medicaid Agency recognized these barriers early in the Meaningful Use Adoption program and has taken the proactive steps to implement an Education and Outreach Program for the underserved areas of Alabama.

The Education and Outreach Program has been developed specifically with the purpose of overcoming these barriers, and/or mitigating their effects to the greatest degree possible within the given parameters and constraints.

- Lack of education about and understanding of Meaningful Use and the need for the adoption of e-prescribing and structured labs data exchange among Medicaid Providers.

  As stated in Section I, the mission of the Meaningful Use Outreach Program is to develop the messaging, the channels of communication and the local partnerships required to effectively inform and educate the underserved communities on the benefits of Meaningful Use.

- Broadband availability in the more rural areas of the state.

  Broadband availability is a structural barrier that can only be overcome as broadband access becomes available in a specific location.

  One area in which the Outreach Program can assist is in educating a provider on the broadband options that are available to them in their location at a given point in time.

- Level of information technology in place at the Healthcare Provider.

  As part of the education process, the Medicaid Providers can be made aware of the importance and necessity of implementing and maintaining an information technology infrastructure that is consistent with the levels necessary in order for them to successfully participate in the benefits of Meaningful Use.

- Rate of adoption and implementation of Electronic Health Records (EHR) systems among Medicaid Providers in the underserved counties.

  The messaging to be disseminated to Medicaid Providers in the underserved counties contains a substantial amount of information on the benefits of implementing an EHR system from a vendor who is on the qualified list as set forth by the ONC.

  Our level of activity in this area has been planned such that any overlap with the responsibilities of the REC will be minimal. We will also communicate with the REC on these issues from time to time in order to share information we gather from the outreach activities.

- Level of training and understanding of general use of Internet services and information technology in place at the Healthcare Provider.

  This is an area that is beyond the scope of the Meaningful Use Outreach Program, however, this is an area that we consider to be problematic and we will monitor and report on the instances and frequency with which this barrier is encountered.

VI. Core Messages

- E-prescribing is the electronic transmission of a prescription between a health care provider (physician) and a dispenser (pharmacist) through an e-prescribing network.

- E-prescribing will lead to increased efficiency by eliminating paperwork and callbacks to physicians as well as reducing errors in the dispensing of patient medications.

- By using the electronic prescription, the doctor is able to view which drugs are covered by the patient's insurer, which drugs require pre-authorization and other prescriptions the patient is taking. This often leads to both time and money being saved by the patient.

- E-prescribing is an essential part of a reformed health care system, providing an almost error-free system to deliver prescriptions while improving patient health outcomes, preventing fraud and abuse, and lowering health care costs.

- Availability of health and drug data through Alabama's e-prescribing will improve public health services by making it possible to monitor – and potentially prevent drug-drug interactions, and insure proper dosage of medication

- e-prescribe will make it possible for vital health information to be securely shared with health care providers during times of public emergency. (e.g. hurricanes)

- Adoption and use of e-prescribe in Alabama will greatly enhance health care services to rural and underserved populations.

- The e-prescribe system in Alabama is designed to be a long-term, self-sustaining entity that will not increase the cost of health care, but instead support better care at a lower cost.

VII. Communications Mediums and Methodology

MEDIUMS OF COMMUNICATION

- Website
- Webinars
- Forums
- Newsletters
- Community Access
- Focus Groups
- Summit (3)
- Conferences
- Flyers/Posters/Brochures
- Radio and TV spots

- Workshops/Seminars
- Training of outreach coordinators for Black Belt counties in Alabama
- Training of students for outreach
- Focus groups for physicians, pharmacists, other healthcare professionals
- Identify pharmacists, physicians, dentists, etc. to assist with outreach—use Tuskegee University graduate students

COMMUNICATION METHODOLOGY

The marketing materials developed to date have been developed specifically for the Medicaid Provider community within the state of Alabama. Future marketing materials will be developed with the same end user community in mind.

The outreach activities have been specifically targeted towards the effective involvement of the rural and underserved communities within the Black Belt counties.

These outreach activities and the lessons learned while undertaking the outreach program will serve as a model for Meaningful Use outreach to rural and underserved areas in other quadrants of the state.

Tuskegee's Meaningful Use Outreach Plan includes the following guidelines:
Involve the communities we are serving.

- Identify and recruit adequate number of community liaisons to assist with the outreach.

- Develop the focused discussion instrument s (discussion questions and survey instruments), train discussion leaders and select a site and dates and time for the meetings.

Take steps to ensure that we remain on target with the audience and the messaging.

- Review, compile and analyze the results of the focused discussions.

- Incorporate the results from focused discussion into the education, communication and dissemination materials.

- Arrange E-prescribe forums for the identified target audience.

Communicate with the Medicaid Provider community through multiple effective channels.

- The communication will utilize webinars, radio, print (FAQ, brochures, flyers, posters, inserts, direct mailing), media outlets, and community-based TV (PSA), Internet website, displays, and other communication paraphernalia.

- Personal contact: face to face workshops, presentations, lectures, interviews, focused discussions, surveys, summits, conferences and workshops, press events.

- Others: Partnerships, corporative agreements, council members, state and local governmental officials, community and organizational leaders, faith-based organizations, associations, educational institution and schools (k-12).

Outreach Program Governance

- Dissemination: All entities involved in prescribing medication will be targeted for dissemination.
- Education: A training manual is being developed in order to help ensure consistent results among all counties. The manual will be consistent with Alabama Medicaid Agency's regulations and guidelines.
- Recruiting: Trainers will be recruited for each county in the Black Belt, and training on e-prescribe (Structured Lab Data Exchange and Clinical Data Summary to follow) will be provided for the trainers in each county.
- Scheduling: A master schedule for training and for outreach activities is being developed, and will govern training and outreach activities in the counties.
- Post-Implementation Evaluation: Post-implementation evaluation will be conducted in order to provide continuous improvement to the outreach program.
    - The tools to be employed include:
        - Survey Instrument(s),
        - Pre/Post Test Results,
        - Narratives Responses, and,
        - Tracking number of contacts vs. number of discussion participants.

VIII. Timeline

Year 1 – 2011 (October 2011 – December 2011)

Messaging Focus: Education/Awareness of Meaningful Use (e-prescribing and structured lab data exchange).

Pilot Phase - Education/Awareness Activities

- Pilot Phase will be utilized as a model for rollout of program for entire state.
- Distribute educational materials to promote acceptance of Meaningful Use and adoption e-prescribing and structured lab data exchange.
- Engage and collaborate with stakeholders and with the community leaders
- Illustrate e-prescribing adoption successes.
- Promote awareness of and coordination with state Regional Extension Center to physicians.
- Create opportunities for feedback from target audiences
- Monitor opinion and feedback from Medicaid Providers in order to identify issues that need to be addressed by Meaningful Use and e-prescribing.

Year 2 - 2012

Messaging Focus: Education/Awareness of Meaningful Use (e-prescribing and structured lab data exchange).

First Half – Phase One – Black Belt Counties

Second Half – Phase Two – Southern Counties

- Distribute educational materials to promote e-prescribing adoption and function
- Engage and collaborate with stakeholders and the community leaders
- Develop messaging for Meaningful Use and adoption of Structured Labs to support education and awareness activities.
- Create Marketing materials to support Structured Labs
- Illustrate acceptance of meaningful use and adoption of e-prescribing and Structured labs adoption
- Promote awareness of and coordination with state Regional Extension Center to Medicaid Providers and community
- Create opportunities for feedback from target audiences
- Monitor opinion and feedback from Medicaid Providers in order to identify issues that need to be addressed by Meaningful Use and e- prescribing

YEAR 3 - 2013

Messaging Focus: Education/Awareness of Meaningful Use (e-prescribing and structured lab data exchange).

First Half – Phase Three – Mid-state Counties

Second Half – Phase Four – Northern Counties

- Distribute educational materials to promote e-prescribing adoption and function.
- Engage and collaborate with stakeholders and with the community
- Illustrate e-prescribing adoption successes.
- Promote awareness of and coordination with state Regional Extension Center to physicians.
- Create opportunities for feedback from target audiences
- Monitor opinion and feedback from Medicaid Providers in order to identify issues that need to be addressed.

YEAR 3 - 2014

Messaging Focus: Concentrate on gaps in outreach effectiveness and backfill areas needing additional work.

IX. Outreach Tactics/Activities

COMMUNICATION

- Targeted messaging, i.e.: development of Marketing and educational materials with key messages on e-prescribe and structured lab data exchange for physicians, pharmacists, hospitals, and clinics in the underserved counties in the State of Alabama.

- Keep messaging on target, i.e.: conduct (#) of focus groups to physicians, pharmacists, hospitals, and clinics in the four quadrants of the state as identified in Section III, Underserved Counties.

- Continuously improve messaging, i.e.: identification of key issues from focus group discussions and develop educational plan

- Track results, i.e.: identification and quantification of the number of providers who have the appropriate level of awareness and understanding of e-prescribe as well as the legislative mandates as determined by pre- and post-discussion surveys—At least 75% of target audience have appropriate level of understanding.

- Assess and evaluate the work remaining, i.e.: assessment and gap analysis of the barriers and challenges to Meaningful Use (e-prescribe and/or structured lab data exchange) adoption and activation from focus group discussions.

    - Address these barriers and challenges in education and training.

EDUCATION/TRAINING

Leverage outreach resources by:

- Recruitment and training of community educators from the underserved counties to conduct e-prescribe and structured lab data workshops and seminars

- Develop and employ a training manual to help ensure consistency among the various community educators

DISSEMINATION

Employ multiple media channels:

- Development of electronic material for dissemination of information
    - Web page
    - Webinars
- Development of Public Service Announcements (PSAs) for radio and television

Recruit from within the Provider Community:

- Recruitment physicians, pharmacists, hospitals, clinics and lab personnel from each of the target areas to assist with dissemination of e-prescribe and structured lab exchange data

- Distribution of printed materials to physicians, pharmacists, hospitals, clinics and labs in the target counties
    - Mailings
    - Workshops
    - Hand delivery to offices

PARTNERSHIPS

Recruit partners to assist with effective outreach for dissemination of information about e-prescribe and structures Lab exchange.

- Southern Rural Healthcare Services
- Alabama Hospital Association
- Alabama Black Belt Action Commission
- Alabama Medical Association
- Alabama Health Plans & HMOs
- Alabama Pharmacy Association

X. Attachments

Attachment A – PDF versions of print materials

Attachment B- Demographics data

Structured Labs Data Exchange

Information Baseline

Meaningful Use Outreach Program

ABSTRACT

Baseline information for in-state labs including independent labs, hospital labs, and physician labs.

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Work Plan for Structured Lab Data Baseline

In support of the original work plan, Tuskegee University developed a survey instrument to be used to gather baseline information regarding the current and planned adoption and implementation of Structured Lab Data Exchange by in-state independent labs.

Upon completion of the initial survey, the scope was increased to include all labs within the State of Alabama including Hospital Labs and Physician Labs respectively.

IDENTIFY WHICH LABS CURRENTLY SERVICE ALABAMA MEDICAID AND DOCUMENT THEIR CURRENT ENVIRONMENT.

Medicaid identified 630 laboratories currently providing services to the Alabama Medicaid Agency. This includes: 385 physician office labs (POLs), 100 public health agencies, 105 hospitals, 32 independent labs, 7 advanced nurse practitioner practices, and 1 dialysis center.

As part of the Structured Lab information baseline, Tuskegee expanded the information provided by Medicaid to include contact telephone numbers (Attachment B), and is further expanding the contact information as surveys are completed.

PRESENT CAPABILITIES TO CONNECT TO THE AHIE

A survey was developed to assess the capabilities of laboratories to connect to AHIE.

Surveys will be conducted using the following schedule:

- Independent labs (28, duplication and missing information) will be surveyed. Completed surveys will be given the statistician for coding, entry into database and analyses. Report to be submitted to Alabama Medicaid Agency.

- Hospital labs (105) and dialysis center (1) will be surveyed. Due to the teaching loads, administrative and other duties, this will allow approximately 20 labs to be surveyed each week. Completed surveys will be given to the statistician at the end of week for coding and entry into database. Analyses will be performed upon receipt of all surveys. Reports to be submitted as part of final deliverable. Students will be used whenever possible to speed up the process.

- Public health agencies (100) and nurse practitioner practices (7) will be surveyed. Due to the teaching loads, administrative and other duties, this will allow approximately 20 labs to be surveyed each week. Completed surveys will be given to the statistician at the end of week for coding and entry into database. Analyses will be performed upon receipt of all surveys. Reports to be submitted as part of the final deliverable.

- Students will be used whenever possible to speed up the process. Physician office labs (385) will be surveyed over a three-month period. Due to the teaching loads, administrative and other duties, this will allow approximately 20 labs to be surveyed each week. Completed surveys will be given to the statistician at the end of week for coding and entry into database. Analyses will be performed upon receipt of all surveys. Reports to be submitted as part of the final deliverable. Students will be used whenever possible to speed up the process.

PROVIDE AN OVERALL SET OF REQUIREMENTS AND A PLAN FOR GETTING THEM CONNECTED TO THE AHIE.

Based on the gaps, barriers, and other determinants affecting connection to the AHIE, strategies will be proposed to assist laboratories in connecting to AHIE.

In-State Independent Labs Baseline Data

Survey

- Thirty-two independent labs were identified by Medicaid, three were duplicates
- No numbers were located for two labs
- Twenty-seven labs with numbers were contacted
- Of the 27 labs contacted:
    - One wrong number was identified
    - Four lab managers completed the survey
    - Nine lab managers verbally chose not to complete the survey
    - Eight lab managers were left messages, no return call indicates unwillingness to complete the survey
    - Two labs could not determine the person to speak to or make contact with the appropriate person
    - One lab manager indicated that the IT department was separate from the lab, located in another city
    - One small lab with one personnel is scheduled to receive training in the future
    - One lab did not process specimen, specimens were sent to Lab Corp

Survey Summary

- Of the 4 labs surveyed, 3 indicated the capability to report test results electronically (less than 25% without the capability).
- Only one lab did not have the capability to receive lab orders electronically. Still using mail.
- Barriers included (three labs reporting):
    - Cost
    - Variety of systems are costly to interface with >200 clients
    - HIPAA compliance
    - Lack of health care providers with e-lab abilities
- For the lab currently without electronic capability indicated a six month to one year timeframe for implementation
- What will be needed to transmit results electronically? (two labs reporting)
    - New computers
    - HIE software
    - Training for personnel
    - Broadband Internet connection
    - Additional personnel
- Additional comments
    - One lab reported “ready to go, waiting for providers willing to sell software in the future”

Steps to Completion

- Data for the four completed surveys is being entered into the database created in SPSS
- A minimum of 60 surveys are needed for analysis.
- We will begin planning for the next round of surveys

Hospital and Physician Labs Baseline Data – Preliminary Data

BREAKDOWN:

351 contacts made

10 surveys completed (2.8%)

7 sets of duplicate numbers

Note: 97% of the labs either:

- Number disconnected/incorrect
- No answer when called (at least 3 attempts were made)
- Asked for a call back, no response on the call back (at least attempts were made)
- Out of business
- Refused to participate

SURVEY RESULTS:

DEMOGRAPHICS:

Types of Lab: Independent (5); State (1); POL (1); Hospital (3)

Numbers of tests: 500 to 2 million annually

Number of Employees: 1 – 20

IT Coordinator: 7 Yes; 3 No

IT Consultant: 6 Yes; 4 No

RESPONSES TO SURVEY QUESTIONS:

See Attachment A for survey questions.

1. Five (50%) indicated reporting test results electronically
2. Four (40%) indicated receiving lab order electronically (33% to 100%)
3. Three (30%) indicated the ability to submit lab data electronically
4. Two (20%) indicated the ability to transmit lab data electronically
5. One (10%) lab indicated the ability submit electronic eligibility information
6. Two (20%) labs indicated the ability to receive electronic eligibility information
7. Two (20%) labs indicated the ability to exchange electronic eligibility information with all choices, one (10%) lab indicated Blue Cross/Blue Shield only; seven (70%) indicated none

8. Barriers - lack of healthcare providers with e-lab abilities, trust in current technology, lack of expertise in establishing an electronic reporting system, corporate office, HIPAA compliance. Six (60%) of the respondent indicated "no" barriers.
9. Antek LabDAQ, SunQuest, Forkerster, Horizon, McKesson, CPSI
10. Eight (80%) of the lab reports contained all of the choices, one (10%) indicated none, and one (10%) excluded sex, pregnancy status, and specimen number
11. One (10%) indicated before 2014, one (10%) indicated 6 months to 1 year; one (10%) is ready; one (10%) software installed; six (60%) responded not applicable
12. New computer, HIE software, training for personnel, HIE software improvement; five (50%) responded "none"
13. No additional comments

Structured Lab Data Outreach Program Activities

This information will be added to the current Statewide Outreach Plan for Meaningful Use, and we will provide an updated version upon completion.

Landscape

There are 630 Laboratories currently identified as providing service to Alabama Medicaid Agency. The labs include: 385 physician office labs (POLs), 100 public health agencies, 105 hospitals, 32 independent labs, 7 advanced nurse practitioner practices, and 1 dialysis center.

Structured Lab Data Outreach Materials

- Collateral to Support outreach to all labs
- Computer Literacy materials
- Develop a Outreach and Tactical Plan
- Initiate a Transparent Stakeholder Process

Structured Lab Data Outreach Activities

- Partnership with Veterans Administration Labs
- Collaboration with ePrescribe Outreach Program
- Collaboration with American Hospital Association
- Collaboration with College of American Pathologists
- Surveys
- Site visits
- Webinars
- Focus Groups
- Webcasts
- Engage HITECH technical resources
- Workshops
- Partnerships with EHR and Lab Vendors
- One on One consultations with Smaller labs
- Alignment with Public Health Department – Joint Initiatives
- Participation in Tuskegee Health Disparity Institute Conference

Attachments

ATTACHMENT A

Survey Instrument

State of Alabama Medicaid Lab Health Information Exchange (HIE) Readiness Survey

Purpose: To assess the level of readiness of laboratories performing tests for Medicaid for health information exchange.

Demographics:

Type of Lab (Circle one): Reference Independent Hospital Other_____

Number of Tests annually: _____

Number of Employees: _____

Name Lab Manager: _____

IT Coordinator: Yes No

IT Consultant Yes No

Instructions: Please respond to the following questions as to the method(s) in which laboratory requests and results are ordered and retrieved.

1. What method does your facility use to report test results/diagnostic results? (Check all that apply)
    - Fax
    - Lab slip
    - Mail
    - Email
    - Does not report

- Electronic (approximate percentage)

2. Does your facility receive lab orders electronically?
   - Yes
   - No

a) If yes, what is the approximate percentage of electronically submitted lab orders your receive compared to the total number or lab orders you receive regardless of how submitted?
_____%

Breakdown:

_____ Total Number of lab orders received
_____ Total Number of lab orders received electronically
_____Number of electronic orders from health care providers
_____Number of electronic orders from non-health care providers (e.g. insurers, payers, employers, etc.)

b) Identify the responsible party for maintaining CLIA compliance.
____Designated Staff
_____Consultant
_____Other

3. Does your facility have the capacity to electronically submit lab data to the following? (Check all that apply)
   - The Office of Public Health
   - Payers
   - Providers
   - Other Labs
   - No, we do not have that capacity
   - Other, please specify _____

4. Which of the following have the capacity to electronically receive lab data from your facility? (Check all that apply)
   - The Office of Public Health
   - Payers
   - Providers
   - Other Labs
   - No, we do not have that capacity
   - Other, please specify _____

5. If "payers" is selected, with whom do you submit electronic eligibility information? Check all that apply)
   - Medicaid
   - Medicare
   - Blue Cross Blue Shield

- o Humana
- o United Health
- o Other, please specify _____

6. Do you receive electronic eligibility data (e.g., Medicare, Blue Cross, etc.)?
   - o No
   - o Yes, by logging onto a separate portal for each payer
   - o Yes, by logging onto a multi-payer portal
   - o Yes, directly through an interface to my EHR

7. With whom do you exchange electronic eligibility information? (Please check all that apply)
   - o Medicaid
   - o Medicare
   - o Blue Cross Blue Shield
   - o Humana
   - o United Health
   - o Other, please specify _____

8. What are the major barriers, if any, to reporting lab data electronically? (Check all that apply)
   - o Cost
   - o Broadband Internet access
   - o Lack of healthcare providers with e-lab abilities
   - o Trust in current technology
   - o Lack of expertise in establishing an electronic reporting system
   - o HIPAA compliance
   - o Other, please specify _____
   - o None

9. What laboratory information system (computerized data system) do you use to manage lab results?
   - o Antek LabDAQ E-micro Meditech
   - o Cerner Citation Fletcher Flora Lab Pack Cerner Classic
   - o MISYS Healthcare System HBO SunQuest
   - o Cerner Millennium Horizon StartLIMS
   - o CPSI McKesson None
   - o Other, please specify _____

10. What data are contained in your lab reports? (Check all that apply)
    - o Name of patient
    - o Age/ DOB of patient
    - o Patient address
    - o Sex of patient

- Pregnancy status
- Race/Ethnicity of patient
- Medical record number
- Lab reference number
- Specimen number
- Ordering physician/agency name
- Ordering physician/agency address
- Test name
- Date of test
- Types of specimen
- Preliminary report
- Final report
- Other, please specify _____

11. If your facility is **not** currently transmitting test results/diagnostic results electronically, what is the timeframe for implementation?
    - Three – six months
    - Six months – one year
    - One year – one and half years
    - No definite timeframe but before 2014.
    - No intention
    - Not Applicable

12. What will be needed in your facility to transmit test results/diagnostic results electronically?
    - New computers
    - HIE software
    - Training for personnel
    - Broadband Internet connection
    - Additional personnel

13. Additional comments on your facility's readiness for Structured Lab Data Exchange.

ATTACHMENT B

List of In-State Labs

Claims Paid During Paid Dates FY10 for PCs 80047-89398					
Billing Provider Name	**Bill Prov County Code & Description**	**Billing Provider Type Code & Description**	**Billing Provider Specialty Code & Description**	**Alabama**	**Phone Number**
ACCULAB INC	22 - Cullman	28 - Laboratory	280 - Independent Lab	yes	256-739-9778
ADAMS & BRIDGER PATH LB	51 - Montgomery	28 - Laboratory	280 - Independent Lab		334-288-4963
ADAMS & BRIDGER PATHOLOGY LA	01 - Autauga	28 - Laboratory	280 - Independent Lab	Pratville	334-365-3396
ADDISON PRIMARY CARE	67 - Winston	31 - Physician	800 - Internal Medicine	Winston	256-747-8100
ADULT & PEDIATRIC MEDICINE P	51 - Montgomery	31 - Physician	345 - General Pediatrician		334-284-9772
ALABAMA MULTI-SPECIALTY GRP	63 - Tuscaloosa	31 - Physician	800 - Internal Medicine		205-391-9300
ALABAMA PAIN CENTER LLC	45 - Madison	31 - Physician	311 - Anesthesiologist		256-652-1302
ALABAMA PATHOLOGY ASSOC PC	51 - Montgomery	28 - Laboratory	280 - Independent Lab		334-263-6228
ALABAMA PATHOLOGY ASSOC PC	51 - Montgomery	31 - Physician	333 - Pathologist		334-263-6228
ALABAMA UROLOGY ASSOC PC	37 - Jefferson	31 - Physician	343 - Urologist	birmingham	205-877-2860
ALABAMA UROLOGY &	52 - Morgan	31 - Physician	343 - Urologist	Decatur	256-353-0605

ROBOTICS CENTER					
ALABAMA WOMENS HEALTH CARE PC	45 - Madison	31 - Physician	328 - Obstetrician/Gynecologist	huntsville	256-265-2555
ALAPATH LLC	28 - Etowah	31 - Physician	333 - Pathologist	Guntersville	256-569-9989
ALBERT E LESTER	51 - Montgomery	31 - Physician	800 - Internal Medicine		334-262-0331
ALBERTVILLE PRIMARY CARE	48 - Marshall	31 - Physician	316 - Family Practitioner	low payments	256-571-8923
ALBERT Z HOLLOWAY	51 - Montgomery	31 - Physician	345 - General Pediatrician		334-288-0009
ALFRED J NEWMAN	51 - Montgomery	31 - Physician	343 - Urologist		334265-6933
ALICEVILLE RURAL HEALTH CLIN	54 - Pickens	58 - Rural Health Physician	081 - Rural Health Clinic (RHC		205-373-6323
ALL ABOUT KIDS	51 - Montgomery	31 - Physician	345 - General Pediatrician		334-277-5431
ALL ABOUT KIDS INC	51 - Montgomery	31 - Physician	345 - General Pediatrician		334-277-5431
AMERICAN FAMILY CARE INC	37 - Jefferson	31 - Physician	318 - General Practitioner		205-403-8902
ANDALUSIA REGIONAL HOSPITAL	20 - Covington	01 - Hospital	010 - Acute Care		334-222-8466
ANGELA M MARTIN	08 - Calhoun	31 - Physician	345 - General Pediatrician		256-237-1184
ANNISTON OB-GYN ASSOC PA	08 - Calhoun	31 - Physician	328 - Obstetrician/Gynecologist		256-237-6755

ANTHONY A CIBULSKI	37 - Jefferson	31 - Physician	800 - Internal Medicine	birmingham	205-595-6186
ANTHONY E BENCHINA	22 - Cullman	31 - Physician	316 - Family Practitioner		256-739-3912
ANTHONY J FAVA	08 - Calhoun	31 - Physician	318 - General Practitioner		256-832-4051
APERIAN LABORATORY SOLUTIONS, LLC	41 - Lee	28 - Laboratory	280 - Independent Lab		334-528-6900
ARAB FAMILY HEALTHCARE LLC	48 - Marshall	31 - Physician	316 - Family Practitioner	arab,al	256-931-3531
ATHENS INT MED & NEPH ASSOC	42 - Limestone	31 - Physician	800 - Internal Medicine		256-232-0801
ATHENS LIMESTONE HOSP	42 - Limestone	01 - Hospital	010 - Acute Care		256-233-9292
ATHEROTECH	37 - Jefferson	28 - Laboratory	280 - Independent Lab		205-314-7400
AUGUSTUS SAVILLE JR	03 - Barbour	31 - Physician	328 - Obstetrician/Gynecologist		334-687-7372
AUTAUGA CO HLTH DEPT.	01 - Autauga	13 - Public Health Agency	083 - Family Planning	prattville	334-361-3743
AUTAUGA CO HLTH DEPT.	01 - Autauga	13 - Public Health Agency	181 - Maternity		334-361-3743
AVALON MEDICAL CENTER PC	17 - Colbert	31 - Physician	316 - Family Practitioner	Muscle Shoals	256-386-0808
AVALON MEDICAL CENTER PC	17 - Colbert	31 - Physician	318 - General Practitioner		256-386-0808
AVALON MEDICAL CENTER PC	17 - Colbert	31 - Physician	800 - Internal Medicine		256-386-0808
BALDWIN CO EA	02 - Baldwin	01 - Hospital	010 - Acute Care		334-206-

SHORE/THOMAS H					5300
BALDWIN CO HLTH DEPT.-ROBERT	02 - Baldwin	13 - Public Health Agency	083 - Family Planning		334-206-5300
BAPTIST MED CENTER - PRINCET	37 - Jefferson	01 - Hospital	010 - Acute Care	birmingham	205-592-1216
BAPTIST MEDICAL CENTER EAST	51 - Montgomery	01 - Hospital	010 - Acute Care	montgomery	334-277-8330
BAPTIST MEDICAL CTR SOUTH	51 - Montgomery	01 - Hospital	010 - Acute Care	montgomery	334-288-2100
BARBOUR CO HLTH DEPT.-CLAYTO	03 - Barbour	13 - Public Health Agency	083 - Family Planning	clayton	334-775-8324
BARBOUR CO HLTH DEPT.-EUFAUL	03 - Barbour	13 - Public Health Agency	083 - Family Planning	Eufaula	334-687-4808
BARNES FAMILY MED ASSOCIATES	18 - Conecuh	31 - Physician	316 - Family Practitioner	Evergreen	251-578-5111
BARRY J MCCLENEY	58 - St.Clair	31 - Physician	316 - Family Practitioner	Springville	205-467-3591
BBSMD PC	62 - Tallapoosa	31 - Physician	345 - General Pediatrician	Alexander	256-234-2538
BELFONDIA POU	51 - Montgomery	31 - Physician	316 - Family Practitioner		334-284-6755
BENJAMIN S CITRIN MD PC	49 - Mobile	31 - Physician	313 - Cardiovascular Surgeon		251-634-1544
BESSEMER	37 - Jefferson	13 - Public	083 - Family		205-424-

HEALTH CENTER		Health Agency	Planning		6001
BHC/BLOUNT & ETOWAH COUNTIES	05 - Blount	31 - Physician	316 - Family Practitioner		205-715-5910
BHC-HOOVER INTERNAL MEDICINE ASSO	37 - Jefferson	31 - Physician	800 - Internal Medicine		205-715-5910
BHC/LINCOLN	61 - Talladega	31 - Physician	316 - Family Practitioner		256-763-7848
BHC/MUNFORD	37 - Jefferson	31 - Physician	800 - Internal Medicine		205-715-5910
BHC-SNEAD	05 - Blount	31 - Physician	316 - Family Practitioner		205-466-7114
BHC/TALLADEGA	61 - Talladega	31 - Physician	318 - General Practitioner		256-362-3636
BHC/TRUSSVILLE	37 - Jefferson	31 - Physician	316 - Family Practitioner		205-271-1600
BIBB CO HLTH DEPT.	04 - Bibb	13 - Public Health Agency	083 - Family Planning		478-745-0411
BIBB MED ASSOC RURAL HLTH CL	04 - Bibb	58 - Rural Health Physician	185 - Hospital Based Rural Health Clinic		205-926-4694
BIBB MEDICAL CENTER HOSPITAL	04 - Bibb	01 - Hospital	010 - Acute Care		205-926-4881
BIRMINGHAM HEALTH CARE	37 - Jefferson	56 - FQHC Physician	080 - FQHC (Clinic		205-212-5600
BIRMINGHAM OBSTETRICS-GYNECO	37 - Jefferson	31 - Physician	328 - Obstetrician/Gynecologist		205-933-8334
BIRMINGHAM RAD GRP PC	37 - Jefferson	31 - Physician	341 - Radiologist		

BLBAHDB	49 - Mobile	56 - FQHC Physician	080 - FQHC (Clinic	irvington	251-824-2174
BLOUNT CO HLTH DEPT.	05 - Blount	13 - Public Health Agency	083 - Family Planning	Oneonta	205-274-2120
BLOUNT CO HLTH DEPT.	05 - Blount	13 - Public Health Agency	181 - Maternity		205-274-2120
BOBBY E HILL	63 - Tuscaloosa	31 - Physician	316 - Family Practitioner		205-752-0442
BOYDE J HARRISON, MD PC J	67 - Winston	31 - Physician	316 - Family Practitioner	Haleyville	205-486-5234
BREWTON MEDICAL CENTER	27 - Escambia	31 - Physician	318 - General Practitioner	Brewton	251-867-6071
BROOKWOOD MEDICAL CENTER	37 - Jefferson	01 - Hospital	010 - Acute Care		205-877-1000
BRYAN W WHITFIELD MEMORIAL H	46 - Marengo	01 - Hospital	010 - Acute Care	Tombigbee	205-289-4000
BULLOCK CO HLTH DEPT.	06 - Bullock	13 - Public Health Agency	083 - Family Planning	Union Springs	334-738-3030
BULLOCK CO HOSPITAL	06 - Bullock	31 - Physician	341 - Radiologist	Union Springs	334-738-2140
BULLOCK COUNTY HOSPITAL	06 - Bullock	01 - Hospital	010 - Acute Care	Union Springs	334-738-2140
BUTLER CO HLTH DEPT.-GREENVI	07 - Butler	13 - Public Health Agency	083 - Family Planning	Greenville	334-382-3154
BUTLER CO HLTH DEPT.-GREENVI	07 - Butler	13 - Public Health Agency	181 - Maternity	Greenville	334-382-3154
CAHABA MEDICAL CARE PC	28 - Etowah	31 - Physician	316 - Family Practitioner	Centerville	205-926-2992
CAHABA MEDICAL	04 - Bibb	58 - Rural	081 - Rural Health	Centerville	205-926-

CARE, PC		Health Physician	Clinic (RHC		2992
CALERA FAMILY HEALTH ASSOC P	59 - Shelby	31 - Physician	800 - Internal Medicine		205-668-0941
CALHOUN CO HLTH DEPT.	08 - Calhoun	13 - Public Health Agency	083 - Family Planning	Anniston	205-237-7523
CALHOUN CO HLTH DEPT.	08 - Calhoun	13 - Public Health Agency	181 - Maternity	Anniston	256-237-7523
CALLAHAN EYE FOUNDATION HOSPITAL	37 - Jefferson	01 - Hospital	010 - Acute Care	birmingham	205-325-8100
CECIL L PARKER JR	49 - Mobile	31 - Physician	800 - Internal Medicine		251-470-0552
CENTRAL AL COMP HEALTH CARE	44 - Macon	56 - FQHC Physician	080 - FQHC (Clinic	Lafayette	334-864-0084
CENTRAL NO ALABAMA HLTH SVCS	45 - Madison	56 - FQHC Physician	080 - FQHC (Clinic	Huntsville	256-534-8659
CENTRAL NORTH ALABAMA-VFC	45 - Madison	56 - FQHC Physician	080 - FQHC (Clinic	Huntsville	256-533-6311
CENTRE RHC CORP	10 - Cherokee	31 - Physician	316 - Family Practitioner	Centre	256-927-4900
CHAMBERS CO HLTH DEPT.-VALLE	09 - Chambers	13 - Public Health Agency	181 - Maternity	Valley	334-756-0758
CHAMBERS CO HLTH DEPT.-VALLEY	09 - Chambers	13 - Public Health Agency	083 - Family Planning	Valley	334-756-0758
CHARLES B BRENTNALL JR	61 - Talladega	31 - Physician	332 - Otologist, Laryngologist, Rhinologist	Anniston	256-238-0808

CHARLES EDWA HOOD	36 - Jackson	31 - Physician	800 - Internal Medicine	Scottsboro	256-259-1413
CHARLES HENDERSON CHILD HEALTH CE	55 - Pike	31 - Physician	328 - Obstetrician/Gynecologist	Troy	334-566-7600
CHARLES R BRADFORD	36 - Jackson	31 - Physician	316 - Family Practitioner	Scottsboro	256-259-6054
CHEROKEE CLINIC	10 - Cherokee	58 - Rural Health Physician	081 - Rural Health Clinic (RHC	Centre	256-359-4519
CHEROKEE CO HLTH DEPT.	10 - Cherokee	13 - Public Health Agency	083 - Family Planning	Centre	256-927-3132
CHEROKEE MEDICAL CENTER	10 - Cherokee	01 - Hospital	010 - Acute Care	Centre	256-927-5531
CHERYL A OUTLAND	51 - Montgomery	31 - Physician	345 - General Pediatrician	MONTGOMERY	334-272-4876
CHILTON CO HLTH DEPT.	11 - Chilton	13 - Public Health Agency	083 - Family Planning	Clanton	205-755-1287
CHILTON PEDIATRICS OF ALABAMA	11 - Chilton	31 - Physician	345 - General Pediatrician	Clanton	205-280-3333
CHOCTAW CO HLTH DEPT.	12 - Choctaw	13 - Public Health Agency	083 - Family Planning	Butler	205-459-4011
CITIZENS BAPTIST MEDICAL CTR	61 - Talladega	01 - Hospital	010 - Acute Care	Talledega	256-362-8111
CLANTON HOSPITAL LLC	11 - Chilton	01 - Hospital	010 - Acute Care		
CLARKE CO HLTH DEPT.	13 - Clarke	13 - Public Health Agency	083 - Family Planning	Grove Hill	251-275-3772
CLAUDE U OSULA	64 - Walker	31 - Physician	800 - Internal		

			Medicine		
CLAY CO HLTH DEPT.	14 - Clay	13 - Public Health Agency	083 - Family Planning	Lineville	256-396-9307
CLAY CO HLTH DEPT.	14 - Clay	13 - Public Health Agency	181 - Maternity	Lineville	256-396-9307
CLAY COUNTY HOSPITAL	14 - Clay	01 - Hospital	010 - Acute Care	Ashland	256-354-5200
CLAY COUNTY MED CLINICS	14 - Clay	31 - Physician	316 - Family Practitioner	Lineville	256-396-2142
CLEBURNE CO HLTH DEPT.	15 - Cleburne	13 - Public Health Agency	083 - Family Planning	Heflin	256-463-2296
CLEVELAND FAMILY HEALTHCARE	05 - Blount	31 - Physician	800 - Internal Medicine	Cleveland	205-625-3367
COFFEE CO HLTH DEPT.-ENTERPR	16 - Coffee	13 - Public Health Agency	083 - Family Planning	Enterprise	334-347-9574
COFFEE CO HLTH DEPT.-ENTERPR	16 - Coffee	13 - Public Health Agency	181 - Maternity		334-347-9574
COLBERT CO HLTH DEPT.	17 - Colbert	13 - Public Health Agency	083 - Family Planning	Sheffield	256-383-1231
COLBERT CO HLTH DEPT.	17 - Colbert	13 - Public Health Agency	181 - Maternity		256-383-1231
COLBERT CO HLTH DEPT.	17 - Colbert	13 - Public Health Agency	720 - Primary Care		256-383-1231
COLBERT LABORATORY INC	17 - Colbert	28 - Laboratory	280 - Independent Lab	Russellville	256-332-6602
COMMUNITY HOSPITAL	26 - Elmore	01 - Hospital	010 - Acute Care	Tallassee	334-283-6541
COMPLETE HEALTHCARE CENTER	58 - St.Clair	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other	Moody	205-640-1100

CONECUH CO HLTH DEPT.	18 - Conecuh	13 - Public Health Agency	083 - Family Planning	Evergreen	251-578-1952
CONNIE A CHANDLER	23 - Dale	31 - Physician	318 - General Practitioner	Ozark	334-774-2601
CONNIE A CHANDLER MD	23 - Dale	31 - Physician	800 - Internal Medicine		334-774-2601
COOPER GREEN MERCY HOSPITAL	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	205-930-3200
COOSA CO HLTH DEPT.-ROCKFORD	19 - Coosa	13 - Public Health Agency	083 - Family Planning	Rockford	256-377-4364
COOSA VALLEY MEDICAL CENTER	61 - Talladega	01 - Hospital	010 - Acute Care	Sylacauga	256-401-4670
CORNERSTONE PEDIATRICS PC	45 - Madison	31 - Physician	345 - General Pediatrician	Madison	256-461-7440
COVINGTON CO HLTH DEPT.-ANDA	20 - Covington	13 - Public Health Agency	083 - Family Planning	Andalusia	334-222-1175
COVINGTON CO HLTH DEPT.-ANDA	20 - Covington	13 - Public Health Agency	181 - Maternity		334-222-1175
CREEKSIDE FAMILY PRACTICE PC	45 - Madison	31 - Physician	318 - General Practitioner	Huntsville	256-551-6503
CRENSHAW CO HLTH DEPT.	21 - Crenshaw	13 - Public Health Agency	083 - Family Planning	Luverne	334-335-2471
CRENSHAW COMMUNITY HOSPITAL	21 - Crenshaw	01 - Hospital	010 - Acute Care	Luverne	334-335-1200
CRESTWOOD MEDICAL CENTER	45 - Madison	01 - Hospital	010 - Acute Care	Huntsville	256-883-7140
CULLMAN CO	22 - Cullman	13 - Public	083 - Family	Cullman	256-734-

HLTH DEPT.		Health Agency	Planning		1030
CULLMAN CO HLTH DEPT.	22 - Cullman	13 - Public Health Agency	181 - Maternity		256-734-1030
CULLMAN DERMATOLOGY CLINIC P	22 - Cullman	31 - Physician	314 - Dermatologist	Cullman	256-739-9711
CULLMAN ONCOLOGY PC	22 - Cullman	31 - Physician	780 - Hematology	Cullman	256-255-2500
CULLMAN PHYSICAL MEDICINE PC	22 - Cullman	31 - Physician	336 - Physical Medicine and Rehabilitation Practitioner	Cullman	256-736-8998
CULLMAN PRIMARY CARE CENTRAL LAB	22 - Cullman	28 - Laboratory	280 - Independent Lab		256-734-3141
CULLMAN PRIMARY CARE DIAGNOS	22 - Cullman	31 - Physician	316 - Family Practitioner		256-739-9898
CULLMAN PRIMARY CARE PC	22 - Cullman	31 - Physician	318 - General Practitioner		256-734-3141
CULLMAN PRIMARY CARE, PC - CENTRAL LAB	22 - Cullman	28 - Laboratory	280 - Independent Lab		Duplicate
CULLMAN PRIMARY CARE PC - OBGYN	22 - Cullman	31 - Physician	328 - Obstetrician/Gynecologist		256-739-0801
CULLMAN PRIMARY CARE PC-SLEEP MEDICINE	22 - Cullman	31 - Physician	316 - Family Practitioner		256-775-1090
CULLMAN REG MEDICAL CENTER	22 - Cullman	01 - Hospital	010 - Acute Care		256-737-2000

CUNNINGHAM PATHOLOGY LLC	37 - Jefferson	28 - Laboratory	280 - Independent Lab		205-591-7999
CUNNINGHAM PATHOLOGY LLC	37 - Jefferson	31 - Physician	333 - Pathologist		205-591-7999
CYTOPATH PC	59 - Shelby	28 - Laboratory	280 - Independent Lab	Alabaster	205-664-9797
DALE CO HLTH DEPT.	23 - Dale	13 - Public Health Agency	083 - Family Planning	Ozark	334-774-5146
DALE MEDICAL CENTER	23 - Dale	01 - Hospital	010 - Acute Care	Ozark	334-774-8483
DALLAS CO HLTH DEPT.	24 - Dallas	13 - Public Health Agency	083 - Family Planning	Selma	334-874-2550
DARSHANA V VYAS	20 - Covington	31 - Physician	800 - Internal Medicine	Andalusia	34-222-6041
DAVID R LONGMIRE	30 - Franklin	31 - Physician	326 - Neurologist	Russellville	256-332-3633
DAVID V PARMER MD PC	52 - Morgan	31 - Physician	345 - General Pediatrician	Decatur	256-355-1843
DCH REGIONAL MEDICAL CENTER	63 - Tuscaloosa	31 - Physician	318 - General Practitioner	Tuscaloosa	205-759-7111
DCH REGIONAL MEDICAL CTR	63 - Tuscaloosa	01 - Hospital	010 - Acute Care		205-759-7111
DECATUR DIAGNOSTIC LAB	52 - Morgan	28 - Laboratory	280 - Independent Lab	Decatur	256-355-9045
DECATUR ENT ASSOCIATES PC	52 - Morgan	31 - Physician	332 - Otologist, Laryngologist, Rhinologist		256-255-6200
DECATUR GENERAL HOSPITAL	52 - Morgan	01 - Hospital	010 - Acute Care		256-341-2000
DECATUR OB-GYN ASSOCIATES	52 - Morgan	31 - Physician	328 - Obstetrician/Gynec		256-355-9711

PA			ologist		
DECATUR OB/GYN PHYSICIANS PC	52 - Morgan	31 - Physician	328 - Obstetrician/Gynecologist		256-355-9216
DEKALB CO HLTH DEPT.	25 - Dekalb	13 - Public Health Agency	083 - Family Planning	Fort Payne	256-845-8680
DEKALB CO HLTH DEPT.	25 - Dekalb	13 - Public Health Agency	181 - Maternity		256-845-8680
DERMATOPATHOLOGY SERVICES INC	37 - Jefferson	28 - Laboratory	280 - Independent Lab	Birmingham	205-870-4897
DIABETES & ENDOCRINOLOGY ASSOC PC	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	205-877-2960
DIALYSIS CLINICINC	57 - Russell	30 - End-Stage Renal Disease (RSD) Clinic	300 - Free-Standing Renal Dialysis Clinic		
DIANA MARIE MANCUSO	35 - Houston	31 - Physician	316 - Family Practitioner	Dothan	334-793-4120
DIANA WARREN DO PC	67 - Winston	31 - Physician	318 - General Practitioner	Haleyville	205-485-7337
DIATHERIX LABORATORIES, INC	45 - Madison	28 - Laboratory	280 - Independent Lab	Nuntsville	256-327-0699
DIMTCHO V POPOV	62 - Tallapoosa	31 - Physician	800 - Internal Medicine	Alexander City	256-409-1500
DINESH C PARMAR	28 - Etowah	31 - Physician	800 - Internal Medicine	Gadsen	256-547-0536
DOCTORS MED CARE PC	48 - Marshall	31 - Physician	316 - Family Practitioner	Albertville	256-891-1460
DON E BEACH	40 - Lawrence	31 - Physician	316 - Family Practitioner	Moulton	256-974-6646

DONTHAMSETTY RAO	09 - Chambers	31 - Physician	333 - Pathologist	Valley	334-756-9356
DOTHAN HEMATOLOGY & ONCOLOGY	35 - Houston	31 - Physician	329 - Oncologist	Dothan	334-793-4804
DOTHAN HEMATOLOGY & ONCOLOGY	35 - Houston	31 - Physician	780 - Hematology	Dothan	334-793-4804
DOTHAN MEDICAL ASSOCIATES PC	35 - Houston	31 - Physician	800 - Internal Medicine	Dothan	334-794-1148
D.W. MCMILLAN MEMORIAL HOSPITAL	27 - Escambia	01 - Hospital	010 - Acute Care	Brewton	251-867-8061
EARL W STRADTMAN	37 - Jefferson	31 - Physician	328 - Obstetrician/Gynecologist	Birmingham	205-933-5600
EAST ALABAMA WOMENS CLINIC P	41 - Lee	31 - Physician	328 - Obstetrician/Gynecologist	Opelika	334-749-0390
EAST AL MEDICAL CENTER	41 - Lee	01 - Hospital	010 - Acute Care	Opelika	334-749-3411
EASTERN HEALTH CENTER	37 - Jefferson	13 - Public Health Agency	083 - Family Planning		
EAST GADSDEN CLINIC	28 - Etowah	31 - Physician	316 - Family Practitioner	Gadsden	256-492-8250
ECACH INC/ATMORE COMMUNITY H	27 - Escambia	01 - Hospital	010 - Acute Care		
ECLECTIC FAMILY CARE	26 - Elmore	31 - Physician	316 - Family Practitioner	Eclectic	334-514-2522
ECLECTIC FAMILY CARE LLC	26 - Elmore	31 - Physician	316 - Family Practitioner	Eclectic	SAME PHONE #

ELBA GENERAL HOSPITAL	16 - Coffee	01 - Hospital	010 - Acute Care	ELBA	334-897-2257
ELIZA COFFEE MEMORIAL HOSPIT	39 - Lauderdale	01 - Hospital	010 - Acute Care	FLORENCE	256-768-9191
ELMER J ROQUE	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	334-263-2301
ELMORE CO HLTH DEPT.	26 - Elmore	13 - Public Health Agency	083 - Family Planning	Prattsville	334-567-1171
ELMORE CO HLTH DEPT.	26 - Elmore	13 - Public Health Agency	181 - Maternity	Prattsville	334-567-1171
ELMORE COMMUNITY HOSPITAL	26 - Elmore	01 - Hospital	010 - Acute Care	Wetumpka	334-567-4311
ENT ASSOC OF ALABAMA PC	07 - Butler	31 - Physician	332 - Otologist, Laryngologist, Rhinologist		
ERIC J HEMBERG	09 - Chambers	31 - Physician	316 - Family Practitioner	Opelika	334-745-3534
ERNEST I OKEKE	24 - Dallas	31 - Physician	316 - Family Practitioner	Selma	334-875-9472
ESCAMBIA CO HLTH DEPT.-ATMOR	27 - Escambia	13 - Public Health Agency	083 - Family Planning		
ESCAMBIA CO HLTH DEPT.-BREWT	27 - Escambia	13 - Public Health Agency	083 - Family Planning	Brewton	251-867-5765
ETOWAH CO HLTH DEPT.	28 - Etowah	13 - Public Health Agency	083 - Family Planning	Gadsen	256-547-6311
EVA HEALTH CENTER	52 - Morgan	31 - Physician	316 - Family Practitioner	Eva	256-796-5260
EVERGREEN	18 - Conecuh	01 - Hospital	010 - Acute Care	Evergreen	251-578-

MEDICAL CENTER					2480
EYSTON HUNTE MD PA	49 - Mobile	31 - Physician	316 - Family Practitioner	Mobile	251-438-4222
FAMILY HEALTH ASSOCIATES PC	64 - Walker	31 - Physician	316 - Family Practitioner	Double Springs	205-489-3240
FAMILY MEDICAL CLINIC	29 - Fayette	31 - Physician	318 - General Practitioner	Fayette	205-932-7821
FAMILY & OCCUPATIONAL MEDICINE	08 - Calhoun	31 - Physician	316 - Family Practitioner	Anniston	256-236-6411
FAMILY ORIENTED PRIMARY HLTH	49 - Mobile	56 - FQHC Physician	080 - FQHC (Clinic	Mobile	251-690-8115
FAMILY PRACTICE CLNC OF DOTH	35 - Houston	31 - Physician	316 - Family Practitioner	Dothan	334-794-8771
FARIDA N AWAN	49 - Mobile	31 - Physician	345 - General Pediatrician	Mobile	251-382-1878
FAROUK A RAQUIB	47 - Marion	31 - Physician	316 - Family Practitioner	Mobile	205-487-4535
FAYETTE CO HLTH DEPT.	29 - Fayette	13 - Public Health Agency	083 - Family Planning		
FAYETTE MEDICAL CENTER	29 - Fayette	01 - Hospital	010 - Acute Care	Fayette	205-932-5966
FIRST MED OF DOTHAN	35 - Houston	31 - Physician	316 - Family Practitioner	Fayette	334-793-9595
FLOMATON MEDICAL CENTER	27 - Escambia	58 - Rural Health Physician	185 - Hospital Based Rural Health Clinic	Flomaton	251-296-2456
FLORA D KAYFAN	17 - Colbert	31 - Physician	318 - General Practitioner	Tuscumbia	256-314-1983
FLORALA	20 - Covington	01 - Hospital	010 - Acute Care	Florala	334-858-

MEMORIAL HOSPITAL					3287
FLORENCE OBSTETRICS & GYNECO	39 - Lauderdale	31 - Physician	328 - Obstetrician/Gynecologist	Florence	256-718-5900
FLORENCE PATHOLOGY SERVICES	39 - Lauderdale	31 - Physician	333 - Pathologist	Florence	256-768-8340
FLORENCE PATHOLOGY SERVICES LLC	39 - Lauderdale	28 - Laboratory	280 - Independent Lab	Florence	256-768-8340
FLORENCE UROLOGICAL ASSOCIAT	39 - Lauderdale	31 - Physician	343 - Urologist	Florence	256-766-6026
FLOWERS HOSPITAL	35 - Houston	01 - Hospital	010 - Acute Care	Dothan	334-793-5000
FOLEY WALK-IN MED CARE	02 - Baldwin	31 - Physician	800 - Internal Medicine	Foley	251-970-3400
FORT PAYNE RHC CORP	25 - Dekalb	31 - Physician	345 - General Pediatrician	Fort Payne	256-997-2820
FRANKLIN CO HLTH DEPT.	30 - Franklin	13 - Public Health Agency	083 - Family Planning	Russellville	256-332-2700
FRANKLIN PRIMARY HEALTH CTR	49 - Mobile	56 - FQHC Physician	080 - FQHC (Clinic	Mobile	251-432-4117
FUNGAL REFERENCE LABORATORY	37 - Jefferson	28 - Laboratory	280 - Independent Lab	Birmingham	205-934-7900
GADSDEN REGIONAL MEDICAL CTR	28 - Etowah	01 - Hospital	010 - Acute Care	Gadsden	256-494-4965
GARY MICHAEL RAY	08 - Calhoun	31 - Physician	345 - General Pediatrician	Anniston	256-741-9799

GENEVA CO HLTH DEPT.	31 - Geneva	13 - Public Health Agency	083 - Family Planning	Hartford	334-684-2256
GENEVA CO HLTH DEPT.	31 - Geneva	13 - Public Health Agency	181 - Maternity	Hartford	334-684-2256
GEORGE H LANIER MEMORIAL HOS	09 - Chambers	01 - Hospital	010 - Acute Care	Valley	334-756-3111
GEORGE L BEALE	14 - Clay	31 - Physician	318 - General Practitioner	Ashland	256-354-2101
GHAYAS A HABACH	61 - Talladega	31 - Physician	324 - Nephrologist	Sylacauga	256-249-0028
GILBERTOWN FAMILY MEDICAL CLINIC	12 - Choctaw	31 - Physician	316 - Family Practitioner	Gilbertown	251-843-2887
GILLIS L PAYNE JR	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomey	334-244-8609
GLENN J SAUCER	51 - Montgomery	31 - Physician	328 - Obstetrician/Gynecologist	Montgomey	334-264-2422
GORDON T CONNOR	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	205-877-2193
GREATER MOBILE PHYS FOR WOME	49 - Mobile	31 - Physician	328 - Obstetrician/Gynecologist	Mobile	251-456-8888
GREENE CO HLTH DEPT.	32 - Greene	13 - Public Health Agency	083 - Family Planning	Eutaw	205-372-9361
GREENE CO HLTH DEPT.	32 - Greene	13 - Public Health Agency	181 - Maternity		205-372-9361
GREENE COUNTY HOSPITAL	32 - Greene	01 - Hospital	010 - Acute Care	Eutaw	205-372-3388
GREENVALE PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	205-995-1004

GREENVALE PEDS-BROOK HIGHLAN	59 - Shelby	31 - Physician	345 - General Pediatrician		205-995-1004
GROVE HILL HEALTH CARE	13 - Clarke	58 - Rural Health Physician	185 - Hospital Based Rural Health Clinic		251-275-3173
GROVE HILL MEDICAL CLINIC	13 - Clarke	31 - Physician	316 - Family Practitioner		251-275-3173
GROVE HILL MEMORIAL HOSPITAL	13 - Clarke	01 - Hospital	010 - Acute Care		251-275-3191
GROWING UP PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	205-995-0899
GRP-BRIAN A PERRY MD PC	10 - Cherokee	31 - Physician	316 - Family Practitioner	Centre	256-927-3607
GULF REGIONAL PATHOLOGISTS P	49 - Mobile	31 - Physician	333 - Pathologist	Mobile	251-431-3343
HALE CO HLTH DEPT.	33 - Hale	13 - Public Health Agency	083 - Family Planning	Greensboro	334-624-3018
HALE COUNTY HOSPITAL	33 - Hale	01 - Hospital	010 - Acute Care	Greensboro	334-627-3066
HANCEVILLE HEALTH CENTER	22 - Cullman	31 - Physician	316 - Family Practitioner	Hanceville	256-352-0187
HANK S LEE	67 - Winston	31 - Physician	318 - General Practitioner	Haleyville	205-485-7284
HAROLD R REED	02 - Baldwin	31 - Physician	345 - General Pediatrician	Foley	251-943-5437
HARRY L RICHARDSON JR	54 - Pickens	31 - Physician	318 - General Practitioner	Reform	205-537-5251
HARTSELLE MEDICAL CENTER	52 - Morgan	01 - Hospital	010 - Acute Care	Hartselle	256-751-3000
HASMUKH N	58 - St.Clair	31 - Physician	800 - Internal	Pell city	205-884-

JARIWALA			Medicine		1597
HEALTH SERVICES INCORPORATED	51 - Montgomery	56 - FQHC Physician	080 - FQHC (Clinic		334-420-5001 ext 113
HEALTHY KIDS OF GARDENDALE PC	37 - Jefferson	31 - Physician	345 - General Pediatrician	Alabaster	205-608-2055
HELEN KELLER HOSPITAL	17 - Colbert	01 - Hospital	010 - Acute Care	Sheffield	256-386-4196
HENRY CO HLTH DEPT.-ABBEVILL	34 - Henry	13 - Public Health Agency	083 - Family Planning	Headland	334-693-2220
HENRY M BORN	28 - Etowah	31 - Physician	316 - Family Practitioner	Gadsden	256-492-0545
HERMAN JOSEP FRITZ	63 - Tuscaloosa	31 - Physician	316 - Family Practitioner	Tuscaloosa	205-345-0545
HIGHLANDS MEDICAL CENTER	36 - Jackson	01 - Hospital	010 - Acute Care	Scottsboro	256-259-4444
HILL HOSPITAL OF SUMTER COUN	60 - Sumter	01 - Hospital	010 - Acute Care	york	205-345-0545
HOLIFIELD CLINIC, LLC	46 - Marengo	31 - Physician	318 - General Practitioner	Demopolis	334-289-2190
HONEY MAY GETUBIG	02 - Baldwin	31 - Physician	345 - General Pediatrician	Bay Minette	251-580-0407
HOUSTON CO HLTH DEPT.	35 - Houston	13 - Public Health Agency	083 - Family Planning	Dothan	334-678-2800
HOUSTON CO HLTH DEPT.	35 - Houston	13 - Public Health Agency	181 - Maternity		334-678-2800
HUNTSVILLE HOSPITAL	45 - Madison	01 - Hospital	010 - Acute Care	Huntsville	256-265-1000
HUNTSVILLE OBGYN	45 - Madison	31 - Physician	328 - Obstetrician/Gynec	Madison	256-704-2229

ASSOCIATES			ologist		
IMC-HAND AVENUE FAMILY PRAC	02 - Baldwin	31 - Physician	316 - Family Practitioner	Minette	251-937-7796
IMC-PEDIATRIC AND ADOLESCENT	49 - Mobile	31 - Physician	345 - General Pediatrician		251-438-3838
INFANTS & CHILDRENS CLINIC	39 - Lauderdale	31 - Physician	345 - General Pediatrician	Florennce	256-764-9522
INFIRMARY LTAC HOSPITAL	49 - Mobile	01 - Hospital	014 - Long Term Care (LTC) Hospital		251-660-5590
INFIRMARY WEST	49 - Mobile	01 - Hospital	010 - Acute Care	Mobil;e	251-660-5120
INRI MEDICAL ASSOCIATES PC	58 - St.Clair	31 - Physician	316 - Family Practitioner	Pell city	205-814-0078
INTERNAL MEDICINE CENTER LLC	49 - Mobile	31 - Physician	800 - Internal Medicine	Mobile	251-414-5900
INTERNISTS ASSOCIATES	28 - Etowah	31 - Physician	317 - Gastroenterologist	Gadsden	256-492-4001
ISBELL MEDICAL GROUP PC	25 - Dekalb	31 - Physician	328 - Obstetrician/Gynecologist	Fort Payne	256-845-3121
JACK H THOMPSON	49 - Mobile	31 - Physician	345 - General Pediatrician	Saraland	251-675-3594
JACKSON CO HLTH DEPT.	36 - Jackson	13 - Public Health Agency	083 - Family Planning	Scottsboro	256-259-4161
JACKSON CO HLTH DEPT.	36 - Jackson	13 - Public Health Agency	181 - Maternity		256-259-4161
JACKSON HOSPITAL &	51 -	01 - Hospital	010 - Acute Care		334-293-

CLINIC	Montgomery				8000
JACKSONVILLE MEDICAL CENTER	08 - Calhoun	01 - Hospital	010 - Acute Care	Jacksonville	256-435-4970
JAMES A REYNOLDS	45 - Madison	31 - Physician	343 - Urologist	Huntsville	256-534-1276
JAMES G MCMURRAY	45 - Madison	31 - Physician	343 - Urologist		256-533-1687
JAMES HAROLD BANKSTON	62 - Tallapoosa	31 - Physician	343 - Urologist		205-345-7000
JAMES H BANKSTON	26 - Elmore	31 - Physician	343 - Urologist		205-345-7000
JASPER FAMILY PRACTICE CTR	64 - Walker	31 - Physician	318 - General Practitioner		205-221-9351
JEFFERSON CLINIC PC	37 - Jefferson	31 - Physician	318 - General Practitioner		205-521-6200
JEFFREY W HULL	52 - Morgan	31 - Physician	345 - General Pediatrician		256-306-0101
JERRY MICHAE GRAHAM	45 - Madison	31 - Physician	318 - General Practitioner		
JOANN E JOHNSON	42 - Limestone	31 - Physician	345 - General Pediatrician		256-233-2274
JOHN F SIMMONS	31 - Geneva	31 - Physician	316 - Family Practitioner	Geneva	334-684-3643
JOHN M PACKARD JR	48 - Marshall	31 - Physician	345 - General Pediatrician	Gunterville	256-571-8969
JOHN P DONAHUE	64 - Walker	31 - Physician	314 - Dermatologist		205-295-9415
JOHN R ALMIROL	30 - Franklin	31 - Physician	800 - Internal Medicine	Russellville	256-332-3321
JON E SANFORD	29 - Fayette	31 - Physician	316 - Family Practitioner	Fayette	205-932-3900

JOSEPH M KIM	17 - Colbert	31 - Physician	333 - Pathologist		
JOSE R CABALLERO	08 - Calhoun	31 - Physician	345 - General Pediatrician	Anniston	256-236-4841
JOSE R CABALLERO, MD PC	08 - Calhoun	31 - Physician	345 - General Pediatrician		256-236-4841
JPAUL JONES HOSPITAL	66 - Wilcox	01 - Hospital	010 - Acute Care	Camden	334-682-4131
KEEL & ASSOCIATES	08 - Calhoun	31 - Physician	315 - Emergency Medicine Practitioner	Oxford	256-835-4756
KEITH S HUGHES	51 - Montgomery	31 - Physician	316 - Family Practitioner		334-271-5700
KENNETH DEAN MCLEOD	02 - Baldwin	31 - Physician	316 - Family Practitioner	Foley	251-943-1584
KENNETH EUGE PITTS	45 - Madison	31 - Physician	328 - Obstetrician/Gynecologist	Huntsville	256-883-9044
KENNETH J CROWE	20 - Covington	31 - Physician	316 - Family Practitioner	Opp	334-493-2530
KEVIN A COADY FAMILY PRACTICE INC	01 - Autauga	31 - Physician	318 - General Practitioner	Prattville	334-365-2217
KYLE P CHRISTENBERRY	28 - Etowah	31 - Physician	328 - Obstetrician/Gynecologist	Gadsden	256-492-5002
LABORATORY DOCTORS LLC	28 - Etowah	31 - Physician	333 - Pathologist	Gadsden	256-543-5200
LABORATORY OF MEDICAL GENETI	37 - Jefferson	28 - Laboratory	280 - Independent Lab		
LACIE T MADISON	02 - Baldwin	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other	Foley	251-943-3227

LAKELAND COMMUNITY HOSPITAL	67 - Winston	01 - Hospital	010 - Acute Care	Haleyville	205-485-7140
LAKE MARTIN COMMUNITY HOSPITAL	62 - Tallapoosa	01 - Hospital	010 - Acute Care	Dadeviolle	256-825-7821
LAMAR CO HLTH DEPT.	38 - Lamar	13 - Public Health Agency	083 - Family Planning	Vernon	205-695-9195
LAMAR MEDICAL CLINIC	38 - Lamar	31 - Physician	316 - Family Practitioner		
LAMAR REGIONAL HEALTH CENTERLAB	38 - Lamar	28 - Laboratory	280 - Independent Lab	Sulligent	205-698-7111
LAMENDA N BLAKENEY	51 - Montgomery	31 - Physician	345 - General Pediatrician		334-558-5211
LANCE K DYESS	16 - Coffee	31 - Physician	316 - Family Practitioner	Elba	334-897-2207
LANE MEDICAL GROUP PC	50 - Monroe	31 - Physician	800 - Internal Medicine	Monroeville	251-575-3939
LARRY T BOLTON	36 - Jackson	31 - Physician	318 - General Practitioner	Scottsboro	256-574-3623
LAWRENCE CO HLTH DEPT.	40 - Lawrence	13 - Public Health Agency	083 - Family Planning	Moulton	256-974-1141
LAWRENCE MEDICAL CENTER	40 - Lawrence	01 - Hospital	010 - Acute Care	Moulton	256-974-2200
LAWRENCE S ROSEN	08 - Calhoun	31 - Physician	343 - Urologist	Jacksonville	256-435-1871
LEE CO HLTH DEPT.	41 - Lee	13 - Public Health Agency	083 - Family Planning	Opelika	334-727-5293
LEE PATHOLOGY LAB	41 - Lee	28 - Laboratory	280 - Independent Lab	Opelika	334-749-8234

LEONIDES VEL SANTOS	30 - Franklin	31 - Physician	318 - General Practitioner	Russellville	256-332-3321
LIMESTONE CO HLTH DEPT.	42 - Limestone	13 - Public Health Agency	083 - Family Planning	Athens	256-232-3200
LIMESTONE CO HLTH DEPT.	42 - Limestone	13 - Public Health Agency	181 - Maternity		256-232-3200
LINDA C CLEMONS	39 - Lauderdale	31 - Physician	316 - Family Practitioner	Florennce	256-764-9830
LISTER HEALTHCARE CORPORATION	59 - Shelby	31 - Physician	800 - Internal Medicine	Florennce	256-767-7494
LISTER HEALTH CARE LAB	39 - Lauderdale	28 - Laboratory	280 - Independent Lab	Florennce	256-767-3871
LOWNDES CO HLTH DEPT.	43 - Lowndes	13 - Public Health Agency	083 - Family Planning	Haynesville	334-548-2564
LV STABLER MEMORIAL HOSPITAL	07 - Butler	01 - Hospital	010 - Acute Care	Greenville	334-382-2671
LYDIA STEFANESCU	63 - Tuscaloosa	31 - Physician	800 - Internal Medicine		205-349-1606
MACON CO HLTH DEPT.	44 - Macon	13 - Public Health Agency	083 - Family Planning	Tuskegee	334-727-1800
MADISON CO HLTH DEPT.-EUSTIS	45 - Madison	13 - Public Health Agency	083 - Family Planning	Huntsville	256-539-3711
MAGNOLIA PEDIATRICS SOUTH	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	205-251-6710
MAIN STREET MEDICAL CLINIC	58 - St.Clair	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other	Pell city	205-814-1598
MALCOLM K MCLEOD	02 - Baldwin	31 - Physician	316 - Family Practitioner		334-284-5211

MANUEL POUPARINAS	36 - Jackson	31 - Physician	316 - Family Practitioner		
MARENGO CO HLTH DEPT.	46 - Marengo	13 - Public Health Agency	083 - Family Planning	Linden	334-295-4205
MARION CLINIC	53 - Perry	58 - Rural Health Physician	185 - Hospital Based Rural Health Clinic	Marion	334-683-9085
MARION CO HLTH DEPT.-HAMILTO	47 - Marion	13 - Public Health Agency	083 - Family Planning	Hamilton	205-921-3118
MARION REGIONALMEDIC AL CENTE	47 - Marion	01 - Hospital	010 - Acute Care	Hamilton	205-921-6200
MARK A ROBERTS	18 - Conecuh	31 - Physician	316 - Family Practitioner	Evergreen	251-578-4300
MARK J RICHMAN	44 - Macon	31 - Physician	800 - Internal Medicine	Adamsville	205-674-1222
MARSHALL CO HLTH DEPT.	48 - Marshall	13 - Public Health Agency	083 - Family Planning	Guntersville	256-582-3174
MARSHALL CO HLTH DEPT.	48 - Marshall	13 - Public Health Agency	181 - Maternity	Guntersville	256--582-3174
MARSHALL MEDICAL CENTER NORT	48 - Marshall	01 - Hospital	010 - Acute Care	Guntersville	256-753-8850
MARSHALL MEDICAL CENTER SOUT	48 - Marshall	01 - Hospital	010 - Acute Care	Boaz	256-593-8310
MARY S SUGGS	58 - St.Clair	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other	Pell City	205) 814-1598
MAUDE L WHATLEY CENTERS	63 - Tuscaloosa	56 - FQHC Physician	080 - FQHC (Clinic		205.349.3250.
MAYFAIR	37 - Jefferson	31 - Physician	345 - General	Birmingham	205) 870-

MEDICAL GROUP			Pediatrician		1273
MCODE	37 - Jefferson	31 - Physician	316 - Family Practitioner		
MEDICAL CENTER BARBOUR	03 - Barbour	01 - Hospital	010 - Acute Care	Eufula	334) 688-7000
MEDICAL CLINIC OF RED BAY	30 - Franklin	31 - Physician	318 - General Practitioner	Red bay	256) 356-9511
MEDICAL WEST	37 - Jefferson	01 - Hospital	010 - Acute Care		314) 993-7979
MELVIN L OAKLEY	03 - Barbour	31 - Physician	800 - Internal Medicine	Eufula	334-687-8051
MERIT HEALTHCARE INC SYLACAU	61 - Talladega	31 - Physician	800 - Internal Medicine	Eufula	256) 249-0028
MFI INDEPENDENT LAB/BUTLER	12 - Choctaw	28 - Laboratory	280 - Independent Lab	Butler	205) 459-4388 ...
MICHAEL B KLINE	08 - Calhoun	31 - Physician	343 - Urologist	Anniston	256) 236-1500
MICHAEL D HERNDON	08 - Calhoun	31 - Physician	316 - Family Practitioner	Alexandria	256-892-8135
MICHAEL H COOKSTON	36 - Jackson	31 - Physician	333 - Pathologist	Scottsboro	256-218-3727
MICHAEL S POWELL	45 - Madison	31 - Physician	345 - General Pediatrician	Huntsville	256) 533-6644
MICHEAL J LUNSFORD	22 - Cullman	31 - Physician	345 - General Pediatrician	Cullman	256) 737-2000
MICROPHASE CLINICAL LABORATOR IN	45 - Madison	28 - Laboratory	280 - Independent Lab	Huntsville	256) 882-7275
MILLPORT INTERNAL	38 - Lamar	31 - Physician	800 - Internal Medicine		

MEDICINE LLC					
MOBILE INFIRMARY	49 - Mobile	01 - Hospital	010 - Acute Care		251-435-2400
MOBILE OB-GYN PC	49 - Mobile	31 - Physician	328 - Obstetrician/Gynecologist		(251) 633-0793
MOBILE UROLOGY GROUP PA	49 - Mobile	31 - Physician	343 - Urologist		251) 343-9090
MOLLIE A WALKER	44 - Macon	31 - Physician	345 - General Pediatrician	Tuskegee	334) 724-0550
MONROE CO HLTH DEPT.	50 - Monroe	13 - Public Health Agency	083 - Family Planning	Monroeville	251-575-3108
MONROE COUNTY HOSPITAL	50 - Monroe	01 - Hospital	010 - Acute Care	Monroeville	251) 575-3111
MONROEVILLE MEDICAL CLINIC	50 - Monroe	31 - Physician	316 - Family Practitioner	Monroeville	251-575-3266.
MONTCLAIR RHEUMATOLOGY PC	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	205-591-2758
MONTGOMERY CANCER CENTER LLC	51 - Montgomery	31 - Physician	329 - Oncologist	Selma	334) 874-6494
MONTGOMERY CO HLTH DEPT.	51 - Montgomery	13 - Public Health Agency	083 - Family Planning	Montgomery	334-293-6400
MORGAN CO HLTH DEPT.	52 - Morgan	13 - Public Health Agency	083 - Family Planning	Decatur	256-353-7021.
MORGAN RD PEDIATRICS PC	37 - Jefferson	31 - Physician	345 - General Pediatrician	Bessemer	205)425-5440.
MORROW CLINICS INC	47 - Marion	31 - Physician	318 - General Practitioner	Hackleburg,	205) 935-3744 ...

MUHAMAD MAZE FESTOK	08 - Calhoun	31 - Physician	345 - General Pediatrician	Pisgah	(256) 451-1250
MUHAMMAD AMJAD	36 - Jackson	31 - Physician	345 - General Pediatrician	Pisgah	(256) 451-1250
MUHAMMAD E ATA	36 - Jackson	31 - Physician	800 - Internal Medicine	Pisgah	256) 451-1250
MULBERRY MEDICAL ASSOCIATES PC	51 - Montgomery	31 - Physician	800 - Internal Medicine	Montgomery	334-265-6153
MYRTLE ELIZ GOORE	51 - Montgomery	31 - Physician	316 - Family Practitioner	Montgomery	334) 244-1161
NABERS FAMILY MEDICAL CLINIC	30 - Franklin	31 - Physician	316 - Family Practitioner	Red bay	256) 356-9537
NAGENDRA R THOTAKURA	45 - Madison	31 - Physician	345 - General Pediatrician	Huntsville	(256) 880-0376
NATH T CAMP	64 - Walker	31 - Physician	318 - General Practitioner	Jasper	(205) 221-1799
NORMAN L TAYLOR	51 - Montgomery	31 - Physician	800 - Internal Medicine		(334) 265-6153
NORTH ALABAMA FAMILY MEDICINE, LLC	45 - Madison	31 - Physician	316 - Family Practitioner	Madison	256-325-3800.
NORTH BALDWIN FAMILY MEDICAL PC	02 - Baldwin	31 - Physician	316 - Family Practitioner	Bay Minnette	251) 937-1528. A
NORTH BALDWIN INFIRMARY	02 - Baldwin	01 - Hospital	010 - Acute Care	Bay Minnette	251) 580-1740
NORTHEAST ALABAMA PEDIATRICSPC	28 - Etowah	31 - Physician	345 - General Pediatrician	Albertville	256) 891-1221
NORTHEAST AL REGIONAL MED	08 - Calhoun	01 - Hospital	010 - Acute Care	Anniston	256)235-5121

CT					
NORTHERN HEALTH CENTER	37 - Jefferson	13 - Public Health Agency	083 - Family Planning	Birmingham	205-323-4548
NORTH JEFFERSON PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Gardendale	205) 608-1233
NORTHPORT MEDICAL CENTER	63 - Tuscaloosa	01 - Hospital	010 - Acute Care	Northport	205) 333-4500.
NORTHSIDE CLINIC	49 - Mobile	31 - Physician	800 - Internal Medicine	Saraland	251) 675-4733
NORTHWEST AL CANCER CTR PC	17 - Colbert	31 - Physician	329 - Oncologist	Muscle Shoals,	256) 381-1001
NORTHWEST MEDICAL CENTER	47 - Marion	01 - Hospital	010 - Acute Care	Winfield	205) 487-7000
NORWOOD CLINIC INC	37 - Jefferson	31 - Physician	343 - Urologist	Birmingham	(205) 226-6206
NORWOOD CLINIC LABORATORY	37 - Jefferson	28 - Laboratory	280 - Independent Lab	Birmingham	205)250-6000
OB/GYN ASSOCIATES OF ALABAMAPC	37 - Jefferson	31 - Physician	328 - Obstetrician/Gynecologist	Birmingham	(205) 271-1600
OBGYN ASSOC OF NW AL PC	39 - Lauderdale	31 - Physician	328 - Obstetrician/Gynecologist	Florence	(256) 718-5900
OB/GYN RESEARCH AND DIAG LAB	37 - Jefferson	28 - Laboratory	280 - Independent Lab	not found	
ONCOLOGY SPECIALTIES, PC	45 - Madison	31 - Physician	780 - Hematology	Huntsville	(256) 539-3824
ONEONTA INTERNAL MED &	05 - Blount	31 - Physician	318 - General Practitioner	Oneonta	(205) 625-5711

PEDIATRICS					
OPP FAMILY MEDICINE PC	20 - Covington	31 - Physician	316 - Family Practitioner	Opp	(334) 493-4472
OSASERE L AGHEDO	24 - Dallas	31 - Physician	760 - EENT	Selma	(334) 872-4778
OVER THE MOUNTAIN PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	(205) 870-7292
PARKWAY MEDICAL CENTER	52 - Morgan	01 - Hospital	010 - Acute Care	Center Point	(205) 815-5000
PARTNERS IN PEDIATRICS LLC	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	(334) 272-1799
PATH ASSOCS HUNTSVILLE	45 - Madison	28 - Laboratory	280 - Independent Lab	Mobile	(251) 342-0030
PATHO LAB ASSOCS MOBILE	49 - Mobile	28 - Laboratory	280 - Independent Lab		
PATHOLOGY ASSOCIATES	28 - Etowah	31 - Physician	333 - Pathologist	Gadsden	(256) 543-5253
PATHOLOGY ASSOCIATES PC	45 - Madison	31 - Physician	333 - Pathologist	Madison	(256) 772-0492
PATHOLOGY LABORATORY ASSOC	35 - Houston	31 - Physician	333 - Pathologist	Dothan	(334) 793-8058
PATHOLOGY LABORATORY ASSOC	49 - Mobile	31 - Physician	333 - Pathologist	Mobile	(251) 342-0030
PATRICIA A MILLER	45 - Madison	31 - Physician	328 - Obstetrician/Gynecologist	Huntsville	(256) 534-4022
PAUL AUGUST MARQUES	52 - Morgan	31 - Physician	345 - General Pediatrician	Decatur	(256) 350-2711
PEDIATRIC	41 - Lee	31 - Physician	345 - General	Opelika	(334) 749-

CLINIC			Pediatrician		8121
PEDIATRICS ASSOCIATES OF ALEXANDE	62 - Tallapoosa	31 - Physician	345 - General Pediatrician	Alexander City	(256) 234-5021 ·
PEDIATRIC WEST	37 - Jefferson	31 - Physician	345 - General Pediatrician	Bessemer	(205) 481-1886
PERFECT KIDS AND FAMILY CARE	06 - Bullock	58 - Rural Health Physician	185 - Hospital Based Rural Health Clinic	Union Springs	(334) 738-1500
PERRY CO HLTH DEPT.-MARION	53 - Perry	13 - Public Health Agency	083 - Family Planning	Marion	(334) 683-6153
PETER STROM SELIKOFF	64 - Walker	31 - Physician	318 - General Practitioner	could not locate	
PETER W MORRIS	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	(205) 979-0888
~~PGX HEALTH, LLC~~	~~99 - Other States~~	~~28 - Laboratory~~	~~280 - Independent Lab~~		
PHILIP N GOLOMB	43 - Lowndes	31 - Physician	316 - Family Practitioner	Montgomery	(334) 612-2262
PHYSICIANS-CARRAWAY MED CTR	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 326-8711
PHYSICIANS TO CHILDREN	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	(334) 277-6624
PICKENS CO HLTH DEPT.	54 - Pickens	13 - Public Health Agency	083 - Family Planning	Carrollton	(205) 367-8157
PICKENS COUNTY MEDICAL CTR	54 - Pickens	01 - Hospital	010 - Acute Care	Carrollton	(205) 367-8157
~~PIEDMONT MEDICAL CENTER~~	~~99 - Other States~~	~~01 - Hospital~~	~~010 - Acute Care~~		
PIKE CO HLTH	55 - Pike	13 - Public	083 - Family	Troy	334.566.2

DEPT.		Health Agency	Planning		860.
PIKE INTERNAL MEDICINE PC	55 - Pike	31 - Physician	800 - Internal Medicine	Troy	334-566-1270
PISGAH MEDICAL CLINIC	36 - Jackson	58 - Rural Health Physician	081 - Rural Health Clinic (RHC	Pisgah	(256) 451-1250
~~PITT COUNTY MEMORIAL HOSPITAL~~	~~99 - Other States~~	~~01 - Hospital~~	~~010 - Acute Care~~		
POARCH CREEK INDIAN HLTH DEP	27 - Escambia	56 - FQHC Physician	080 - FQHC (Clinic	Atmore	(251) 368-9136 x 2300
~~POLK MEDICAL CENTER~~	~~96 - GA State~~	~~01 - Hospital~~	~~010 - Acute Care~~		
PRAMOD BHATIA	61 - Talladega	31 - Physician	332 - Otologist, Laryngologist, Rhinologist	Talladega	(256) 761-1729
PRATTVILLE BAPTIST HOSPITAL	01 - Autauga	01 - Hospital	010 - Acute Care	Prattville	(334) 365-0651
PREMIER HEALTH MANAGEMENT IN	49 - Mobile	31 - Physician	330 - Opthalmologist	Mobile	(251) 473-1900
PREMIER HEALTH MANAGEMENT IN	49 - Mobile	31 - Physician	332 - Otologist, Laryngologist, Rhinologist	Mobile	(251) 473-1900
PRISCILLA B DURAND-MITCHELL	27 - Escambia	31 - Physician	316 - Family Practitioner	Atmore	(251) 368-5117
PROFESSIONAL MEDICAL ASSOCIA	16 - Coffee	31 - Physician	800 - Internal Medicine	Enterprise	(334) 393-3686
PROFESSIONAL PEDIATRICS PC	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	(334) 271-5959

PROVIDENCE HOSPITAL	49 - Mobile	01 - Hospital	010 - Acute Care	Mobile	251.633.1000
PULMONARY ASSOC OF MOBILE	49 - Mobile	31 - Physician	800 - Internal Medicine	Mobile	(251) 343-6848
PULMONARY ASSOC OF THE SE PC	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	(205) 802-2000
QHG OF ENTERPRISE INC	16 - Coffee	01 - Hospital	010 - Acute Care	Enterprise	(334) 347-0584
RAJ KUMAR SEHGAL	47 - Marion	31 - Physician	800 - Internal Medicine	Winfield	(205) 487-3284
RANDOLPH CO HLTH DEPT.-ROANO	56 - Randolph	13 - Public Health Agency	181 - Maternity	Roanoake	(334) 863-8981
RANDOLPH CO HLTH DEPT.-ROANOKE	56 - Randolph	13 - Public Health Agency	083 - Family Planning	Roanoake	(334) 863-8981
RANDOLPH MEDICAL CENTER	56 - Randolph	01 - Hospital	010 - Acute Care	Roanoake	(334) 863-4111
RANDOLPH MEDICAL CENTER	56 - Randolph	31 - Physician	315 - Emergency Medicine Practitioner	Roanoake	(334) 863-4111
RAULERSON AND RAULERSON PHY	27 - Escambia	31 - Physician	345 - General Pediatrician	Brewton	(251) 867-3606
RED BAY HOSPITAL	30 - Franklin	01 - Hospital	010 - Acute Care	Red Bay	(256) 356-9532
REGIONAL MEDICAL LAB INC	28 - Etowah	28 - Laboratory	280 - Independent Lab	Gadsden	(256) 549-0009
REHABILITATION & NEUROLOGICAL	45 - Madison	31 - Physician	326 - Neurologist	Huntsville	(256) 885-9708

RHEUMATOLOGY ASSOCIATES OF N	39 - Lauderdale	31 - Physician	830 - Rheumatology	Huntsville	256-551-6510
RHEUMATOLOGY ASSOC OF NO ALA	45 - Madison	31 - Physician	800 - Internal Medicine	Huntsville	256-551-6510
RHEUMATOLOGY ASSOC PC	37 - Jefferson	31 - Physician	800 - Internal Medicine	Huntsville	256-551-6510
RICHARD ARNO WALKER	37 - Jefferson	31 - Physician	332 - Otologist, Laryngologist, Rhinologist	Birmingham	(205) 933-5781
RICHARD B DEAL	17 - Colbert	31 - Physician	800 - Internal Medicine	Sheffield	(256) 386-4012
RIFAT PARWAIZ	49 - Mobile	31 - Physician	345 - General Pediatrician	Irvington	(251) 824-2174
RIVERVIEW REGIONAL MED CTR	28 - Etowah	01 - Hospital	010 - Acute Care	Gadsden	256.543.5200
ROBERT C CAIN	37 - Jefferson	31 - Physician	800 - Internal Medicine	Birmingham	(205) 592-256
ROBERT K ALLEN	52 - Morgan	31 - Physician	316 - Family Practitioner	Decatur	(256) 355-8155
ROBERT MCLAI WILLIAMS	20 - Covington	31 - Physician	316 - Family Practitioner	Opp	(334) 493-7930
ROBERT WILLI SMITH	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	(205) 251-0401
ROGER H MOSS	52 - Morgan	31 - Physician	316 - Family Practitioner	Decatur	(256) 350-0909
ROY LEE SIMS	64 - Walker	31 - Physician	328 - Obstetrician/Gynecologist	Jasper	(205) 221-7301
RUSH MEDICAL GROUP-	60 - Sumter	58 - Rural Health	185 - Hospital Based Rural Health	Livingston	(205) 652-

LIVINGSTO		Physician	Clinic		9575
RUSSELL CO HLTH DEPT.	57 - Russell	13 - Public Health Agency	083 - Family Planning	Phenix City	334-448-2740
RUSSELL CO HLTH DEPT.	57 - Russell	13 - Public Health Agency	181 - Maternity	Phenix City	334-448-2740
RUSSELL HOSPITAL	62 - Tallapoosa	01 - Hospital	010 - Acute Care	Alexander City	(256) 329-7100
RUSSELL HOSPITAL	62 - Tallapoosa	31 - Physician	325 - Neurological Surgeon	Alexander City	(256) 329-7100
RUSSELLVILLE HOSPITAL	30 - Franklin	01 - Hospital	010 - Acute Care	Russellville	(256) 332-1611
RUTH I MILLER-FROST	51 - Montgomery	31 - Physician	800 - Internal Medicine	Montgomery	(334) 272-2288
SAADAT ANSARI MD LLC	47 - Marion	31 - Physician	800 - Internal Medicine	Huntsville	(256) 536-9604
SAMUEL P WALKER	21 - Crenshaw	31 - Physician	800 - Internal Medicine	Luverne	(334) 335-6515
SCOTT H BOSWELL	64 - Walker	31 - Physician	316 - Family Practitioner	Jasper	(205) 302-0284
SCOTTSBORO MEDICAL CLINIC	36 - Jackson	58 - Rural Health Physician	081 - Rural Health Clinic (RHC	Scottsboro	(256) 575-0213
SEABORN CHAPPELL	39 - Lauderdale	31 - Physician	328 - Obstetrician/Gynecologist	Florence	(256) 718-5900
SELMA DOCTORS CLINIC PC	24 - Dallas	31 - Physician	318 - General Practitioner	Selma	334-872-1931
SE PEDIATRIC ASSOC PA	35 - Houston	31 - Physician	345 - General Pediatrician	Dothan	(334) 794-8656
~~SERGIO G GONZALEZ MD PA~~	~~97 - MS State~~	~~28 - Laboratory~~	~~280 - Independent Lab~~		

SHELBY BAPTIST MEDICAL CENTE	59 - Shelby	01 - Hospital	010 - Acute Care	Alabaster	(205) 620-8100
SHELBY CO HLTH DEPT.-PELHAM	59 - Shelby	13 - Public Health Agency	083 - Family Planning	Pelham	205.620.1650
SHELBY CO HLTH DEPT.-PELHAM	59 - Shelby	13 - Public Health Agency	181 - Maternity	Pelham	205.620.1650
SHELINDER AGGARWAL	01 - Autauga	31 - Physician	318 - General Practitioner	Huntsville	(256) 382-1401
SHOALS HOSPITAL	17 - Colbert	01 - Hospital	010 - Acute Care	Muscle Shoals	256-386-1600
SHOALS MEDICAL CLINIC PC	17 - Colbert	31 - Physician	316 - Family Practitioner	Tuscumbia	256-383-6070
SHOALS MEDICAL GROUP, LLC	17 - Colbert	31 - Physician	800 - Internal Medicine	Sheffield	256-320-5405
SHOALS PATHOLOGY ASSOC INC	17 - Colbert	28 - Laboratory	280 - Independent Lab	Muscle Shoals	(256) 383-1160
SHOALS PEDIATRIC GROUP	39 - Lauderdale	31 - Physician	345 - General Pediatrician	Florence	(256) 766-3983
SHOALS UROLOGICAL ASSOC PC	17 - Colbert	31 - Physician	343 - Urologist	Sheffield	(256) 381-5510
SIMON MIRELMAN	37 - Jefferson	31 - Physician	343 - Urologist	Birmingham	(205) 877-2767
SIMON WILLIAMSON CL PC	37 - Jefferson	31 - Physician	318 - General Practitioner	Birmingham	(205) 780-7053
SKIN DIAGNOSTICS GROUP, PC	37 - Jefferson	31 - Physician	333 - Pathologist	Birmingham	205-879-2260

SOUTH BALDWIN REGIONAL MED C	02 - Baldwin	01 - Hospital	010 - Acute Care	Foley	251-949-3400
SOUTHEAST ALABAMA MED CTR	35 - Houston	01 - Hospital	010 - Acute Care	Dothan	(334) 793-8111
SOUTHERN DERMATOLOGY CENTER	46 - Marengo	31 - Physician	314 - Dermatologist	Madison	(256) 351-9996
SOUTHERN DIAGNOSTIC LABORATOR	37 - Jefferson	28 - Laboratory	280 - Independent Lab	Birmingham	205.313.1240
SOUTHERN FAMILY HEALTH	59 - Shelby	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other	Columbiana	(205) 669-4884
SOUTHERN FAMILY PRACTICE LLC	31 - Geneva	09 - Advance Practice Nurse	092 - Family Nurse Practitioner	Geneva	(334) 684-9400
SOUTHERN HEALTH ASSOCIATES LLC	55 - Pike	31 - Physician	316 - Family Practitioner	Troy	(334) 566-9800
SOUTHWEST ALABAMA MEDICAL CENTER	13 - Clarke	01 - Hospital	010 - Acute Care	Thomasville	334-636-4431
SPARKS & FAVOR PC	37 - Jefferson	31 - Physician	328 - Obstetrician/Gynecologist	Birmingham	(205) 877-5444
SPRINGHILL MEM HOSP	49 - Mobile	01 - Hospital	010 - Acute Care	Mobile	251.344.9630
SPRINGVILLE FAMILY HEALTHCARE	58 - St.Clair	31 - Physician	316 - Family Practitioner	Springville	(205) 467-7654
STABLER CLINIC PA	07 - Butler	31 - Physician	318 - General Practitioner	Greenville	334.382.2681
ST CLAIR CO	58 - St.Clair	13 - Public	181 - Maternity	Pell City	(205) 338-

HLTH DEPT.-PELL		Health Agency			3357
ST CLAIR CO HLTH DEPT.-PELL CITY	58 - St.Clair	13 - Public Health Agency	083 - Family Planning	Pell City	(205) 338-3357
STEPHEN M WEST	18 - Conecuh	31 - Physician	316 - Family Practitioner	Evergreen	(251) 578-5111
STEPHEN R BRANDT MD GROUP	23 - Dale	31 - Physician	345 - General Pediatrician	Ozark	334-774-1412
STEVE M SANDERS	28 - Etowah	31 - Physician	316 - Family Practitioner	Gadsden	(256) 492-8250
STRINGFELLOW MEM HOSP	08 - Calhoun	01 - Hospital	010 - Acute Care	Anniston	(256) 235-8900
STRINGFELLOW MEMORIAL HOSP	07 - Butler	01 - Hospital	520 - Lithotripsy	Anniston	(256) 235-8900
ST VINCENTS BLOUNT	05 - Blount	01 - Hospital	010 - Acute Care	Oneonta	(205) 274-3000
ST VINCENTS EAST	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 838-3000
ST VINCENT'S EAST FAMILY MEDICINE CLINIC	37 - Jefferson	31 - Physician	316 - Family Practitioner	Pinson	(205) 838-6000
ST VINCENTS HOSPITAL	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 939-7000
ST VINCENTS ST CLAIR	58 - St.Clair	01 - Hospital	010 - Acute Care	Pell City	(205) 338-3301
SUMMIT HOSPITAL	57 - Russell	01 - Hospital	010 - Acute Care	Phenix City	(334) 732-3456
SUMPTER D BLACKMON	66 - Wilcox	31 - Physician	318 - General Practitioner	Camden	(334) 682-4128
SUMTER CO HLTH DEPT.-	60 - Sumter	13 - Public Health Agency	083 - Family Planning	Livingston	(205) 652-7972

LIVINGS					
SUSAN A BRANNON	51 - Montgomery	31 - Physician	345 - General Pediatrician		(334) 272-1799
SYLACAUGA PEDIATRICS LLC	61 - Talladega	09 - Advance Practice Nurse	093 - Nurse Practitioner (Other		**256-245-3267**
TAHIR SIDDIQ	06 - Bullock	31 - Physician	800 - Internal Medicine	Union Springs	(334) 738-2140
TALLADEGA CO HLTH DEPT.-SYLACAUGA	61 - Talladega	13 - Public Health Agency	083 - Family Planning		(256) 249-3807
TALLADEGA CO HLTH DEPT.-TALL	61 - Talladega	13 - Public Health Agency	181 - Maternity		(256) 362-2593
TALLADEGA CO HLTH DEPT-TALLADEGA	61 - Talladega	13 - Public Health Agency	083 - Family Planning		(256) 362-2593
TALLADEGA OB-GYN ASSOC PC	61 - Talladega	31 - Physician	328 - Obstetrician/Gynecologist		(256) 362-1410
TALLAPOOSA CO HLTH DEPT.-ALEX CITY	62 - Tallapoosa	13 - Public Health Agency	083 - Family Planning	Alexander City	(256) 329-0531
TALLAPOOSA CO HLTH DEPT.-DAD	62 - Tallapoosa	13 - Public Health Agency	181 - Maternity	Dadeville	(256) 825-9203
TALLAPOOSA CO HLTH DEPT.-DADEVILLE	62 - Tallapoosa	13 - Public Health Agency	083 - Family Planning	Dadeville	(256) 825-9203
TAYLOR INTERNAL MED OF SELMA PC	24 - Dallas	31 - Physician	800 - Internal Medicine	Selma	(334) 874-8800
TEMPLE MEDICAL CLINIC PC	62 - Tallapoosa	31 - Physician	316 - Family Practitioner	Alexander City	(256) 234-4295
TENNESSEE VALLEY OB-GYN	45 - Madison	31 - Physician	328 - Obstetrician/Gynec	Huntsville	(256) 265-

CLINIC PC			ologist		6512
THE CHILDRENS HOSPITAL OF ALABAMA	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 939-9100
THE CHILDRENS HOSPITAL OF ALABAMA	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	(205) 939-9100
THE HEALTH CARE AUTH FOR MEDICAL WEST	37 - Jefferson	01 - Hospital	010 - Acute Care		could not locate
THE HEALTH CARE AUTHORITY FOR MED	37 - Jefferson	31 - Physician	319 - General Surgeon		could not locate
THEODORE I ROBBINS	54 - Pickens	31 - Physician	316 - Family Practitioner	Aliceville	(205) 373-3945
THE VALLEY FOUNDATION	45 - Madison	31 - Physician	316 - Family Practitioner		could not locate
THE WOMEN'S PAVILION P.C.	62 - Tallapoosa	31 - Physician	328 - Obstetrician/Gynecologist		could not locate
THOMAS ROBB CORLEY	28 - Etowah	31 - Physician	800 - Internal Medicine	Gadsden	(256) 546-2838
TIMOTHY B DECKER	25 - Dekalb	31 - Physician	318 - General Practitioner	Rainsville	(256) 638-1100
TIMOTHY M HOWARD	45 - Madison	31 - Physician	316 - Family Practitioner	Huntsville	(256) 881-5880
TOTS 'N' TEENS PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Birmingham	(205) 591-2393
TRICOUNTY FAMILY PRACTICE PC	56 - Randolph	31 - Physician	316 - Family Practitioner	Roanoake	(334) 863-5484
TRI-COUNTY	18 - Conecuh	56 - FQHC	080 - FQHC (Clinic	Evergreen	(251) 578-

MEDICAL CENTER		Physician			1163
TRINITY MEDICAL CENTER	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 592-1000
TROY REGIONAL MEDICAL CENTER	55 - Pike	01 - Hospital	010 - Acute Care	Troy	(334) 670-5000
TUSCALOOSA CO HLTH DEPT.	63 - Tuscaloosa	13 - Public Health Agency	083 - Family Planning		(205) 562-6900
TUSCALOOSA PEDIATRICS PC	63 - Tuscaloosa	31 - Physician	345 - General Pediatrician		(205) 333-8222
TUSCALOOSA UROLOGY CENTER LL	63 - Tuscaloosa	31 - Physician	343 - Urologist		(205) 345-7351
UAB BIOCHEMICALGENETICS LAB	37 - Jefferson	28 - Laboratory	280 - Independent Lab		(205) 996-4992
UAB CLINIC-HUEYTOWN	37 - Jefferson	31 - Physician	316 - Family Practitioner	Hueytown	205 497-4083
UAB HEALTH CTR HOOVER	37 - Jefferson	31 - Physician	800 - Internal Medicine	Hoover	205 989-7254
UAB HIGHLANDS	37 - Jefferson	01 - Hospital	010 - Acute Care		205-930-7000
UAB-MONTG INTRNL MED RES	51 - Montgomery	31 - Physician	800 - Internal Medicine	Montgomery	(334)284-5211
UAHSF-ANESTHESIA	37 - Jefferson	31 - Physician	311 - Anesthesiologist		(205) 934-4011
UAHSF-CARDIOLOGY	37 - Jefferson	31 - Physician	313 - Cardiovascular Surgeon		(205) 934-4011
UAHSF-DERMATOLOGY	37 - Jefferson	31 - Physician	314 - Dermatologist		(205) 934-4011
UAHSF-DIABETES	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011

UAHSF-GASTROENTEROLOGY	37 - Jefferson	31 - Physician	317 - Gastroenterologist		(205) 934-4011
UAHSF-GERONTOLOGY	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-HEMATOLOGY/ONCOLOGY	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-INFECTIOUS DISEASE	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-MEDICINE	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-MEDICINE IV	37 - Jefferson	31 - Physician	318 - General Practitioner		(205) 934-4011
UAHSF-NEPHROLOGY	37 - Jefferson	31 - Physician	324 - Nephrologist		(205) 934-4011
UAHSF-NEUROLOGY	37 - Jefferson	31 - Physician	326 - Neurologist		(205) 934-4011
UAHSF-OB/GYN	37 - Jefferson	31 - Physician	318 - General Practitioner		(205) 934-4011
UAHSF-PATHOLOGY	37 - Jefferson	31 - Physician	333 - Pathologist		(205) 934-4011
UAHSF-PULMONARY	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-RHEUMATOLOGY	37 - Jefferson	31 - Physician	800 - Internal Medicine		(205) 934-4011
UAHSF-SURGERY	37 - Jefferson	31 - Physician	319 - General Surgeon		(205) 934-4011
UNIVERSITY MEDICAL CENTER	63 - Tuscaloosa	31 - Physician	345 - General Pediatrician	Tuscaloosa	(205) 348-1770
UNIVERSITY OF	37 - Jefferson	01 - Hospital	010 - Acute Care	Birmingham	(205) 934-

ALABAMA					4011
UROLOGY ASSOC OF MOBILE	49 - Mobile	31 - Physician	343 - Urologist	Mobile	**251.433.1895**
UROLOGY ASSOC OF WEST ALA LLC	63 - Tuscaloosa	31 - Physician	343 - Urologist	Tuscaloosa	(205) 344-9393
UROLOGY CENTERS OF AL PC	37 - Jefferson	31 - Physician	343 - Urologist	Gardendale	(205) 418-1265
UROLOGY SPECIALISTS PC	45 - Madison	31 - Physician	343 - Urologist	Huntsville	(256) 882-3605
USA CHILDRENS & WOMENS HOSPITAL	49 - Mobile	01 - Hospital	010 - Acute Care	Mobile	(251) 415-1000
USA HOSPITALS	49 - Mobile	31 - Physician	345 - General Pediatrician	Mobile	(251) 415-1000
USAHSF - CLINICAL CYTOG LAB	49 - Mobile	28 - Laboratory	280 - Independent Lab	Mobile	(251) 660-5108
USAHSF CYTOLOGY DEPT	49 - Mobile	28 - Laboratory	280 - Independent Lab	Mobile	(251) 660-5108
USAHSF-GENETICS	49 - Mobile	31 - Physician	800 - Internal Medicine	Mobile	(251) 660-5108
USAHSF-PATHOLOGY	49 - Mobile	31 - Physician	333 - Pathologist	Mobile	(251) 660-5108
USA MEDICAL CENTER	49 - Mobile	31 - Physician	345 - General Pediatrician	mobile	(251) 471-7000
USA MEDICAL CTR HOSP	49 - Mobile	01 - Hospital	010 - Acute Care	mobile	(251) 471-7000
USA STANTON ROAD CLINIC	49 - Mobile	31 - Physician	318 - General Practitioner	mobile	(251) 471-7207
UTMOST HEALTH SYSTEM, LLC	37 - Jefferson	31 - Physician	316 - Family Practitioner	Does not exist	

VALLEY MEDICAL & SURGICAL CL	09 - Chambers	31 - Physician	319 - General Surgeon	Valley	(334) 756-4156
VALLEY OBSTERTRICS & GYNECOLOGY	42 - Limestone	31 - Physician	328 - Obstetrician/Gynecologist	Athens	(256) 233-5000
VAUGHAN REG MED CTR PARKWAY CAMPU	24 - Dallas	01 - Hospital	010 - Acute Care	Selma	(334) 418-4399
VESTAVIA PEDIATRICS	37 - Jefferson	31 - Physician	345 - General Pediatrician	Vestavia Hills	(205) 978-3200
V HARANATHA REDDY GROUP	36 - Jackson	31 - Physician	316 - Family Practitioner	Scottsboro	(256) 259-1886
VIJAY C VYAS	20 - Covington	31 - Physician	800 - Internal Medicine	does not exist, typo see row 1018	
VILMA E PESSOA	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	(334) 262-2092
VYAS & VYAS P C	20 - Covington	31 - Physician	790 - Infectious Disease	Andalusia	(334) 222-6041
WALKER BAPTIST MEDICAL CENTE	64 - Walker	01 - Hospital	010 - Acute Care	Jasper	(205) 387-4000
WALKER BAPTIST MEDICAL CENTER	64 - Walker	01 - Hospital	010 - Acute Care	Jasper	(205) 387-4001
WALKER CO HLTH DEPT.	64 - Walker	13 - Public Health Agency	083 - Family Planning	Jasper	(205) 221-9775
WALKER CO HLTH DEPT.	64 - Walker	13 - Public Health Agency	181 - Maternity	Jasper	(205) 221-9775
WASHINGTON CO HLTH DEPT.-CHATOM	65 - Washington	13 - Public Health Agency	083 - Family Planning	Chatom	(251) 847-2245

WAYNE ERIC THOMAS	52 - Morgan	31 - Physician	316 - Family Practitioner	Decatur	(256) 351-1591
WEDOWEE HOSPITAL	56 - Randolph	01 - Hospital	010 - Acute Care	Wedowee	(256) 357-2111
WEST ALABAMA UROLOGY ASSOCIATES	63 - Tuscaloosa	31 - Physician	343 - Urologist	Tuscaloosa	(205) 344-9393
WEST END HEALTH CENTER	37 - Jefferson	13 - Public Health Agency	083 - Family Planning	Birmingham	(205) 788-3321
WESTERN HEALTH CENTER	37 - Jefferson	13 - Public Health Agency	083 - Family Planning	Birmingham	(205) 788-3322
WILBERT A RUMP	06 - Bullock	31 - Physician	800 - Internal Medicine	Union Springs	(334) 738-2160
WILCOX CO HLTH DEPT.	66 - Wilcox	13 - Public Health Agency	083 - Family Planning	Camden	(334) 682-4515
WILCOX CO HLTH DEPT.	66 - Wilcox	13 - Public Health Agency	181 - Maternity	Camden	(334) 682-4515
WILLIAM A ABERNATHY JR	51 - Montgomery	31 - Physician	316 - Family Practitioner	Montgomery	(334) 612-0391
WILLIAM D KING	03 - Barbour	31 - Physician	800 - Internal Medicine	Eufala	(334) 687-2494
WILLIAM E THOMAS	07 - Butler	31 - Physician	328 - Obstetrician/Gynecologist	Greenville	(334) 382-7999
WILLIAM L LENAHAN	47 - Marion	31 - Physician	328 - Obstetrician/Gynecologist	Winfield	205-485-7284
WILLIAM SUMNERS	51 - Montgomery	31 - Physician	345 - General Pediatrician	Montgomery	(334) 288-8222
WINFIELD OB/GYN	47 - Marion	31 - Physician	328 - Obstetrician/Gynecologist	Winfield	(205)-487-1203

WINSTON CO HLTH DEPT.	67 - Winston	13 - Public Health Agency	083 - Family Planning	Double Springs	(205) 489-2101
WINSTON COUNTY MEDICAL CLINI	67 - Winston	31 - Physician	318 - General Practitioner	Double Springs	(205) 489-3322
WIREGRASS MEDICAL CENTER	31 - Geneva	01 - Hospital	010 - Acute Care	Geneva	(334) 684-3655
WOMENS HEALTHCARE PC	35 - Houston	31 - Physician	328 - Obstetrician/Gynecologist	Dothan	(334) 793-6511
WOMEN'S HEALTH PARTNERS, LLC	28 - Etowah	31 - Physician	328 - Obstetrician/Gynecologist	Gadsden	(256) 543-3977
WOODLAND FAMILY HEALTHCARE	56 - Randolph	31 - Physician	316 - Family Practitioner	Woodland	256.449.2001
WOODLAND MEDICAL CENTER	22 - Cullman	01 - Hospital	010 - Acute Care	Cullman	(256) 739-3500
WOODSTOCK HEALTHCARE LLC	04 - Bibb	31 - Physician	800 - Internal Medicine	Woodstock	(205) 938-9348
YOUSEF F KHOURI MD PC	52 - Morgan	31 - Physician	345 - General Pediatrician	Decatur	(256) 355-1843
YU-YONG E TAI	64 - Walker	31 - Physician	318 - General Practitioner	Jasper	**205-221-5714**
YVES MORISSETTE	30 - Franklin	31 - Physician	332 - Otologist, Laryngologist, Rhinologist	Russellville	(256) 332-7137
ZENAIDA V PUA	48 - Marshall	31 - Physician	345 - General Pediatrician	Albertville	(256) 891-0300

A-HIE OneHealthRecord Outreach Program Weekly Status Report

	Project Track	Due Date	Status
1	Task Order 3 - Structured Lab Data Exchange	08/15/11	Completed
1.1	Outline data required	07/15/11	Required data is complete, and questions are being prepared
1.2	Draft of questions submitted to Medicaid	07/20/11	Submitted to Medicaid on 7/19
1.3	Contact information for in-state labs	07/20/11	Lab list was completed on 7/20
1.4	Call all in-state labs per Medicaid's list	07/31/11	Working to complete in-state independent labs by end of week. Risk of completion is availability of lab personnel. Physician labs and health departments will be addressed under separate task orders.
1.5	Compile information and present preliminary data to Medicaid	08/15/11	Data from SPSS is completed.
2	Task Order 4 - ePrescribing Content	07/31/11	Completed
2.1	Prepare drafts of outreach documents	07/20/11	First drafts submitted to Medicaid on 7/24
2.2	Medicaid revisions	07/22/11	Waiting on input for incentives, deadlines and penalties
2.3	Review final drafts with Medicaid	07/26/11	This date will slip based on 2.1 above.

	Project Track	Due Date	Status
2.4	Forward camera ready copies of content to Medicaid for final approval	07/31/11	This date will slip. Dependent on 2.3 above
3	Prepare Task Order 5 - ePrescribing Printing	09/15/11	On track for completion
3.1	Determine initial print requirements/cost estimates	08/12/11	Completed
3.2	Submit plan and task order for Medicaid approval	08/15/11	Completed
3.3	Send materials to printer	08/22/11	Completed
3.4	Review print proofs with Medicaid	09/06/11	Reviewed and approved by Medicaid.
3.5	Receive final materials from printer	09/15/11	Printing is in process of completion.
4	Task Order 6 - Develop Outreach Plan	09/30/11	On track for completion
4.1	Submit task order and invoice	09/01/11	Submitted and approved by Medicaid
4.2	Working session to draft plan	09/10/11	Draft of plan was completed as planned during 9/10 working session
4.3	Prepare final draft	09/23/11	On track for completion
4.4	Medicaid review and approval	09/30/11	Waiting on 4.3 above

	Project Track	Due Date	Status
7	Task Order 9 - Outreach Information Portal Design	09/30/11	On track for completion
7.1	Prepare budget and overview	08/31/11	Task Order submitted to Medicaid
7.2	Present Scope and Budget for Medicaid Approval	09/06/11	Task Order submitted to Medicaid
7.3	Initial System Design and High-Level Requirements Definition	11/30/11	System design in progress.
10	Task Order 10 - Outreach Pilot	12/30/11	On track for completion
10	Schedule meetings with partners	10/31/11	Partners in pilot area have been scheduled
10	Schedule presentation dates and focus group dates	11/15/11	In progress.
10	Submit draft of pilot program report to Medicaid	12/23/11	Dependent on 10.2.
10	Finalize pilot program report and submit to Medicaid	12/30/11	Dependent on 10.3.
11	Task Order 11 - Outreach Tactical Plan	11/15/11	On track for completion
11	Document outreach processes and activities	10/31/11	Will be completed by 11/4
11	Present final draft to Medicaid	11/11/11	Dependent on 11.1

	Project Track	Due Date	Status
11	Deliver final plan as Attachment C to Outreach Plan	11/15/11	Dependent on 11.2
12	Task Order 12 - Structured Lab Exchange - Physicians	11/30/11	On track for completion
12	Prepare call list	10/31/11	Call list for all in-state labs is completed
12	Complete calls to all labs	11/22/11	Tuskegee grad students are making calls now
12	Compile survey data and submit to Medicaid	11/25/11	Dependent on 12.2
13	Task Order 13 - Supplemental Outreach Content	11/30/11	On track for completion
13	Prepare structured lab content	11/22/11	In progress.
13	Submit proofs to Medicaid for review	11/22/11	Dependent on 13.1
13	Prepare final drafts of materials	11/25/11	Dependent on 13.2
13	Prepare final drafts of materials	11/30/11	Dependent on 13.3
14	Send materials to printer	11/30/11	Dependent on 13.4

8.4 Electronic Health Records Survey and Related Materials

DEADLINE FOR RESPONSE – JANUARY 12, 2011

January 6, 2011 Subject: Rapid Response Survey – Input Needed

The American Recovery and Reinvestment Act of 2009 (ARRA) included much-needed funds to help hospitals recoup some of the costs of installing and maintaining electronic health records (EHRs). In July 2010, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) released regulations implementing the Medicare and Medicaid EHR Incentive Programs. While these regulations were an improvement over the original proposals, they still set a very high bar for hospitals to achieve "meaningful use" of EHRs and receive the incentive payments. They also present an aggressive timeline.

We need your help to inform CMS and ONC about the current readiness of hospitals to meet the meaningful use objectives. By filling out this brief survey, you can help us demonstrate the need for the Medicare and Medicaid EHR incentive programs to be achievable and realistic in order to succeed. Washington is already discussing how to raise the bar in future years, even before considering how hospitals are faring under the current rules.

You may return your completed survey by fax to 800-874-1802.

Your responses will help us advocate for a realistic and achievable timeline for complying with the meaningful use requirements and less aggressive requirements in the future. Remember, hospitals that do not meet meaningful use requirements in 2015 will face significant payment penalties. Data from the survey will be shared only in aggregate with media and policy-makers unless specifically authorized.

To make sure your answers contribute to the survey, please respond by January 12. If you have any questions please contact AHA Member Relations at (800) 424-4301.

Thank you in advance for helping us help you.

Sincerely,

Rich Umbdenstock

President and CEO

Electronic Health Records Survey

2011 Survey of Hospital Leaders

INSTRUCTIONS

Please complete the attached survey and fax it to the number listed below by

January 12, 2011

Questions? Please call AHA Member Relations at (800) 424-4301.
All individual data will remain confidential.

FAX INFORMATION

Please fax completed survey to: (**800) 874-1802**

No cover sheet is required

IDENTIFYING INFORMATION

Hospital Name _____

Contact _____ Title _____

City _____ State ____ Zip _____ Phone _____

RAPID RESPONSE SURVEY—ELECTRONIC HEALTH RECORDS (EHR)

1. Do you plan to pursue meaningful use?

   Yes No Unsure

2. CMS has defined meaningful use of certified EHRs through 24 objectives and measures that are applied to patients who are discharged or seen in the emergency department (ED). To receive incentive payments, hospitals must both have an EHR certified for each of the 24 objectives and meet the specified requirements, including compliance thresholds, for each of 14 core objectives plus 5 of 10 "menu set" options. Please indicate whether the EHR system in your hospital has been certified for each objective, and whether your hospital can currently meet each objective. If your hospital does not yet have the capability to meet an objective using certified EHR technology, please indicate when you expect to be able to meet it.

Hospitals can choose the ED population to be included. Two options are available: the first option is the Observation Services method, which includes patients admitted directly to inpatient departments, patients presenting to the ED and subsequently admitted, and patients treated in the ED and provided observation services. The second option is the All ED Visits method, which includes all of those patients plus patients treated and discharged directly from the ED.

Objective	Have EHR Certified For This Objective		Can Meet Objective Now Yes/No		If No to Either, When Expected to Meet Objective with Certified EHR	
Core Set: *Hospitals must achieve all of the following objectives and meet the required threshold.*						
Use CPOE to order at least one medication for more than 30 percent of unique patients seen as inpatients or in the ED	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Implement drug-drug and drug-allergy checks	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure

Record the following demographics for more than 50 percent of all unique patients admitted or seen in the ED: preferred language, gender, race, ethnicity, date of birth, date and preliminary cause of death in the event of mortality. Use government standard categories for race and ethnicity	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT® for more than 80 percent of unique patients admitted or seen in the ED	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Maintain an active medication list for more than 80 percent of unique patients admitted or seen in the ED, using structured data	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Maintain an active medication allergy list for more than 80 percent of unique patients admitted or seen in the ED, using structured data	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Electronically record height, weight and blood pressure for more than 50 percent of unique patients admitted or seen in the ED	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure

Electronically record smoking status for more than 50 percent of all unique patients 13 years old or older admitted or seen in the ED, using government standard categories	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Implement 1 clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with the rule	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Automatically generate each of 17 new hospital quality measures directly from the EHR without additional manual processes. Report numerator, denominator, and exclusion data to CMS or the states	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Provide more than 50 percent of patients admitted or seen in the ED who request it with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), within three business days, using specific standards	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Provide more than 50 percent of patients admitted or seen in the ED who request it an electronic copy of their discharge instructions and procedures at time of discharge	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure

Perform at least one test of your EHR system's capability to electronically exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results) in standardized form, among providers of care and patient authorized entities	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
1) Conduct or review a data security risk analysis as required by HIPAA, correct any problems identified, and implement security updates as necessary	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Menu Set: *Hospitals must achieve five of the following objectives and meet the required threshold to include at least one public health reporting measure (choose among 22, 23 or 24).*						
Implement drug-formulary checks	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Record in the EHR for more than 50 percent of all unique inpatients age 65 or older whether an advanced directive is available	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Incorporate more than 40 percent of all clinical lab-test results for inpatients and patients seen in the ED into EHR as structured data if result format is positive/negative or numeric	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure

Generate at least one report listing patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
2) Use the EHR to identify and provide patient-specific education resources to more than 10 percent of unique inpatients and patients seen in the ED	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Electronically perform medication reconciliation for more than 50 percent of inpatients and patients seen in the ED received from another setting of care	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Provide an electronic summary care record for more than 50 percent of patient transitions to another setting of care and referrals using specific standards	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
Perform at least one test of EHR system's capability to submit electronic data to immunization registries and actual submission according to applicable law and practices, using HL7 transmission standards	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure
3) Perform at least one test of EHR system's capability to provide electronic submission of reportable lab results to public health agencies and actual submission according to applicable law and practices, using HL7 transmission standards	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later

						Date Unsure
4) Perform at least one test of EHR system's capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice, using HL7 transmission standards	Yes	No	Yes	No	2011 2012 2013	2014 2015 Later Date Unsure

3. What barriers do you see to achieving meaningful use in a timely manner? (Please check all that apply)
   - ☐ Uncertain timeframe for having certified EHR technology in place
   - ☐ Limited vendor capacity to install systems
   - ☐ Lack of adequate internal IT personnel to install and maintain systems
   - ☐ Upfront capital costs to install systems
   - ☐ Ongoing costs of maintaining and upgrading systems
   - ☐ Calculating and reporting clinical quality measures
   - ☐ Complexity of regulatory requirements
   - ☐ Lack of clarity in regulatory requirements
   - ☐ Obtaining physician cooperation
   - ☐ Obtaining other staff cooperation
   - ☐ Other, please specify _____

4. Where are you in vendor negotiations for a certified EHR?
   - ☐ Still identifying a vendor
   - ☐ In negotiations
   - ☐ Have negotiated a contract
   - ☐ Will seek a hospital-specific certification on our own

5. The following questions address when you expect to have a certified EHR in place.
   a. Has your vendor scheduled a date to install a certified EHR or upgrade your systems to an EHR version that has been fully certified for meaningful use?

Yes No Don't know Will self-develop

b. If yes, when will the installation or upgrade take place?

- ☐ Already done
- ☐ January –March 2011
- ☐ April—June 2011
- ☐ July—September 2011
- ☐ October 2011—March 2012
- ☐ April—September 2012
- ☐ October 2012 or later

8.5 Meaningful Use Survey results

Alabama	Q1: Do you plan to pursue meaningful use?	Obj. 1: CPOE: Certified	Obj. 1: CPOE: Meet Now	Obj. 1: CPOE: When Expected	Obj. 2: Drug-drug, drug-allergy tests: Certified	Obj. 2: Drug-drug, drug-allergy tests: Meet Now	Obj. 2: Drug-drug, drug-allergy tests: When Expected
Yes	27	15	8	0	16	15	0
No	0	10	17	0	9	10	0
Unsure/ No Answer	-26	-24	4	29	4	4	29
Alabama	Obj. 3: Record demographics: Certified	Obj. 3: Record demographics: Meet Now		Obj. 3: Record demographics: When Expected	Obj. 4: Problem list: Certified	Obj. 4: Problem list: Meet Now	Obj. 4: Problem list: When Expected
Yes	18	13		0	16	10	0
No	6	11		0	8	15	0
Unsure/ No Answer	5	5		29	5	4	29
Alabama	Obj. 5: Active medication list: Certified	Obj. 5: Active medication list: Meet Now		Obj. 5: Active medication list: When Expected	Obj. 6: Active medication allergy list: Certified	Obj. 6: Active medication allergy list: Meet Now	Obj. 6: Active medication allergy list: When Expected
Yes	17	11		0	17	15	0
No	7	14		0	7	10	0
Unsure/ No Answer	5	4		29	5	4	29
Alabama	Obj. 7: Record changes in height, weight, BP: Certified	Obj. 7: Record changes in height, weight, BP: Meet Now		Obj. 7: Record changes in height, weight, BP: When Expected	Obj. 8: Record smoking status: Certified	Obj. 8: Record smoking status: Meet Now	Obj. 8: Record smoking status: When Expected
Yes	15	13		0	16	14	0
No	9	12		0	8	11	0
Unsure/ No	5	4		29	5	4	29

Answer						
Alabama	Obj. 9: Clinical decision support: Certified	Obj. 9: Clinical decision support: Meet Now	Obj. 9: Clinical decision support: When Expected	Obj. 10: Generate quality measures from EHR: Certified	Obj. 10: Generate quality measures from EHR: Meet Now	Obj. 10: Generate quality measures from EHR: When Expected
Yes	12	9	0	10	3	0
No	11	16	0	11	22	0
Unsure/ No Answer	6	4	29	8	4	29
Alabama	Obj. 11: Electronic copy of patient health info: Certified	Obj. 11: Electronic copy of patient health info: Meet Now	Obj. 11: Electronic copy of patient health info: When Expected	Obj. 12: Electronic copy of discharge instructions: Certified	Obj. 12: Electronic copy of discharge instructions: Meet Now	Obj. 12: Electronic copy of discharge instructions: When Expected
Yes	12	6	0	13	7	0
No	10	19	0	9	18	0
Unsure/ No Answer	7	4	29	7	4	29
Alabama	Obj. 13: Test electronic exchange of clinical info: Certified	Obj. 13: Test electronic exchange of clinical info: Meet Now	Obj. 13: Test electronic exchange of clinical info: When Expected	Obj. 14: Data security risk analysis per HIPAA : Certified	Obj. 14: Data security risk analysis per HIPAA : Meet Now	Obj. 14: Data security risk analysis per HIPAA : When Expected
Yes	11	3	0	15	11	0
No	11	22	0	8	14	0
Unsure/ No Answer	7	4	29	6	4	29
Alabama	Obj. 15: Implement drug-formulary checks: Certified	Obj. 15: Implement drug-formulary checks: Meet Now	Obj. 15: Implement drug-formulary checks: When Expected	Obj. 16: Record advanced directives: Certified	Obj. 16: Record advanced directives: Meet Now	Obj. 16: Record advanced directives: When Expected
Yes	13	16	0	14	16	0

No	10	9	0	9	8	0
Unsure/ No Answer	6	4	29	6	5	29
Alabama	**Obj. 17: Incorporate clinical lab test results: Certified**	**Obj. 17: Incorporate clinical lab test results: Meet Now**	**Obj. 17: Incorporate clinical lab test results: When Expected**	**Obj. 18: Report listing patients by condition: Certified**	**Obj. 18: Report listing patients by condition: Meet Now**	**Obj. 18: Report listing patients by condition: When Expected**
Yes	13	14	0	13	15	0
No	8	10	0	10	10	0
Unsure/ No Answer	8	5	29	6	4	29
Alabama	**Obj. 19: Use EHR to provide education resources: Certified**	**Obj. 19: Use EHR to provide education resources: Meet Now**	**Obj. 19: Use EHR to provide education resources: Expected**	**Obj. 20: Medication reconciliation: Certified**	**Obj. 20: Medication reconciliation: Meet Now**	**Obj. 20: Medication reconciliation: When Expected**
Yes	14	10	0	13	8	0
No	9	14	0	10	16	0
Unsure/ No Answer	6	5	29	6	5	29
Alabama	**Obj. 21: Electronic summary care record: Certified**	**Obj. 21: Electronic summary care record: Meet Now**	**Obj. 21: Electronic summary care record: When Expected**	**Obj. 22: Submit data to immunization registries: Certified**	**Obj. 22: Submit data to immunization registries: Meet Now**	**Obj. 22: Submit data to immunization registries: When Expected**
Yes	11	6	0	11	2	0
No	11	18	0	10	21	0
Unsure/ No Answer	7	5	29	8	6	29

Alabama	Obj. 23: Provide lab results to public health agencies: Certified	Obj. 23: Provide lab results to public health agencies: Meet Now	Obj. 23: Provide lab results to public health agencies: When Expected	'Obj. 24: Provide syndromic surveillance data -- Certified	Obj. 24: Provide syndromic surveillance data -- Meet Now	Obj. 24: Provide syndromic surveillance data -- When Expected
Yes	10	3	0	11	2	0
No	10	20	0	10	21	0
Unsure/ No Answer	9	6	29	8	6	29

8.6 Phase 1 Alabama OneHealthRecord Gateways

Hosp	UAB Medicine	E AL Med Ctr	Jackson Hospital	Providence hospital	Baptist	APHCA
Type	Academic, Multi Fac	Hospital	Hospital	Hospital	System	Primary Care Assoc
Acute Beds	1146	340	363	349	600	
Other Beds		26 SNF				
Existing Connectivity	HL7 via interface engine for Labs/Docs/ADT	phys, HL7 to referring via VPN	HL7 w/ Cloverleaf	None	Citrix now, plans for PHIN	TR Supplied
CCD Plans	Cerner Millennium	Working with Cerner to gen CCD	McKesso n Jan '12	Not Sure	Cerner Millenium ED D/C	TR Supplied
PIX and XDS ready?	Deploying Millennium w/HIE capability w/I 180 days		McKesso n Horizon Connect and Cloverleaf	Wants EMR Vendor to be gateway	Yes	TR Supplied
IHE IT Vendor	Cerner Millennium, Horizon	Cerner, Greenway, hopt to connect direct	Hosp: McKesso n, Clinic: NextGen	McKesson Horizon, Siemens Enterprise	Cerner	TR Supplied
XDS Server/ User	State's initially	State's	State's	State's	Server until State ready	TR Supplied
NwHIN Direct Ready	Cerner can, prefer more robust	Not yet	No	Unsure	Cerner is	TR Supplied
Lab 1	Cerner	Cerner	McKesso	Sunquest	Cerner	
Clin Msg/ Secure Email	Cerner	Cerner	McKesso	TigerText/ Apptex	Medseek, Cerner Hub	
Pt Portal	Self-Dev				MedSeek	
Prac Mgmt	GE	Greenway	NextGen	Siemens	McKesso	MicroMD
EMR	Cerner	Greenway	McKesso		McKesso	MicroMD
Lab	Cerner	Merge	Atlas		N/A	LabCorp and Quest
ePrescribe	Cerner	AllScripts	McKesso		Dr First	HER

8.7 Meaningful Use Registration/Attestation Tools

Complete the Eligible Provider Workbook

Prepare the Eligible Provider workbook on the www.OneHealthRecord.Alabama.gov website to determine whether the 20% (20% Pediatricians) threshold is met.

PATIENT VOLUME WORKSHEET

Enter data in those steps below that enable you to establish that you clearly satisfy the minimum patient volume percentage.

STEP ONE	
All Payer Encounters (Denominator)	0

STEP TWO	
Medicaid Encounters (Numerator)	0

STEP THREE	
Those Medicaid Managed Care Panel (Patient 1st) Members Seen in the Look-Behind Period	0

STEP FOUR	
Eligibles in a Medicare Advantage Panel Counted in Step One But NOT Step Two	0
(B) Those Seen In Look Behind Period	0

STEP FIVE	
(A) Medicaid Maternity Care OB Patients not already captured in Step Two	0
(B) Medicaid Maternity Care OB Patients seen ONLY during look-behind	0

STEP SIX	
Those NON-Medicaid Managed Care Panel Members Seen in the Look-	0

STEP SEVEN	
Patients for Whom Medicaid Paid Part B Premium	0

	Numerator	Denominator	Patient Volume
Step One		0	
Step Two	0		#DIV/0!
Step Three	0	0	#DIV/0!
Step Four (A)	0		#DIV/0!
Step Four (B)	0	0	#DIV/0!
Step Five (A)	0		#DIV/0!
Step Five (B)	0	0	#DIV/0!
Step Six		0	#DIV/0!
Step Seven	0		#DIV/0!
Total	0	0	#DIV/0!

5

Enter the data from this worksheet in the Confirm Eligibility Page of the SLR			
Hospital Demographics Information			
Demographic information is used to calculate the estimated amount of the hospital incentive payment.			
Required Information from Most Recently Filed Cost Report	**Location on Cost Report**	**Insert Actual Data**	**Confirm Alabama Medicaid Eligibility SLR Page Location**
Total Inpatient Bed Days (Excluding Nursery and Swing Beds)	S-3, Part 1 Column 6, (Line 1, 2 + 6-10) + Column 6, Line 28	**10,000**	Line 5 Total Inpatient Bed Days
Total Hospital Charges	Worksheet C, Column 8, Line 101	**$5,000,000.00**	Line 6 Total Hospital Charges
Hospital Charges Attributable to Charity Care	S-10, Line 30 or, if you do not include this information on your cost report, provide the information from your General Ledger.	**1,000,000**	Line 7 Charity Care Charges
Total Medicaid Inpatient Bed Days (Excluding Nursery and Swing Beds)	S-3, Column 5, Line 1 + Lines 6-10	**3,000**	Line 3 Medicaid Inpatient Bed Days
Enter the number of your hospital inpatient discharges (excluding Nursery and Swing Beds) from the last 4 years of auditable or filed Cost Reports (CR) from the locations identified below.			
Year 1 - Your most recently filed cost report Year 2 - The cost report immediately preceding the most recently filed cost report Year 3 - The next oldest filed cost report Year 4 - Your oldest filed cost report			
Total Number of Hospital Discharges Year 1	S-3, Column 15, Line 12	**1,000**	Lines 1 and 2
Total Number of Hospital Discharges Year 2	S-3, Column 15, Line 12	**900**	Line 1

Total Number of Hospital Discharges Year 3	S-3, Column 15, Line 12	**800**	Line 1
Total Number of Hospital Discharges Year 4	S-3, Column 15, Line 12	**700**	Line 1

Result		Amount
Medicaid Share		37.50%
Average Annual Growth Rate		12.63%
Total Discharge Related Amount		79,600.00
Initial Amount		$2,055,800
Overall EHR Amount		$5,025,850.00
Aggregate EHR Incentive Amount*		$1,884,693.75

*Due to rounding, there may be a slight variation in the incentive payment amount calculated in the SLR.

Incentive Payments	Amount	Percentage of Total Incentive
First Incentive Payment	**942,346.88**	50%
Second Incentive Payment	**565,408.13**	30%
Third Incentive Payment	**376,938.75**	20%
Total Incentive Payments	**1,884,693.75**	100%

The Medicaid Share is a calculation based on entries in the fields above as shown on the right. It is not the sum of the 4 years of Hospital Discharges.

Rev. 02/11/2012

Step 1				
Growth Rate				
			Increase/Decrease	
Base Year		700		
First Year Growth Rate	700	800	100	14.29%
Second Year Growth Rate	800	900	100	12.50%
Third Year Growth Rate	900	1,000	100	11.11%
	Total Increase/Decrease			37.90%
	Average 3 Year Growth Rate			12.630%

Step 2	
Calculate the discharge related amount using the annual growth rate to adjust discharges for years 2 - 4.	
	Total Hospital Inpatient Bed Days
Total Discharges	1,000
Adjustments to Discharges	
Adjusted Total Discharges	

					1,000
	Per Discharge Amount	Total Discharges	Disallowed Discharges	Allowable Discharges	**Amount**
Year 1	$200.00	1,000	1,149	-	$0.00
Year 2	$200.00	1,126	1,149	-	$0.00
Year 3	$200.00	1,268	1,149	119	$23,800.00
Year 4	$200.00	1,428	1,149	279	$55,800.00
Total Discharge Related Amount					**$79,600.00**
Step 3					
Calculate the Initial Amount for 4 Years					
		Year 1	Year 2	Year 3	Year 4
Base Amount		$2,000,000.00	$2,000,000.00	$2,000,000.00	$2,000,000.00
Discharge Related Amount		$0.00	$0.00	$23,800.00	$55,800.00
Initial Amount		**$2,000,000.00**	**$2,000,000.00**	**$2,023,800.00**	**$2,055,800.00**
Step 4					
Apply Transition Factor					
		Year 1	Year 2	Year 3	Year 4
Transition Factor		1.00	0.75	0.50	0.25
Annual EHR Amount		**$2,000,000.00**	**$1,500,000.00**	**$1,011,900.00**	**$513,950.00**
Step 5					
Calculate Overall EHR Amount for 4 Years					**$5,025,850.00**

Step 5			
Calculate Medicaid Share from Hospital Cost Report data			
(estimated Medicaid inpatient-bed-days + estimated Medicaid HMO inpatient-bed-days) /			
(est. Medicaid IP-bed-days x ((est. total charges - est. charity care charges) / est. total charges))			
Total Medicaid Inpatient Bed Days		3,000	
Total Medicaid Managed Care Inpatient Bed Days			
Total Medicaid and Managed Care Inpatient Bed Days			3,000
Total Hospital Charges		$5,000,000.00	
Total Charity/uncompensated care charges		$1,000,000.00	
Total Hospital Charges - Charity charges		$4,000,000.00	
Divided by Total Hospital Charges		$5,000,000.00	
Non-charity percentage		80.00%	
Total Hospital Inpatient Bed Days excluding Swing/Nursery Beds		10,000	

Total Hospital Inpatient Bed Days excluding charity	8000	-
Medicaid Share		**37.50%**
Step 6		
Calculate Medicaid Aggregate EHR Incentive Amount		
Overall Amount for 4 years		$5,025,850.00
Medicaid Share		37.50%
Medicaid Aggregate EHR Incentive Amount		$1,884,693.75

8.8 Pre-payment Process SLR Presentation

Prepare all documentation needed for SLR

http://al.arraincentive.com

Alabama
State Level Registry for
Provider Incentive Payments
Health information, when and where you need it, safe and secure

Provider Outreach Home | Contact Us |

Centers for Medicare & Medicaid Services (CMS)

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). more info...

(all links open in new window)

Mar 24, 2011
Set 3: Qs And As For Cycle 2 Of The C H I P R A Outreach And Enrollment Grants
Mar 21, 2011
Innovations.cms.gov: A New Website For A New Approach To Healthcare
Mar 14, 2011
Set 2: Qs And As For Cycle 2 Of The C H I P R A Outreach And Enrollment Grants

Healthcare IT News

(all links open in new window)

Mar 29, 2011

Welcome to the State Level Registry (SLR) — Provider Outreach Page

As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Healthcare Record (EHR) technology in documenting patient care. As a result of the American Recovery and Reinvestment Act (ARRA) eligible Medicaid providers, beginning in 2011, are offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations. This website has been designed to provide information about Alabama's incentive payment program and serve as the portal by which providers can complete the registration and attestation process. As the program, and Alabama's overall Health Information Technology efforts expand, this page will be updated as necessary. Providers are also encouraged to visit our main website at OneHealthRecord.

Want to get a jump start?
Click Here!
Click here to view information that will give you a jump start on getting your ARRA incentive payment.

Important Web Resources (all links open in new window)

- CMS EHR Incentive Program Registration site
- Centers for Medicare & Medicaid Services (CMS)
- ONC Certified Health IT Products
- OneHealthRecord

Are You Eligible?

Medicare and Medicaid EHR Incentive Programs
Next
Run the CMS Eligibility Wizard and quickly see if you may qualify for incentive payments.

Frequently Asked Questions

Have a question? Click here to view the CMS list of frequently asked questions.

1

Prepare all documentation needed for SLR

Alabama
State Level Registry for
Provider Incentive Payments
Health information, when and where you need it, safe and secure

Provider Outreach Home | Contact Us |

« Provider Outreach home page

Let's get started!

Please select your role. Select... more info...

It's as easy as 1,2,3 4 & 5 ;-)

CMS

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). more info...

CMS EHR Incentive Program Registration site

Office of the National Coordinator for Health Information Technology (ONC)

Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List

Please Note: This information is provided for *Medicaid* practitioners interested in applying for the *Medicaid EHR Incentive Program*. If you are a Medicare practitioner looking for information on the Medicare EHR Incentive Program, please visit www.cms.gov\EHRIncentivePrograms for more information.

2

Prepare all documentation needed for SLR

« Provider Outreach home page

Let's get started!

Please select your role. Individual Eligible Professional (EP) more info...

Below are the step by step instructions on how to complete the registration process. Click here to print this list.

1. Locate the National Provider Identified (NPI) and Tax Identification Number (TIN) you'll need to register at CMS's EHR Incentive Program Registration site. You'll also need this to create a State Level Registry (SLR) account.
   If you don't have an NPI, visit CMS's site to apply for one. Need a TIN? Visit IRS.gov.
2. **Register at CMS's EHR Incentive Program Registration site.** To register at the National Level Repository (NLR) level you will need to have a National Plan and Provider Enumeration System (NPPES) web user account.
3. You must have an active Alabama Medicaid Provider Number. To enroll or check the status of your enrollment, visit the enrollment site.
4. Create or locate an electronic copy of the documentation supporting the purchase, implementation or upgrade of a certified EHR system. Acceptable documentation includes: receipts for software from the EHR vendor; sales contracts; service/performance agreement, screenshot of the sign on screen; upgrade agreement, vendor letter, work plan or cost report.
5. Locate information related to your medical license such as your license number and effective dates.
6. Identify an individual who will be the contact for your application - you'll need their name, phone and email.
7. Determine the Medicaid Patient volume you'll be reporting.
8. Determine which method of Certified EHR technology you will be attesting to — adopt, implement, or upgrade.
9. Certified EHR info — verify that your system is on the list from ONC.
10. Create an SLR account to register for the Alabama Medicaid EHR Incentive Program.
11. Ensure that you have access to a scanner or electronic faxing technology such as RightFax™.

The following workbooks are designed to help you in gathering the necessary attestation information:

- Eligibility workbook
- Adopt / Implement / Upgrade Attestation workbook

CMS

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). more info...

CMS EHR Incentive Program Registration site

Office of the National Coordinator for Health Information Technology (ONC)

Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List

3

Prepare all documentation needed for SLR

Once all documentation has been prepared, an Eligible Provider workbook must be completed.

4

Complete the Eligible Provider Workbook

Prepare the Eligible Provider workbook on the www.OneHealthRecord.Alabama.gov website to determine whether the 20% (20% Pediatricians) threshold is met.

PATIENT VOLUME WORKSHEET

Enter data in those steps below that enable you to establish that you clearly satisfy the minimum patient volume percentage.

STEP ONE	
All Payer Encounters (Denominator)	0

STEP TWO	
Medicaid Encounters (Numerator)	0

STEP THREE	
Those Medicaid Managed Care Panel (Patient 1st) Members Seen in the Look-Behind Period	0

STEP FOUR	
Eligibles in a Medicare Advantage Panel Counted in Step One But NOT Step Two	0
(B) Those Seen In Look Behind Period	0

STEP FIVE	
(A) Medicaid Maternity Care OB Patients not already captured in Step Two	0
(B) Medicaid Maternity Care OB Patients seen ONLY during look-behind	0

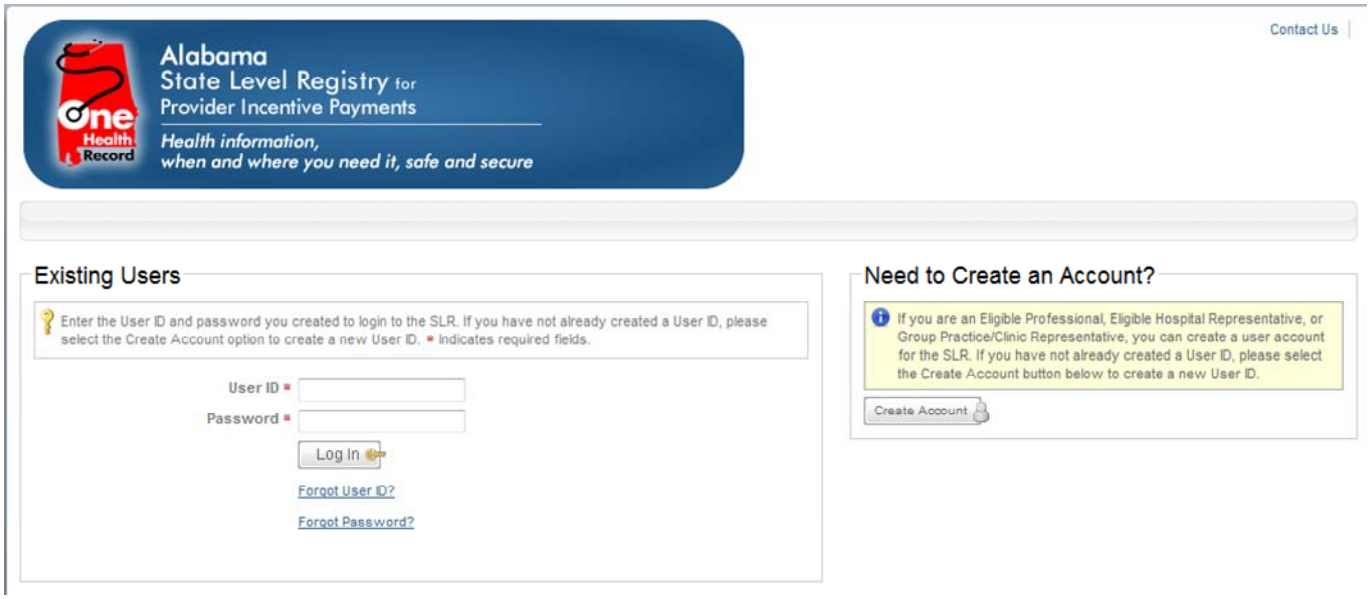
STEP SIX	
Those NON-Medicaid Managed Care Panel Members Seen in the Look-	0

STEP SEVEN	
Patients for Whom Medicaid Paid Part B Premium	0

	Numerator	Denominator	Patient Volume
Step One		0	
Step Two	0		#DIV/0!
Step Three	0	0	#DIV/0!
Step Four (A)	0		#DIV/0!
Step Four (B)	0	0	#DIV/0!
Step Five (A)	0		#DIV/0!
Step Five (B)	0	0	#DIV/0!
Step Six		0	#DIV/0!
Step Seven	0		#DIV/0!
Total	0	0	#DIV/0!

5

Register at State Level Repository (SLR)



6

Register at State Level Repository (SLR)

Create Account

If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice/Clinic Representative, you can create a user account for the SLR. Please enter the following identification information to start the process of creating your user account.

Identify Yourself

Enter the necessary information below and click Continue. * Indicates required fields.

What is your role? * Select a role...

NPI *

TIN *

23o77 New Image?

Enter the letters/numbers from the image above *

Letters are case sensitive.
If you have difficulty identifying the characters in the image above, click the link to display a new image.

Continue | Cancel and return to Login

7

Register at State Level Repository (SLR)

Contact Us

Alabama
State Level Registry for
Provider Incentive Payments
Health information, when and where you need it, safe and secure

Existing Users

Enter the User ID and password you created to login to the SLR. If you have not already created a User ID, please select the Create Account option to create a new User ID. * Indicates required fields.

User ID *

Password *

Log In

Forgot User ID?

Forgot Password?

Need to Create an Account?

If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice/Clinic Representative, you can create a user account for the SLR. If you have not already created a User ID, please select the Create Account button below to create a new User ID.

Create Account

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Register at State Level Repository (SLR)

Alabama Medicaid Agency
Alabama State Level Registry (SLR)
End User License Agreement and Terms of Use
ACCEPTANCE OF USE

Indicate your acceptance of the End User License Agreement below. * indicates required fields.

The services that Alabama Medicaid Agency provides to you are subject to the terms and conditions of this End User License Agreement and Terms of Use **("this Agreement")**. This Agreement governs the use of all data and software available at this site ("Site"). Please read the rules contained in this Agreement carefully. You can access this Agreement at any time by clicking on User Agreement at the bottom of every page on this Site. If you do not agree to abide by this Agreement, your access to any other pages of this Site will be denied. **Clicking on the "I Agree" button at the end of this Agreement and accessing this Site constitutes your acceptance of this Agreement. Continued access to this Site will constitute your acceptance of any amendments to this Agreement.** Your failure to follow the terms and conditions for use of this Site, whether listed below or in bulletins posted at various points in this Site, may result in suspension or termination of your access to this Site, without notice, in addition to other remedies available to Alabama Medicaid Agency.

1. DEFINITIONS

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement the following terms shall be defined as specified below:

* **I Agree** with the End User License Agreement. Print EULA

Continue | Cancel and return to Log in

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State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Begin your Year 1 submission today!

Start with section 1. About You

Data has been received from the NLR. View NLR data

System (0)

Audit (0)

Appeals (0)

Reports

Reports will be available once your information is saved.

Payment Status

You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

10

State Level Repository (SLR) About You

1. About You

In addition to the registration information you provided to NLR, the State of Alabama requires that you provide additional information to be used to help in determining your eligibility to participate in the Alabama Medicaid Incentive Program.

CMS National Level Repository (NLR) Record

Data has been received from the NLR View NLR data | Visit NLR website

* I attest that I **DO NOT** perform 90% or more of my services in an inpatient hospital or emergency room setting. Why is this important?

License Information

Enter your license information below. * indicates required fields.

Professional License Number *

Licensing Board Name * <Select...>

Patient First
- None -
AL Medicaid MCO 1
None
Patient First

If you participate in Alabama Medicaid Managed Care Plans, please select all applicable plans.
Hold down the Ctrl key to select multiple plans.

Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

Enter your contact information below. * indicates required fields.

Name * FNAL049 LNMAL049

Phone Number * 999 999-9999
9999999999 (no spaces, dashes, parens)

Email Address * abc@xyz.com
name@domain.com

Save About You | Cancel and lose About You changes

State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Begin your Year 1 submission today!

Start with section 1. About You

Data has been received from the NLR. View NLR data

System (0)

Audit (0)

Appeals (0)

Reports

Reports will be available once your information is saved.

Payment Status

You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

12

State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Begin your Year 1 submission today!

Start with section 1. About You

Data has been received from the NLR. View NLR data

System (0)

Audit (0)

Appeals (0)

Reports

Reports will be available once your information is saved.

Payment Status

You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
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State Level Repository (SLR) Confirm AL Medicaid Eligibility

2. Confirm Alabama Medicaid Eligibility

Please complete the requested information related to your Alabama Medicaid and/or Medically Needy patient encounters, for the 90-Day Representative Period you have chosen to determine eligibility. This information is used to verify that you meet the criteria established for patient volume thresholds and practicing predominantly in an FQHC or RHC more info

Practice Eligibility Details

Your eligibility information is complete

Enter the Start date of your 90-day period * 08/01/2010 Year 1 End Date 10/30/2010

Total Encounters * 2,000

Please enter your total patient encounters for the selected reporting period.

Total Alabama Medicaid Encounters * 400

Please enter your total Alabama Medicaid Patient Encounters for the selected reporting period.

Total Panel Members Assigned 0

Panel members must have been seen at least once in the 12 months preceding.

Total Alabama Medicaid Panel Members Assigned 0

Panel members are members seen in the calendar year preceding the 90 day eligibility period during which you received capitation under managed care or case assignment under medical or home health programs.

Do you practice predominantly in a Federally Qualified Health Care Center (FQHC) or Rural Health Center (RHC)? Predominantly is defined by CMS as greater than 50% * FQHC RHC None

Medically Needy Patient Encounters * more info... 500

Eligibility Formula 1 45.00% Calculate

Use this formula

(Total Alabama Medicaid Encounters/Total Encounters
OR,
if predominant practice is selected, then Medically Needy Patient Encounters + Alabama Medicaid Encounters/Total Patient Encounters)

Eligibility Formula 2 99.99% Calculate

Use this formula

Total Alabama Medicaid Panel Members Assigned + Total Alabama Medicaid Encounters / Total Panel Members Assigned+ Total All Payer Encounters
OR,
if predominant practice is selected, then Total Alabama Medicaid Panel Members Assigned + Medically Needy Patient Encounters + Total Alabama Medicaid Encounters / Total Panel Members Assigned + Total All Payer Encounters.)

Meets Alabama Medicaid Eligibility Requirements?

Yes! Meets Alabama Medicaid Eligibility Requirements.

Save Cancel and lose changes

State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Complete your Year 1 submission.

Complete Section 3. Attestation of EHR

Data has been received from the NLR. View NLR data

System (0)

Audit (0)

Appeals (0)

Reports

Reports will be available once your information is saved.

Payment Status

You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

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State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Complete your Year 1 submission.

Complete Section 3. Attestation of EHR

Data has been received from the NLR. View NLR data

System (0)

Audit (0)

Appeals (0)

Reports

Reports will be available once your information is saved.

Payment Status

You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

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State Level Repository (SLR) Attestation of EHR

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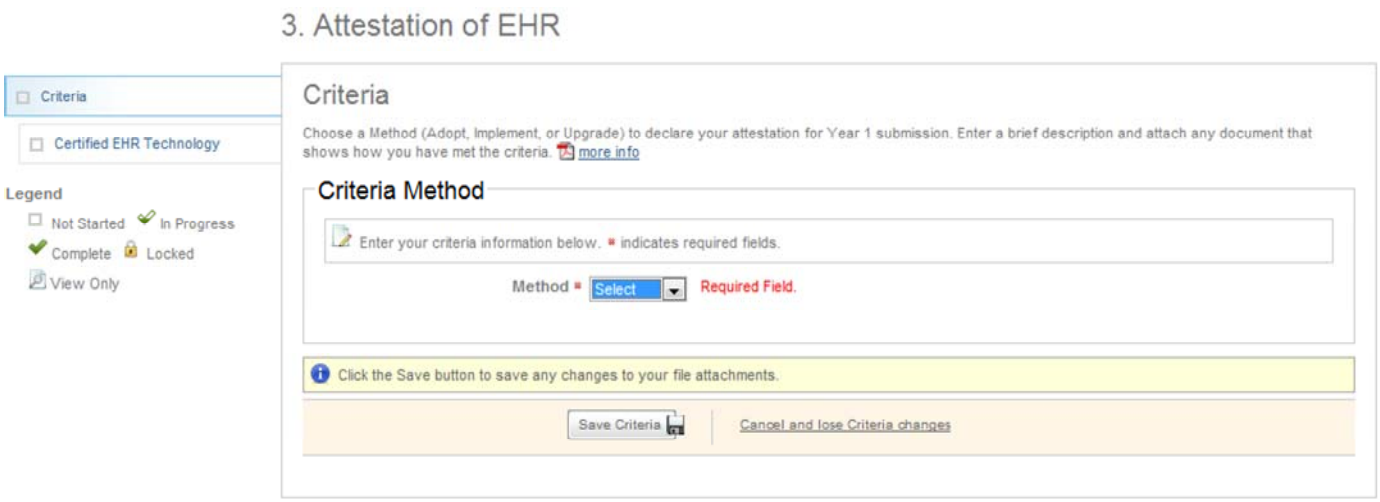
State Level Repository (SLR) Attestation of EHR



Adopt
Acquire, purchase or access to certified EHS technology. Evidence of actual acquisition or installation of the technology is required to demonstrate adoption.

Implement
Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; including staffing, maintenance, and training. Evidence of actual installation and use is required to demonstrate implementation.

Upgrade
Expand the available functionality of EHR technology capable of meeting meaningful use requirements; including, addition of decision support modules, establishment of interfaces for HIE, etc. Evidence that the provider has expanded the functionality of existing EHR technology is required to demonstrate upgrade

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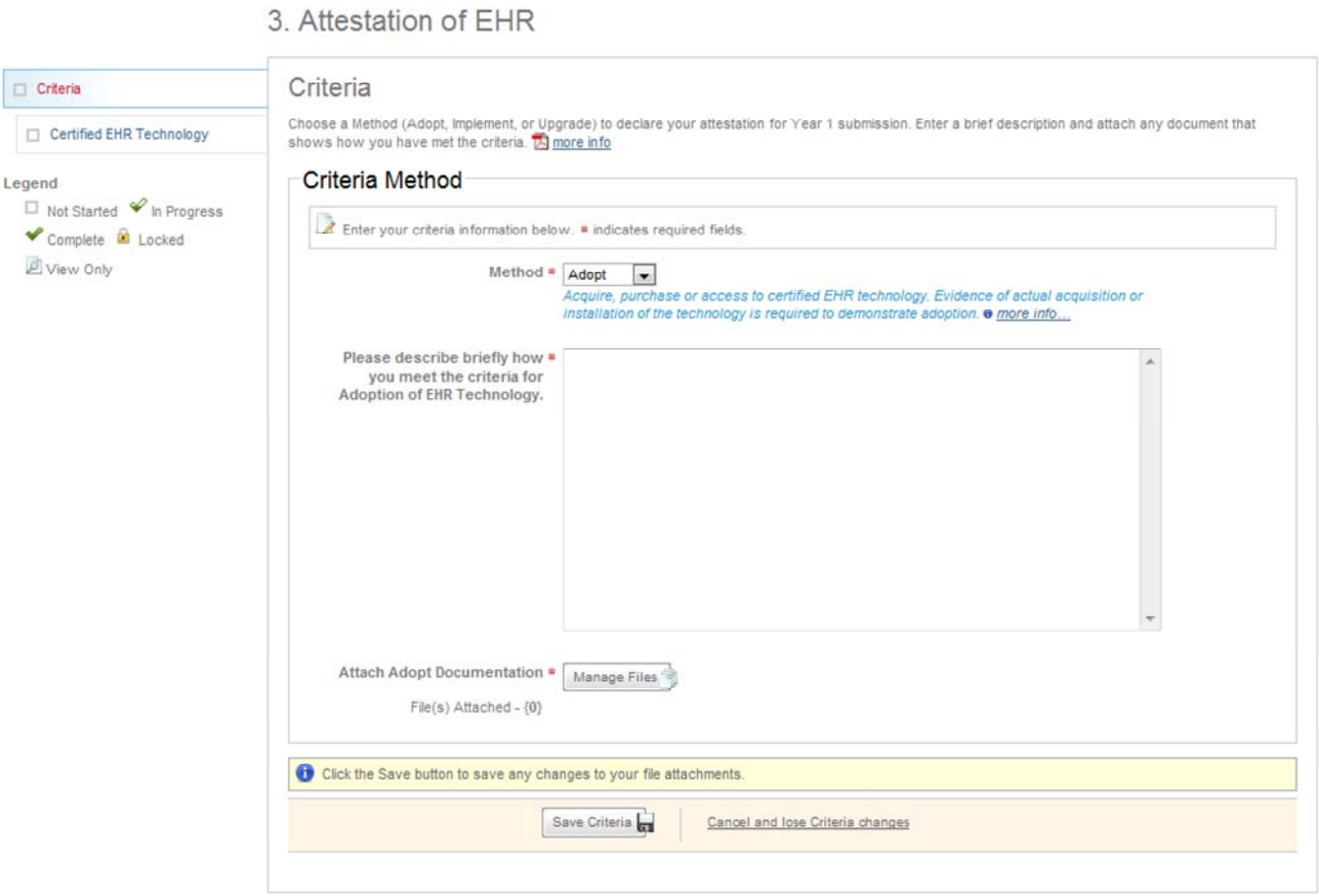
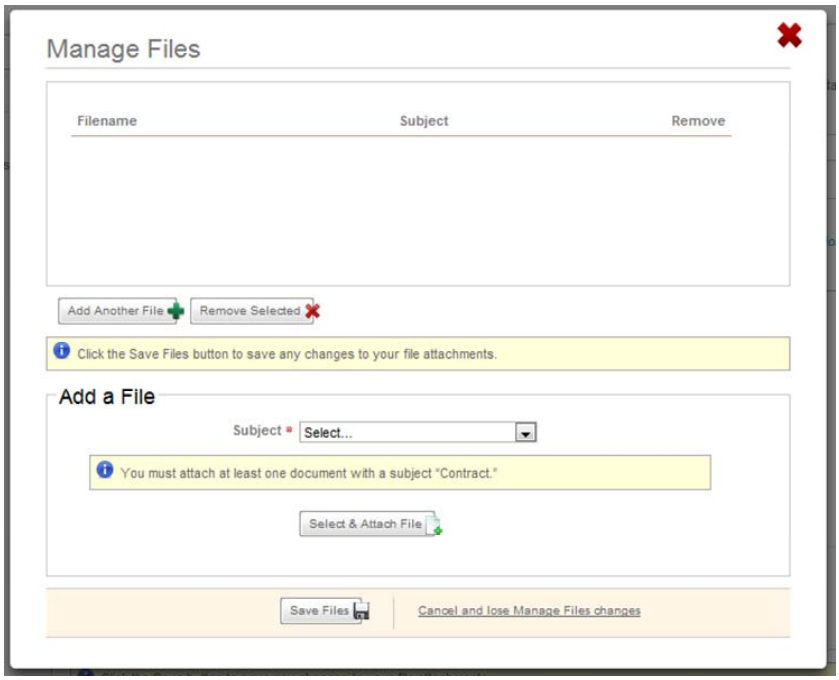
State Level Repository (SLR) Attestation of EHR



17

State Level Repository (SLR) Attestation of EHR



The information supporting AIU has been updated to reflect direction from CMS to require proof of financial and legal obligation.

Receipts from Software Vendor
Sales Contract
Service Agreement
Copy of Signed Upgrade Agreement
Other

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State Level Repository (SLR) Attestation of EHR

3. Attestation of EHR

Criteria

Certified EHR Technology

Legend

Not Started In Progress

Complete Locked

View Only

Certified EHR Technology

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and product, the product's unique certification code, and the meaningful use criteria for which the product was certified. The State is required to validate the verification of the Certified EHR information before making any payment to providers.

It is the provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement

Your Understanding

Enter your Certified EHR Technology information below. * indicates required fields.

☐ I understand that it is my responsibility, as the provider, to ensure that my certified EHR technology code is listed on the ONC public web service before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

Click the Save button to save any changes to your file attachments.

Save Certified EHR Technology Cancel and lose Certified EHR Technology changes

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State Level Repository (SLR) Attestation of EHR

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type

Inpatient Practice Type

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State Level Repository (SLR) Attestation of EHR

STEP 2: SEARCH FOR CERTIFIED EHR PRODUCTS

Use the browse all products, search by product name or search by criteria met to search for certified EHR products.

Browse All Ambulatory Products

Browse

Search by Name or CHPL Product Number:
Select search type:
Product Name
Search
Search for:
nextgen

Search by Criteria Met

Search

STEP 3: ADD PRODUCTS TO YOUR CART

To add products to your cart, select the "Add to Cart" link in the far-right column. After adding a product to your cart, you will be directed to your cart page. Once on the cart page you can view the criteria met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow will confirm you are sorting in ascending or descending order.

Matching Product — See Complete Products Only

Certifying ATCB	Vendor	Product	Product Version#	Product Classification	Additional Software Required	
CCHIT	NextGen Healthcare	NextGen Ambulatory EHR	5.6 SP1	Complete EHR	Active Reports; First DataBank; First DataBank NDDF Plus; Health Quality Measure HQM; Rosetta, 5.6.5	Add to Cart

STEP 4: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The bar below provides a summary of the criteria that are met by items in your cart. Criteria highlighted in blue have been met by products in the cart, criteria in gray have not.

Note: Certification criterion 170.302(w) is optional for the purposes of certification. If w is gray in the bar below, the product(s) in your cart can still meet 100% of the required certification criteria.

Place your mouse over the individual letters to learn more about each criterion.

General Criteria (170.302): a b c d e f g h i j k l m n o p q r s t u v w

Ambulatory Criteria (170.304): a b c d e f g h i j

Requesting Your CMS EHR Certification ID

If the products in your cart meet 100% of the required criteria, you can now obtain a CMS EHR Certification ID.

If the products in you cart do not meet 100% of the required criteria, select the "Return to Search" link and continue adding products to your cart until your cart meets 100% of the required criteria.

Get CMS EHR Certification ID

Percentage of criteria currently met:100%

State Level Repository (SLR) Attestation of EHR

CMS EHR CERTIFICATION ID

Your CMS EHR Certification ID is:30000001SVGWEAS

An eligible professional or eligible hospital that chooses to participate in the EHR Incentive Program must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit this Certification ID as part of the attestation process for either the Medicare or Medicaid incentive program.

Please return to the Medicare and Medicaid EHR Incentive Program site and enter this Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

YOUR CERTIFIED EHR PRODUCT(S)

The following products were used to obtain your CMS EHR Certification ID:

Certifying ATCB	Vendor	Product	Product Version #	Product Classification	Additional Software Required
CCHIT	NextGen Healthcare	NextGen Ambulatory EHR	5.6 SP1	Complete EHR	Active Reports; First DataBank, First DataBank NDDF Plus; Health Quality Measure HQM; Rosetta, 5.6.5

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State Level Repository (SLR) Attestation of EHR

3. Attestation of EHR

Criteria

Certified EHR Technology

Legend

Not Started In Progress

Complete Locked

View Only

Certified EHR Technology

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and product, the product's unique certification code, and the meaningful use criteria for which the product was certified. The State is required to validate the verification of the Certified EHR information before making any payment to providers.

It is the provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement

Your information has been saved.

Your Understanding

Your Certified EHR Technology information is complete

☑ I understand that it is my responsibility, as the provider, to ensure that my certified EHR technology code is listed on the ONC public web service before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

Your EHR Certification Information

Enter your CMS EHR Certification Number

CMS EHR Certification ID 30000001SVGWEAS Validate

Supporting Documentation Manage Files

File(s) Attached - {1}

If your vendor has provided you with documentation displaying the EHR Certification Number you can attach it here. Attaching supporting documentation for your EHR Certification Number is optional.

Click the Save button to save any changes to your file attachments.

Save Certified EHR Technology | Cancel and lose Certified EHR Technology changes

State Level Repository (SLR) Dashboard

Welcome, FNAL049 LNMAL049

This is your Dashboard for working through the attestation process.

Complete your Year 1 submission.

Complete Section 4. Review and Sign Agreement

Data has been received from the NLR. View NLR data

System (0)

Reports

Audit (0)

Payment Status

How your payment is calculated.

You can check this area for status once your attestation has been submitted.

Appeals (0)

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

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State Level Repository (SLR) Review, Sign, and Attach Attestation

4. Review, Sign, and Attach Attestation

Review and attach your signed attestation below. * Indicates required fields.

Step 1: Print to Sign Attestation

The information you entered in support of your attestation is displayed below. Please carefully review the entire document and all attachments before signing.

ALABAMA MEDICAID EHR INCENTIVE PAYMENT PROGRAM

REGISTRATION AND ATTESTATION FORM

The State of Alabama Medicaid Agency requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider, or on behalf of the provider, is accurate and complete. **No Medicaid EHR incentive payment may be paid unless this registration form is completed and accepted as required by existing law and regulations.**

Use of Information and Disclosures

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

ADDITIONAL USES: Information gleaned from submitted data may be used for reporting purposes as well as quality improvement programs.

DISCLOSURES: This program is voluntary and the failure to submit requested additional information will result in delay of payment or payment denial. There is no penalty for failure to submit additional needed information for payment purposes. However, failure to furnish subsequently requested information or documents will result in the recoupment of any payments made. It is mandatory that any suspected overpayment be reported immediately and The Patient Protection and Affordable Care Act, Section 640, Section 1128J, provides penalties for withholding this information.

Attestion Statements

Print Attestation

Step 2: Scan and Upload Signed Attestation

After you have signed your attestation, please attach the signed copy for submission to the State and click the Save button below. If you have a problem attaching your document, please contact our Help Desk at (866) 879-0109 for assistance.

Locate Signed Attestation * Browse...

Save Signed Attestation | Cancel and lose changes

26

State Level Repository (SLR) Review, Sign, and Attach Attestation

4. Review, Sign, and Attach Attestation

Review and attach your signed attestation below. * Indicates required fields.

Your signed attestation is attached.

Step 1: Print to Sign Attestation

The information you entered in support of your attestation is displayed below. Please carefully review the entire document and all attachments before signing.

ALABAMA MEDICAID EHR INCENTIVE PAYMENT PROGRAM

REGISTRATION AND ATTESTATION FORM

The State of Alabama Medicaid Agency requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider, or on behalf of the provider, is accurate and complete. No Medicaid EHR incentive payment may be paid unless this registration form is completed and accepted as required by existing law and regulations.

Use of Information and Disclosures

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

ADDITIONAL USES: Information gleaned from submitted data may be used for reporting purposes as well as quality improvement programs.

DISCLOSURES: This program is voluntary and the failure to submit requested additional information will result in delay of payment or payment denial. There is no penalty for failure to submit additional needed information for payment purposes. However, failure to furnish subsequently requested information or documents will result in the recoupment of any payments made. It is mandatory that any suspected overpayment be reported immediately and The Patient Protection and Affordable Care Act, Section 640, Section 1128J, provides penalties for withholding this information.

Attestion Statements

Print Attestation

Step 2: Scan and Upload Signed Attestation

After you have signed your attestation, please attach the signed copy for submission to the State and click the Save button below. If you have a problem attaching your document, please contact our Help Desk at (866) 879-0109 for assistance.

Locate Signed Attestation * Remove File Medicaid SLR MU.pdf

Save Signed Attestation | Cancel and lose changes

State Level Repository (SLR) Dashboard

Complete your Year 1 submission.

Complete Section 5. Send 1 Submission

Data has been received from the NLR. View NLR data

System (0)

Reports

Audit (0)

Payment Status

How your payment is calculated.

You can check this area for status once your attestation has been submitted.

Appeals (0)

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

4. Review and Sign Agreement
Review, Print, Sign and Upload the SLR Agreement

5. Send Year 1 Submission
Send and lock all information to State

28

State Level Repository (SLR) Submit Attestation to State

Send Attestation to State

You have completed all the necessary information for sending your attestation to the state of {ClientName}. After you click [Send Attestation] you will no longer be able to make changes to your attestation information.

After your attestation is successfully submitted, it will be validated by the State of {ClientName}. If there are no problems with your attestation, and you are eligible to receive incentive payment, the State of {ClientName} will then release your attestation to CMS for review and payment.

PLEASE NOTE: The validation process may take up to 30 calendar days before the payment process is initiated. You will be notified by email as your attestation progresses through the process.

Please check back periodically for information about the status of your attestation in the Message area of the home page.

Send Attestation | Cancel and do not send attestation

29

State Level Repository (SLR) Submit Attestation to State

Send Attestation to State

You have completed all the necessary information for sending your attestation to the state of {ClientName}. After you click [Send Attestation] you will no longer be able to make changes to your attestation information.

After your attestation is successfully submitted, it will be validated by the State of {ClientName}. If there are no problems with your attestation, and you are eligible to receive incentive payment, the State of {ClientName} will then release your attestation to CMS for review and payment.

PLEASE NOTE: The validation process may take up to 30 calendar days before the payment process is initiated. You will be notified by email as your attestation progresses through the process.

Please check back periodically for information about the status of your attestation in the Message area of the home page.

Send Attestation | Cancel and do not send attestation

Sent Attestation Confirmation

Attestation Submitted

You have completed all the necessary information for sending your attestation to the state of Alabama. After you click [Send Attestation] you will no longer be able to make changes to your attestation information.

After your attestation is successfully submitted, it will be validated by the State of Alabama. If there are no problems with your attestation, and you are eligible to receive incentive payment, the State of Alabama will then release your attestation to CMS for review and payment.

PLEASE NOTE: The validation process may take up to 30 calendar days before the payment process is initiated. You will be notified by email as your attestation progresses through the process.

Please check back periodically for information about the status of your attestation in the Message area of the home page.

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State Level Repository (SLR) Dashboard

Your Year 1 submission is complete

Please check your payment status.

Data has been received from the NLR. View NLR data

System (1)

Your attestation has been submitted
3/30/2011 8:33:05 PM FNAL049 LNMAL049

Audit (0)

Appeals (0)

Reports

Payment Status

How your payment is calculated.
You can check this area for status once your attestation has been submitted.

Year 1

1. About You
Additional Registration Information and NLR data

2. Confirm Alabama Medicaid Eligibility
Practice Demographics and Volumes

3. Attestation of EHR
Related to Adopting, Implementing, Upgrading or Meaningful Use

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Send and lock all information to State

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8.9 Processes for Review and Validation of Meaningful Use Incentive Payments

Processes for Review, Validation and Payment of Meaningful Use Incentive Payments

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SLR Step 2. Confirm Alabama Medicaid Eligibility ..... **Error! Bookmark not defined.**

Step 3. Attestation of EHR Page (EH and EP) ..... **Error! Bookmark not defined.**

Step 4. Review and Sign Agreement (EP and EH) ..... **Error! Bookmark not defined.**

Step 5. Send Year 1 Submission ..... **Error! Bookmark not defined.**

Additional Information to be Submitted ..... **Error! Bookmark not defined.**

EH Pre-Payment Validation Checklist **Error! Bookmark no**

EP Pre-Payment Validation Checklist **Error! Bookmark no**

Payment Process Flow: **Error! Bookmark no**

Incomplete Registrations **Error! Bookmark no**

Post Payment Reviews/Audits: **Error! Bookmark no**

INTRODUCTION

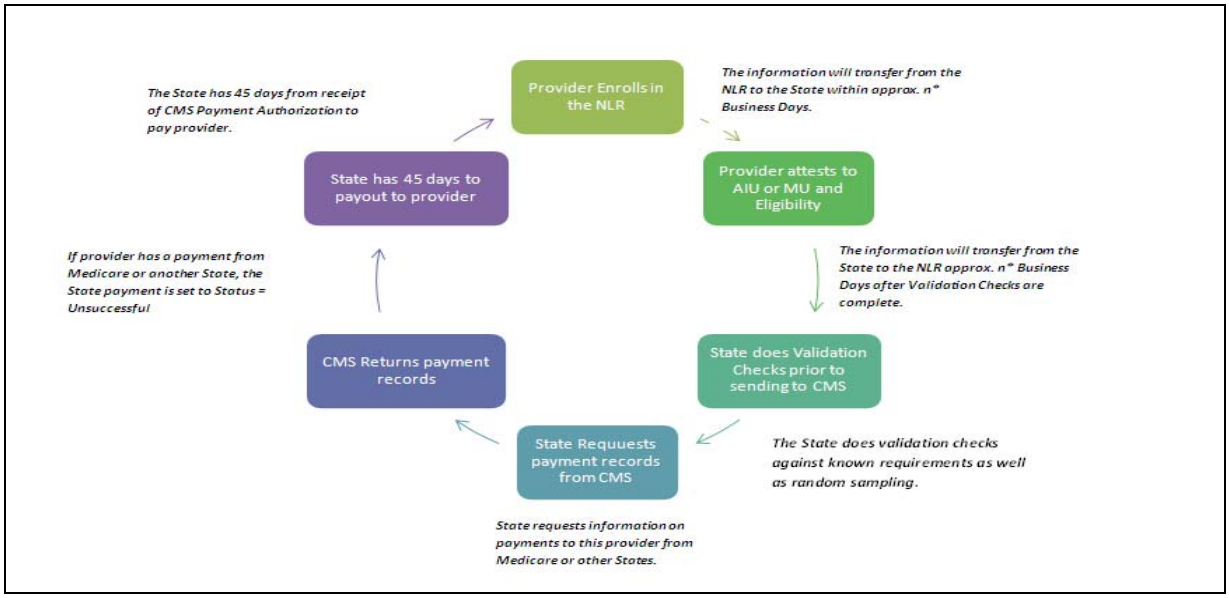
This document describes the processes for approving issuance of Meaningful Use incentive payments. The full background and authority for the incentive payment process can be found in the American Recovery and Reinvestment Act of 2009, 42CFR 412, 413, 422, and 495, the State Medicaid Health Information Technology Plan, State Medicaid Director's Letters dated 8/24/2009 and 04/08/2011, the CMS website, Alabama's www.OneHealthRecord.alabama.gov website, and the state-sponsored ACS State Level Registry (SLR) portal. Alabama has partnered with ACS, a Xerox company, to implement the State Level Registry (SLR) through which eligible professionals and hospitals will establish their eligibility for incentive payments for meaningful use of electronic health record (EHR) technology and systems. An overview of the CMS Registration and Attestation System, the SLR and the Meaningful Use program are recommended to provide context for the steps that precede this process.

The first phase of the Meaningful Use incentive program is a process that spans establishing eligibility to participate in the program with CMS at the national level, establishing eligibility to participate at the state level, attesting to the adoption, implementation or upgrade of a system certified by the CMS Office of the National Coordinator (ONC), and the state's validation of that information for the purpose of authorizing issuance of the incentive payment.

This document describes the pre-payment validation and audit process the state performs to exercise due diligence prior to issuing a payment to any provider or hospital. Unless noted otherwise, the term provider will refer to an eligible professional or hospital.

OVERVIEW

The diagram below is a high-level overview of the process for a provider's Year 1 AIU phase of the meaningful use incentive program. Later revisions of this document will add the processes for attesting to and demonstrating Stages I, II and III of Meaningful Use of EHR technology.



The high level steps are:

1. The provider or hospital registers with the CMS Registration and Attestation System.
2. After successful registration, the CMS Registration and Attestation System notifies the state via an electronic data transmission if there are federal or state exclusions precluding payment to the provider or hospital. This file is known as a B-6.
3. After 24 hours, the provider may commence State Level registration and attestation process in the SLR.
4. *Upon receipt of a completed, submitted attestation, the state reviews the application to validate information provided and makes a decision to either reject or approve the provider's application for an incentive payment:*
    - *Approval – using a checklist, staff member reviews provider's submission and related documentation to validate provider's attestation to all eligibility requirements.*
    - *Rejection – in reviewing the aforementioned checklist, a staff member finds the provider does not meet eligibility requirements set by the state. The provider is rejected..*
5. The state has the responsibility to audit providers who have received payment.
6. Those providers whose application was rejected may appeal the decision.

It is Alabama's intent to validate as much information as reasonable prior to issuance of a payment to minimize the need to recoup payments issued to ineligible providers. This review will be

balanced with the intent to issue payments within 30 days of a successful submission of an application to the state.

PRE-PAYMENT VALIDATION PROCESS

The information below describes the state's activities for addressing and validating each step of the Registration/Attestation process leading up to approval of payment, including:

- Description of each requirement in the registration/attestation process in the SLR that the provider must meet;
- Description of the SLR System validation applied to each step;
- Description of additional state actions that will be taken (if any) to validate that the provider has met the requirement.

To start the validation process, the following documents should be available to the reviewer:

For Eligible Providers (EP):

Documents Stored on Agency G Drive

Provider Place of Service (POS) Report
APHCA List of FQHC Provider Information
Program Integrity Review/Investigations List
Patient Volume Worksheet or Excel List Created by State Staff

Documents Uploaded to the SLR by the Provider

EP Workbook
Practice Management Summary Report Supporting Provider's Denominator
AIU Certification Document(s) from Provider
Attestation Agreement(
Other Documents that may be Submitted by Provider

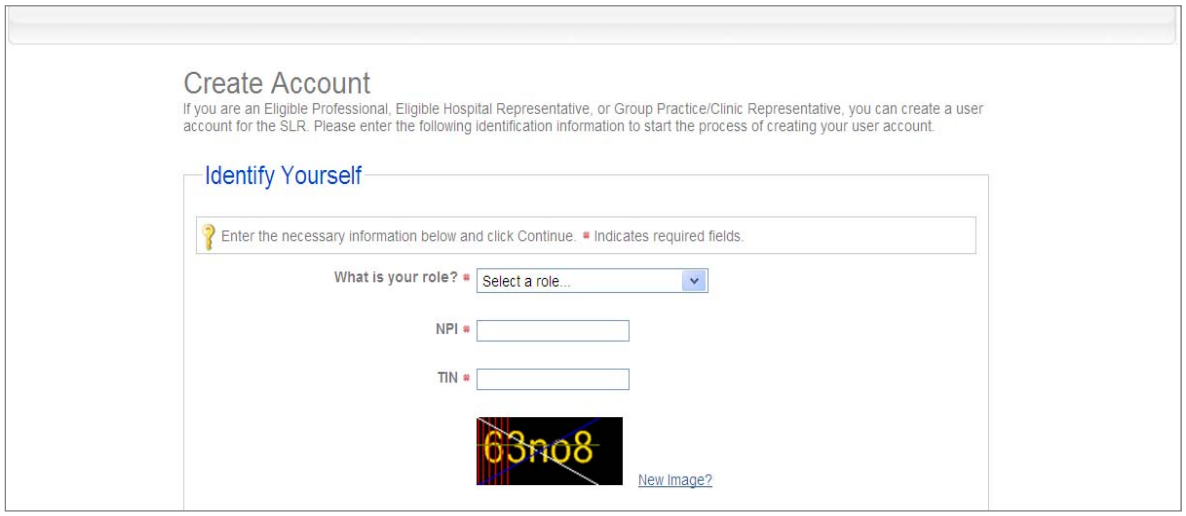
For Eligible Hospitals (EH):

Cost Report Data submitted to Medicaid Internal Audits Section

Documents Uploaded to the SLR
EH Workbook
AIU Certification Document (s) from Provider
Attestation Agreement
Other Documents that May Be Submitted by Provider:

SLR Create Account Page

The create account page establishes the provider's identity



The information entered by the provider National Provider Identifier(NPI) and Tax Identification Number (TIN) is compared to that entered into the National Level Repository. If the information is not found or does not match, an error message is returned and the provider must identify the source of the error and correct the problem at the CMS Registration and Attestation System.

If there is a match, the following information is returned from the CMS Registration and Attestation System Record

For Eligible Professional:

before they can be viewed here.

General Information

First Name	FNAL074
Middle Name	
Last Name	LNMAL074
Suffix	
Legal Name	
Address Line 1	Street#173
Address Line 2	
City	Montgomery74
State	AL
Zip	12413
Phone Number	9999999999
Phone Extension	
E-Mail Address	abc@xyz.com

Exclusions

No Federal Exclusions

No State Exclusions

Last Updated

Date	3/22/2011

IDs

Personal NPI	1010101083
Personal TIN	919191983
Personal TIN Type	SSN
Payee NPI	1010101083
Payee TIN	919191983
Payee TIN Type	EIN
Confirmation Number	5229000074
EHR Cert ID	

Program

Participation Year	1
Program Option	MEDICAID
State	AL
State ID	
Provider Type	Physician
Provider Specialty	Physician

For Eligible Hospital

NLR Record

The data on this screen was provided by the National Level Repository (NLR) and contains the information that you provided to the NLR. If any of the information displayed is incorrect, please update your registration information in the NLR. Updates to the NLR data may take two to three days before they can be viewed here.

General Information

Legal Name	BNAL110
Address Line 1	Street#209
Address Line 2	
City	Montgomery110
State	AL
Zip	12449
Phone Number	9999999999
Phone Extension	
E-Mail Address	abc@xyz.com

Last Updated

Date	3/22/2011

IDs

NPI	1010101119
Hospital TIN	919192019
Hospital TIN Type	EIN
Confirmation Number	5229000110
EHR Cert ID	

Exclusions

No Federal Exclusions

No State Exclusions

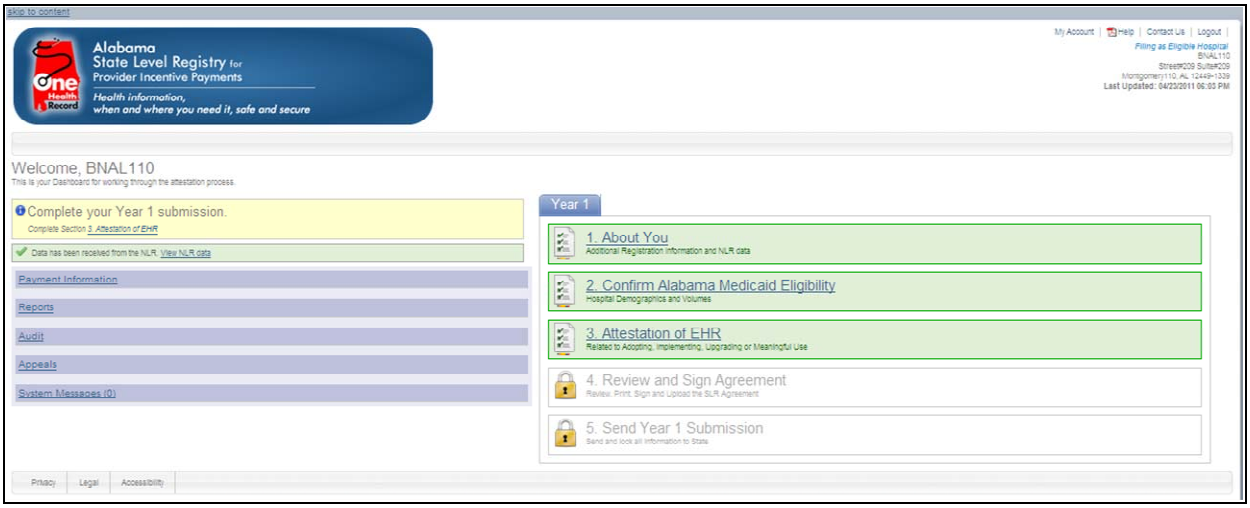
Program

Participation Year	1
Program Option	MEDICAID
State	AL
Provider Type	Hospital
Provider Specialty	ACUTE CARE, HOME HEALTH AGENCY, RURAL HEALTH CLINIC, SKILLED NURSING FACILITY

SLR Validation Process:

The SLR system performs the validation process to confirm the provider's credentials.

Attestation Component	System Validation	Provider Action	State Action
Submit TIN and NPI	Confirms matching TIN/SSN and NPI are registered in the CMS Registration and Attestation System and are valid in Medicaid's Provider Master File	Correct erroneous information and re-enter data to the CMS Registration and Attestation System. Provider may contact Medicaid's Provider Enrollment Section for assistance.	None



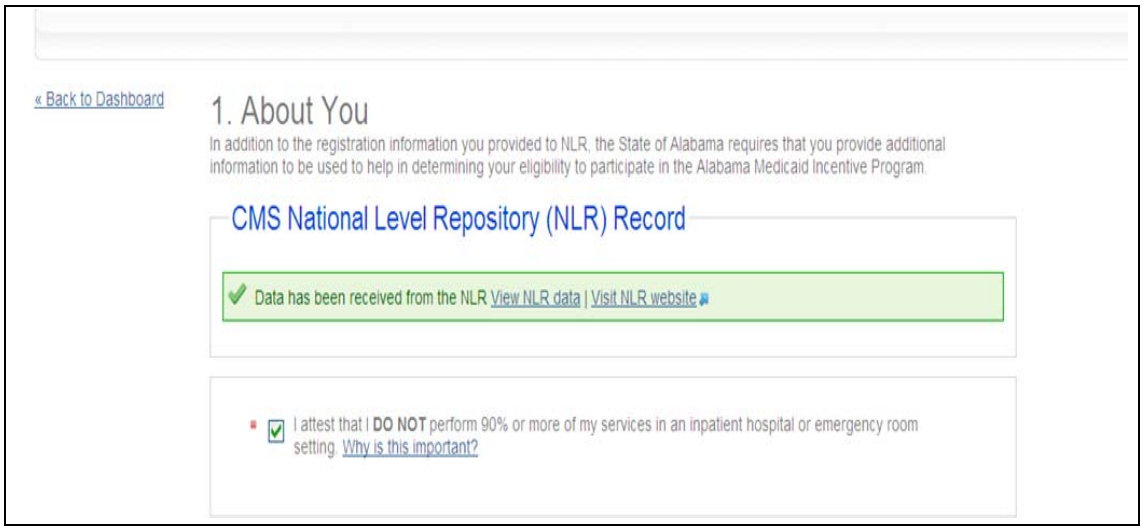
SLR Step 1. About You – Additional Registration Information and CMS Registration and Attestation System

The About You page allows the provider to submit additional information that establishes the provider's eligibility to participate in the program, e.g., that the provider is a member of the types of providers or hospitals eligible, the physician is *not* hospital based and that the provider has a valid Medicaid status.

Attestation Component	System Validation	State Validation	Provider Action if Validation not met
Provider is not a hospital based physician.	Provider attests through "checkmark" that he/she does not provide 90% or more of services in an inpatient hospital (21) or emergency room setting (23). Defined as services are provided in POS 21 or 23.	Provider is compared to the POS report maintained by the State and if POS 21 or 23 is greater than 75% and less than 90%, of *Medicaid* encounters, flag for post payment audit.	None

Professional License Number and Provider Status	SLR will validate the provider's License Number on the Provider Master File, and current status including: • The PMF shows an active status • Does not show a "sanctioned" status • Does not show status of deceased	None	If the provider receives an error message they must contact either the SLR Help Desk or the Medicaid Provider Enrollment section at the number provided on the screen.

Eligible Provider "About You Page"



License Information

Your license information is complete

Professional License Number * 9999911183

Licensing Board Name * AL Licensing Board 1

Patient First
- None -
AL Medicaid MCO 1
None
Patient First

If you participate in Alabama Medicaid Managed Care Plans, please select all applicable plans.
Hold down the Ctrl key to select multiple plans.

Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

Your contact information is complete

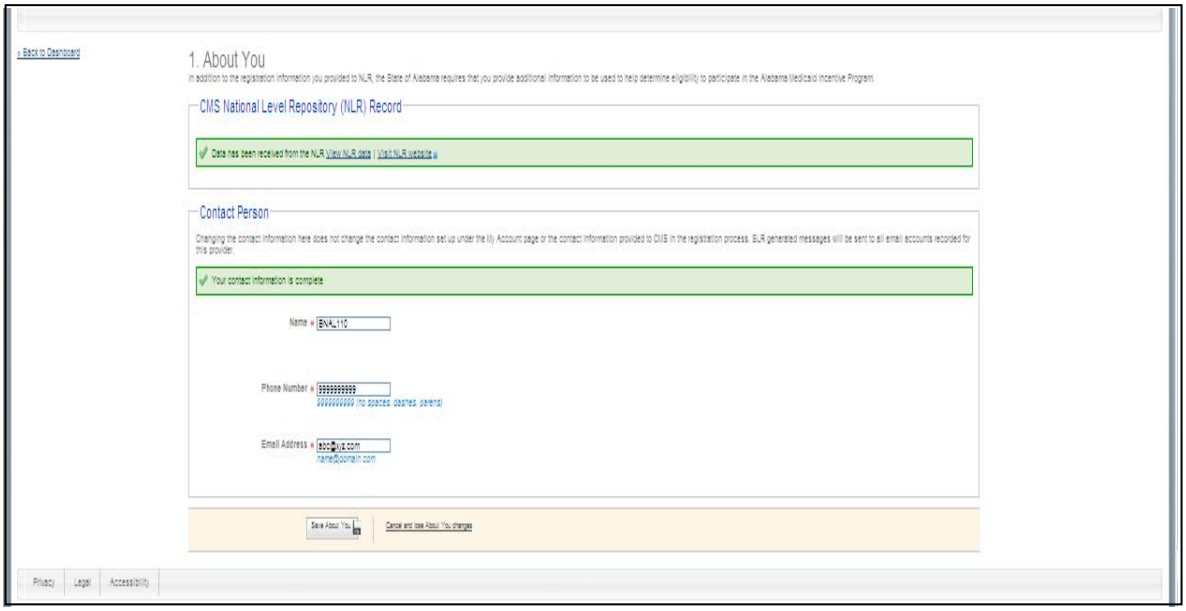
Name * FNAL074 LNMAL074

Phone Number * 999 999-9999
9999999999 (no spaces, dashes, parens)

Email Address * abc@xyz.com
name@domain.com

Save About You | Cancel and lose About You changes

Eligible Hospital "About You Page"



Validation Process:

The SLR system performs the validation process to confirm the provider's credentials and status. The Agency will review Medicaid MMIS claims data reporting the number of Medicaid claims made during the representative period for which the physician is applying. If the percentage of claims showing POS 21 or 23 is above 75% and below 90%, the file is flagged for audit.

SLR Step 2. Confirm Alabama Medicaid Eligibility

(EH)

Alabama
State Level Registry for
Provider Incentive Payments
Health information, when and where you need it, safe and secure

Back to Dashboard

2. Confirm Alabama Medicaid Eligibility

For purposes of calculating hospital patient volume, the following are considered Alabama Medicaid encounters:

1. 1. Services rendered to an individual per inpatient discharges where Alabama Medicaid paid for part or all of the service;
2. 2. Services rendered to an individual per inpatient discharge where Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing;
3. 3. Services rendered to an individual in an emergency department on any one day where Alabama Medicaid paid for part or all of the service; or
4. 4. Services rendered to an individual in an emergency department on any one day where Alabama Medicaid paid all or part of their premiums, co-payments, and/or cost sharing.
5. more info

Alabama Medicaid Volume

Your Alabama Medicaid Volume information is complete

Enter 90-Day Representative Period * 10/01/2009 End Date 12/29/2009

Total Discharges for Representative Period * 2,346

Alabama Medicaid Discharges for Representative Period * 295

Average Length of Stay, in days, for the hospital fiscal year that ends during the prior federal fiscal year. * 23

Hospital Demographics Information

Your Hospital Demographics information is complete

The first year data comes from the hospital's cost report filed in the previous federal fiscal year. The specific data sources for your state can be found in the state provided Eligibility Workbook or Hospital Calculation Worksheets.

1. Enter the Discharges for the last four years of available data from your CMS Cost Reports.

Year 4 * 465 Year 3 * 587 Year 2 * 644 Year 1 * 663

This data is used to calculate your Average Growth Rate for the incentive payment.
Year 4 — Enter the total discharges from the cost report 3 years prior to the cost report used for the first year data.
Year 3 — Enter the total discharges from the cost report 2 years prior to the cost report used for the first year data.
Year 2 — Enter the total discharges from the cost report 1 year prior to the cost report used for the first year data.
Year 1 — Enter the total discharges from the cost report filed in the previous federal fiscal year.

2. Enter the Total Discharges from the cost report used for the first year (Year 1) data.

Total Discharges * 663

Nursery and Swing Beds should be excluded from the Total Discharges.

3. Enter the Total Alabama Medicaid Inpatient Bed Days from the cost report used for the first year (Year 1) data.

Total Alabama Medicaid Inpatient Bed Days * 234

Nursery and Swing Beds should be excluded from the Total Alabama Medicaid Inpatient Bed Days.

4. Enter the Total Alabama Medicaid Managed Care Inpatient Bed Days from the cost report used for the first year (Year 1) data.

Total Alabama Medicaid Managed Care Inpatient Bed Days * 123

Nursery and Swing Beds should be excluded from the Total Alabama Medicaid Managed Care Inpatient Bed Days.

5. Enter the Total Inpatient Bed Days from the cost report used for the first year (Year 1) data.

Total Inpatient Bed Days * 936

Nursery and Swing Beds should be excluded from the Total Inpatient Bed Days.

6. Enter the Total hospital inpatient charges from the cost report used for the first year (Year 1) data.

Total Hospital Inpatient Charges * $45,002,034

7. Enter the Total charges attributable to Inpatient Charity Care from the cost report used for the first year (Year 1) data.

Hospital Inpatient Charity Care Charges * $10,200,220

If neither charity care nor uncompensated care charges are identifiable on the cost report, enter 1. The charity care ratio will be set to 1 for the incentive calculation.

EP

Practice Eligibility Details

Your eligibility information is complete

Enter the Start date of your 90-day period * 10/01/2010 Year 1 End Date 12/29/2010

Total Encounters * 1,000
Please enter your total patient encounters for the selected reporting period.

Total Alabama Medicaid Encounters * 400
Please enter your total Alabama Medicaid Patient Encounters for the selected reporting period.

Total Panel Members Assigned 200
Panel members must have been seen at least once in the 12 months preceding.

Total Alabama Medicaid Panel Members Assigned 100
Panel members are members seen in the calendar year preceding the 90 day eligibility period during which you received capitation under managed care or case assignment under medical or home health programs.

Do you practice predominantly in a Federally Qualified Health Care Center (FQHC) or Rural Health Center (RHC)? Predominantly is defined by CMS as greater than 50% * FQHC RHC None

Medically Needy Patient Encounters * 50 more info...

Eligibility Formula 1 45.00% Calculate
Use this formula
(Total Alabama Medicaid Encounters/Total Encounters OR, if predominant practice is selected, then Medically Needy Patient Encounters + Alabama Medicaid Encounters/Total Patient Encounters)

Eligibility Formula 2 41.67% Calculate
Use this formula
(Total Alabama Medicaid Panel Members Assigned + Total Alabama Medicaid Encounters / Total Panel Members Assigned+ Total All Payer Encounters OR, if predominant practice is selected, then Total Alabama Medicaid Panel Members Assigned + Medically Needy Patient Encounters + Total Alabama Medicaid Encounters / Total Panel Members Assigned + Total All Payer Encounters.)

Meets Alabama Medicaid Eligibility Requirements?

Yes! Meets Alabama Medicaid Eligibility Requirements.

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
Provider must meet patient volume of at least 20% Medicaid encounters for	Numerator and denominator information entered by provider must be at least 20% of pediatrician patient	All Medicaid encounters for the numerator will be validated by the	If provider does not meet minimum patient volumes

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
pediatricians and 30% for all other designated providers.	volume and 30% of all other providers' total encounters.	agency. The information (Patient Volume Worksheet or Excel List) maintained in G Drive should be checked to see if Agency assistance was provided. If yes, validate the numbers reported on the SLR and in the uploaded workbook compared to the numbers provided by the Agency. If no, then run the numbers (based on the representative period. If the Medicaid claims reported by the provider are 15% higher than the Medicaid claims of record, the file will be flagged for post payment audit. If panel	percentage with Medicaid claims, provider may obtain assistance from Medicaid and apply patient encounters from panel members in the following programs: Patient 1st, Medicare Advantage, Maternity program, or Medicare dual eligible patients. Providers will not be able to continue through the SLR until volume requirements are met.

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
		information is included and the information was not obtained from the Agency, AHIE will run reports from the following systems to confirm panel information: Patient First Maternity Program, Medicare Advantage, and Medicare dual eligible patients. If the eligible provider is using a group patient volume proxy, all providers using that group's patient volume proxy must have the same patient volume.* If additional information causes the Medicaid patient volume to drop below 30% (20% for pediatricians),	

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
		STOP, the provider is not eligible. Contact provider for clarification. Pend the application for 2 weeks.	
Total Encounters	Medicaid Patient Volume/Total Patient Volume > or + 30%, 20% for pediatricians	Review the summary report from the provider's practice management system to substantiate the total patient volume. If the eligible provider is using a group patient volume proxy, all providers using that group's patient volume proxy must have the same patient volume.* Medicaid will select 15% of provider denominator reports for further review and potential audit.	SLR System will not allow provider to proceed if volumes do not meet criteria.

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
Additional Medicaid Encounters	None	Same as State Actions under "Medicaid encounters" above	
Provider practices in an FQHC/RHC	None	The agency will verify provider's employment in an FQHC/RHC against information provided by APHCA. If provider is not on the provided list, the agency will contact the FQHC for additional information.	None
Medically Needy Patient Volumes	Only applicable to providers attesting to practicing in an FQHC or RHC.	Medically Needy patient volumes submitted must match volumes included in the APHCA report for FQHC. If no match, contact the provider for clarification. If there is a discrepancy of over 10%, volumes causes Medicaid Percentage to drop	Contact APHCA to revalidate volumes.

Attestation Component	System Validation	State Validation	Provider Action if Criteria not met
		below 30% (20% for pediatrician), STOP, provider is ineligible. Flag completed attestation for post payment audit.	

Group Patient Volume Proxy

During the prepayment validation process, the submitted numbers for the numerator are checked against the report created by the Agency from MMIS claims data. This report is the result of a specially constructed query of MMIS claims data that produces the closest number for “encounters” for both the individual Provider and the group with which the Provider is associated by calendar month. The claims data shows both the rendering Provider and the billing Provider and also the group with which the Provider is affiliated. (It is a requirement within the Provider Enrollment process that any group(s) with which the Provider is affiliated be identified.) The query additionally extracts data within the parameters of Provider-to-Recipient and dates of service. The resulting report shows all encounters for an EP associated with any group with which the EP may be affiliated. Thus, the review process will be able to exclude any encounters an EP may have with any other group or location not a part of the group in question.

The State has adopted an interpretation of “group” that it has followed in implementing the EHR Incentive Program.

> “A group is an organization consisting of one or more providers of health care and health care-related services that is also a contracted Alabama Medicaid Provider. (This means the organization will be included on the Provider Master File within the Alabama MMIS and one of the requirements within the Provider Enrollment process is that the organization be in possession of its own National Provider Identification (NPI) number and Tax Identification Number (TIN).)”

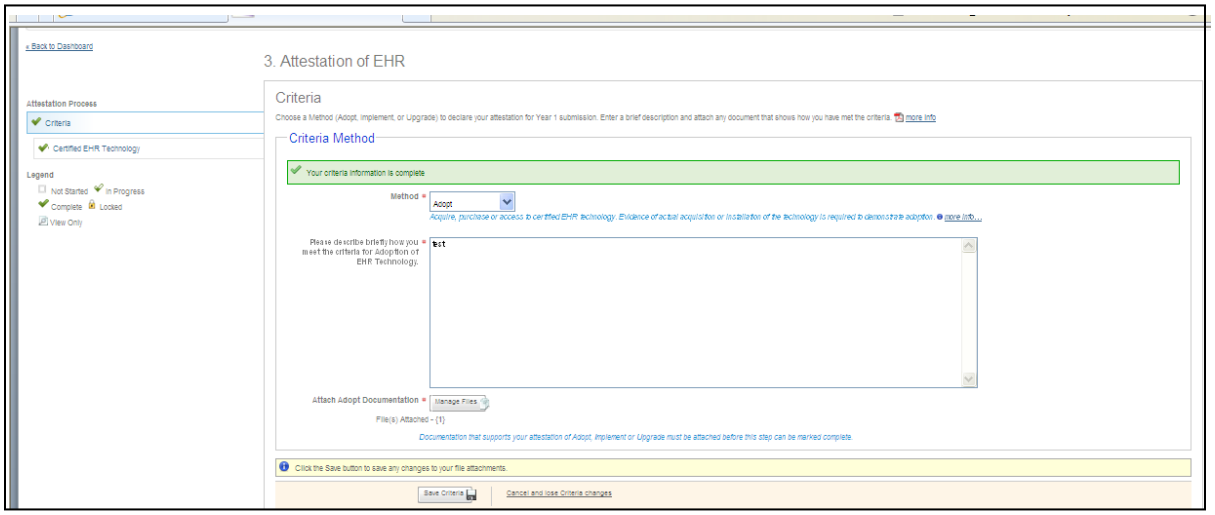
Confirm Eligibility (EH)

Attestation Component	System Validation	State Action	Provider Action if Criteria not met
Alabama Medicaid Volume Hospital Demographics Information The data from the Cost Report is used for the following calculations on the Workbook that is required for submission and in the State Level Registry: • Medicaid Patient Volume • Average Length of Stay • Incentive Payment Amount	The SLR system validates that the percentage of Medicaid patients is 10% or above.	All information to establish eligibility for the program is based on the hospital's annual cost report submitted to Medicare and to the Medicaid Agency. Staff compares the data submitted in the SLR to the hospital cost reports. If the data submitted does not match the data on the cost reports, staff will contact the hospital representative for clarification.	Correct attestation data and resubmit.

STEP 3. ATTESTATION OF EHR PAGE (EH AND EP)

Validate that the following documents are attached and appropriately completed.

Attestation of EHR - Criteria	Criteria for passing System Validation	State Validation	Provider Action if Criteria not met
Provider's attestation of Adoption, Implementation or Upgrade of EHR.	Method of compliance is selected and documentation of adoption, implementation, or upgrade of an EHR is present.	Validate the appropriate documents are submitted for attestation against the following list: • Receipts for Software EHR Vendor • Sales Contract • Agreement • Screenshot of the Sign on • Copy of the Agreement for Upgrade • Vendor Letter • Work Plan • Cost report • Action Plan • Invoice • Other If document is missing, is not one of the documents above, or does not match the EHR system described, contact provider to request correct documents are submitted. Pend the application for two weeks	Upload correct attestation document



Certified EHR Technology

Attestation Component	System Validation	State Action	Provider Action if Criteria not met
The provider must submit the certification number of the provider's ONC certified EHR Technology	The system validates the certification number against the ONC Certified HIT Product List database.	Verify that the certification number submitted matches the EHR technology to which the provider attested. If the certification number does not match, contact the hospital representative for clarification and pend the application for two weeks.	Submit correct certification number.

« Back to Dashboard

3. Attestation of EHR

Attestation Process

- Criteria
- Certified EHR Technology

Legend

Not Started · In Progress · Complete · Locked · View Only

Certified EHR Technology

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and product, the product's unique certification code, and the meaningful use criteria for which the product was certified. The State is required to validate the verification of the Certified EHR information before making any payment to providers.

It is the provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement

Your Understanding

Your Certified EHR Technology Information is complete

☑ I understand that it is my responsibility, as the representative of the hospital, to ensure that my certified EHR technology code is listed on the ONC public web service before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

Your EHR Certification Information

Enter your CMS EHR Certification Number

CMS EHR Certification ID: 30000001TMKQEA5 [Validate]

Supporting Documentation: [Manage Files]

File(s) Attached - (1)

If your vendor has provided you with documentation displaying the EHR Certification Number you can attach it here.

Attaching supporting documentation for your EHR Certification Number is optional.

Click the Save button to save any changes to your file attachments.

[Save Certified EHR Technology] | Cancel and lose Certified EHR Technology changes

STEP 4. REVIEW AND SIGN AGREEMENT (EP AND EH)

Validate that the following documents are attached and appropriately completed.

Attestation Agreement	Criteria for passing System Validation	State Action	Provider Action if Criteria not met
Provider must sign and attach the Attestation Agreement.	A document is present	Review and confirm that: • Attestation Agreement is present. • Entries 7-10 match information submitted by provider. • Signature of EP of record or EH representative of record is present. If any of the above conditions are not met, contact provider for a properly executed document. Pend the attestation pending receipt of the correct document.	Upload Attestation Agreement with correct signature

STEP 5. SEND YEAR 1 SUBMISSION

No action by the agency is required.

Pre-Payment Validation Checklist Sample

Folder #:_____
RAP Report Date#:_____
Pay Report Date:_____

EP Pre-Payment Validation Checklist

Alabama Incentive Payment Pre-Payment Validation

Eligible Provider Checklist

Provider Information:

Provider Name		NPI	
Group Name		NPI	
Contact Phone		Name	
E-mail:			

Action Taken:

Recommendation:	Approve			Reject	
Pend		Date		RAP Re-submittal Date	
Reason for Pend:					
Reason for Rejection:					
By:				Date	

Documents Submitted:

	Yes	No		Yes	No
EP Workbook			W-9		
Practice Management Summary Report			Other		
AIU Certification Document(s)			Other		
Attestation Agreement			Other		

Attestation Component Review Criteria	Meets Initial Criteria?	Additional Review – If...	Post Payment Audit	Notes
Place of Service 21 or 23 Less than 75% of Medicaid encounters on Medicaid POS Report.	Yes ☐ No ☐	POS 21 and 23 equals < 90% and > 75% of Medicaid encounters, flag for audit		
FQHC/RHC Status Provider is on the APHCA Report List indicating 50% of practice is at FQHC or RHC.	Yes ☐ No ☐ N/A ☐	The Provider is not on APHCA list, contact FQHC or RHC to validate provider's time base. If time base under 50%, flag for audit.		
Medically Needy patient volumes Medically Needy patient volumes submitted must match volumes included APHCA report for FQHC or RHC.	Yes ☐ No ☐	If Medically Needy volumes do not match APHCA report, contact FQHC for clarification.		

Attestation Component Review Criteria	Meets Initial Criteria?	Additional Review – If…	Post Payment Audit	Notes
Medicaid Encounters (Numerator) EP Workbook submitted and numerator matches data provided by Medicaid. Numerator data from MMIS is within 15% of volume submitted by provider.	Yes ☐ No ☐	EP Workbook not submitted but Medicaid encounters submitted • do not match quantities previously provided by Medicaid, or • reported Medicaid encounters vary by 15% or more for same period from volume obtained from MMIS database.		
Total Encounters Validate quantity submitted against quantity on Practice Management Summary Report.	Yes ☐ No ☐	Discrepancy between quantity entered and quantity on Practice Management Summary Report. If the discrepancy is greater than 15% flag for post payment audit.		
Additional Medicaid Encounters Validate Medicaid staff name on worksheet and volume same as on record with AMA internal Patient Volume worksheet.	Yes ☐ No ☐ N/A ☐	Worksheet submitted does not include Medicaid staff name, no worksheet submitted, or discrepancy between quantity entered and quantity provided by Medicaid, mark for audit.		
AIU Attestation Document (Attachment) Information on document submitted matches certified EHR system reported.	Yes ☐ No ☐	Document does not match certified EHR system reported, contact provider for clarification/correction.		
Attestation Agreement (Attachment) Correct document is attached and signed by provider of record.	Yes ☐ No ☐	Signature is missing or not the signature of the provider of record, contact provider to submit new agreement with correct signature.		
Program Integrity Review/ Investigations List Provider is not on list	Yes ☐ No ☐	Provider is on review list, flag for post payment audit. Provider is on investigation list, obtain clearance from Program Integrity Management to issue payment. Pend application if PIM cannot respond by end of current review cycle.		

Additional Information to be Submitted

1. Workbook

To help educate providers in the attestation process, a workbook is available on the SLR portal that contains all the steps for completing the incentive payment registration and attestation process. Prior to entering data into the actual SLR, eligible providers and hospitals must complete the workbook to assemble the information that will establish eligibility. The Agency requires that the workbook is loaded into the SLR with all other attestation documents.

A separate workbook is available for eligible professionals and hospitals. To improve the quality and accuracy of the information submitted and reduce the risk of potential errors, every EP and EH must submit the workbook as part of the attestation process. The workbook should be uploaded at Step 3.

If the document is not uploaded, the provider is contacted and requested to submit the document and the attestation will be pended for two weeks.

2. W-9

Although not part of the validation process, providers must submit a W-9 prior to payment. Providers may submit the W-9 by uploading it to the SLR portal.

EH PRE-PAYMENT VALIDATION CHECKLIST SAMPLE

Folder #:	_____
RAP Report Date#:	_____
Pay Report Date:	_____

EH Pre-Payment Validation Checklist

Alabama Incentive Payment Pre-Payment Validation

Eligible Hospital Checklist

Hospital Information:

Hospital Name:		NPI	
Contact Name:		Phone	
E-mail			

Action Taken:

Pend		Date		RAP Re-submittal Date	
Recommendation:	Approve			Reject	
Reason for Rejection:					
By:				Date	

Documents Submitted:

Submitted	Yes	No
EH Workbook		
AIU Certification Document (s) from Provider		
Attestation Agreement		
W-9		
Other:		

Attestation Component Review Criteria	Meets Initial Criteria?	Additional Review if...	NOTES
Hospital Cost Report Information obtained from cost reports submitted to Medicaid match data entered in SLR.	Yes ☐ No ☐	Medicaid data does not match data from hospital, contact hospital to reconcile difference.	
AIU Attestation Document Information on document submitted matches certified EHR system reported.	Yes ☐ No ☐	Document information does not match certified EHR system reported. Contact the hospital for clarification.	
Attestation Agreement Correct document is attached, signed by hospital representative with legible name and title.	Yes ☐ No ☐	Signature is missing or name is illegible	

Rev. 06/27/2011

PAYMENT PROCESS FLOW:

After the attestation agreement is reviewed as above, the AHIE will process the payment as described below.

Step	Who	Process Steps
1	ACS Ops	Extracts Attestations Upon request, ACS e-mails notification to the state that the following is available on Client SharePoint site ***Request Approval To Pay Report*** which includes documents from provider (individual folders link from spreadsheet)
2	State Team	Review/Approval/Pend each attestation as described below. Gatekeeper Functions 1. Request the records from ACS. 2. Sort the records received by: a. Staff who have worked on the account previously b. Hospital c. Payee (within the payee sort, further sort by provider type) 3. Update the sorted spreadsheet with staff assignments (to the extent possible, keep like providers together in the assignment 4. Make the assignments and give a timeframe for the spreadsheet to be returned. Validator Functions

Step	Who	Process Steps
		1. Use the check sheet and policies developed. 2. Create a Folder For Each Validation a. The master file is on the "G" drive and is named: G:\AL Incentive Program Payment Validation Documents b. Each individual payment validation should be filed in a folder. c. The folder should be named: NPI_Provider_Last NameProvider_First Name_City For example: 1234567891_Brown_Sam_Brewton_City d. Each folder should contain the following documents: i. The Signed Attestation Form ii. The Completed Workbook iii. The completed W-9 tax form iv. Report from the PMS Supporting the Denominator v. The documentation supporting adopt, implement, or upgrade vi. The Payment Validation Checksheet 3. Make a determination for approval, denial, pended or NO Action NOTE: Only if you are making a determination (approval or denial) or need the SLR application to be reopened, do you indicate any action.

Step	Who	Process Steps
		Emails corresponding to the action (approval, denial or pend) taken should be sent within two business days of the date the spreadsheet being returned to the gatekeeper. Check file back in folder and send ACS an e-mail notification that it has been processed. Send "Reply All" with originating e-mail to ACSSLROPS@acs-inc.com with the following message "The file has been processed."
3	ACS Ops	Update SLR based on the State's actions: Pend – Reopen to allow provider to correct attestation, e-mail provider to contact Medicaid. Reject – Send B-7 to CMS, e-mail provider of decision followed by certified mail notice. Approve – If previously rejected, send new B-7 update. D-16 Duplicate exclusion check If sanctions, notify provider. Create State Pay Form with all information Notify State that the file is ready

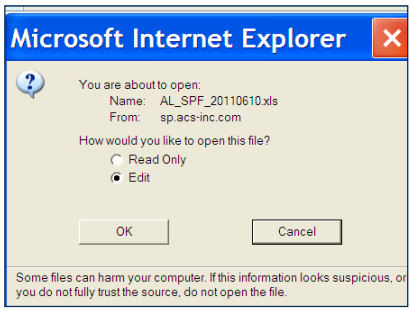
Processing EHR Meaningful Use Incentive Payments

Step 1 Alabama Team members receive an e-mail from ACSSLROPS@acs-inc.com with the following subject:

AL State Pay Form report ready for review - AL_PAY_2011XXXX

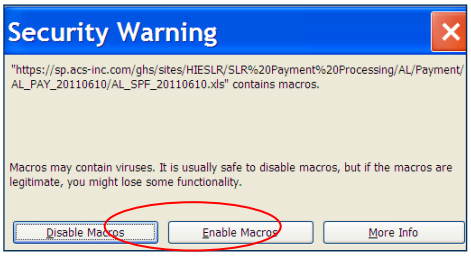
Click on the link in the e-mail to access the State Pay Form on the ACS SharePoint Site.

Step 2 Click to open the Excel Spreadsheet in the folder to which it links. Click the "Edit" button when opening the file.



Step 3 Enter your password.

Step 4 Enable the Macros



Step 5 Compare the list of providers on the Pay Report the list of approved attestations on the corresponding Request for Approval to Pay (RAP) extract to account for all records.

Step 6 On the State Pay Form Tab, identify the Excel spreadsheet row number of all providers associated with a unique payee on the Pay Report (e.g., Gadsden Pediatrics is the payee, has 5 providers on rows 3, 6, 7, 8 and 10). A single check is issued on behalf of multiple providers to a single payee.

Step 7 On the AL Invoice Tab, enter the Row # from the State Pay Form in section J14-J38.

Step 8 Click the "Print Invoice" button to print to your default printer.

Step 9 Record the invoice data on the State Pay Form spreadsheet.

Step 10 Sign the invoice, make 2 copies of the signed invoice and submit the all 3 copies to Finance. Include a copy of the payee's W-9 with each invoice.

Finance Processes

Finance processes the checks as follows:

Step 1 Upon receipt of the invoice, Finance creates a voucher within 2 days and sends the voucher to the Comptroller.

Step 2 The Comptroller processes checks/warrants within 7-10 business days.

Note: Invoices submitted after the 25th of the month will be processed after the 1st of the following month, Finance is performing closeout.

If over 50 checks will be submitted, give Finance advance notice to prepare.

Step 3 When checks are received from Finance, a voucher is included. Make a copy of the check to attach to the voucher and file both.

Step 4 Enter the date the check is mailed or given to the provider in the Payment Date field on the State Pay Form on the ACS SharePoint site. Enter the Warrant Number in the State Notes field.

Step 5 Reply to all recipients on the original e-mail from ACSSLROPS with the following message:

"The report has been processed."

ACS Receipt Workflow

Once ACS receives notice that the report has been processed, the following steps are performed:

- Enters data into SLR
- Sends CMS the date the payment was issued
- Performs reconciliation to ensure no files orphaned in the process

INCOMPLETE REGISTRATIONS

There are two categories of incomplete registrations:

Registrations with exceptions due to stops and those registrations/attestations that have been completed up to a certain point. The SLR produces reports for both categories.

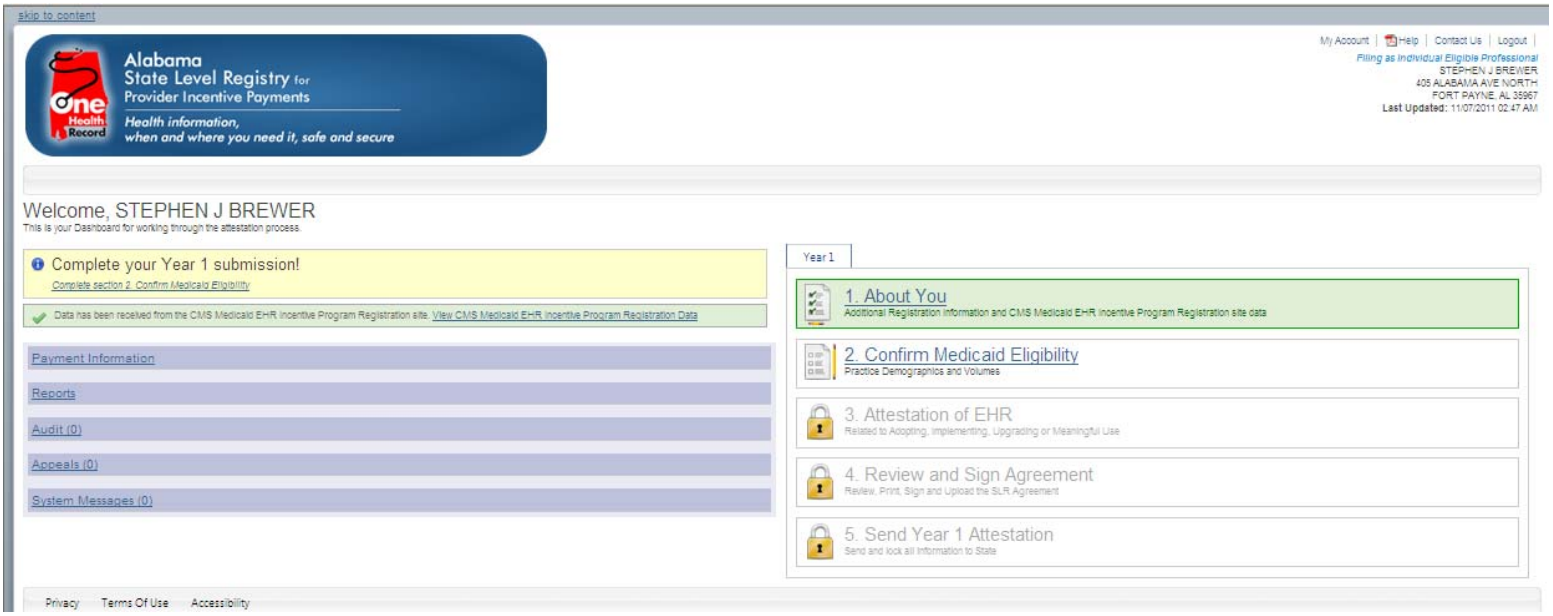
The state will monitor incomplete registrations and, if a registration remains incomplete after 14 days, the state will call the provider to inquire the reason and offer assistance. The outcome of the call will be documented in the SLR dashboard.

POST PAYMENT REVIEWS/AUDITS:

[This section intentionally left blank.]

8.10 SLR Provider Incentive Payment Screenshots

Home Page



Login | State Level... | Page | Safety | Tools

skip to content

Alabama State Level Registry for Provider Incentive Payments

Health information, when and where you need it, safe

My Account | Help | Contact Us | Logout

Filing as Individual Eligible Professional
STEPHEN J BREWER
405 ALABAMA AVE NORTH
FORT PAYNE, AL 35967
Last Updated: 11/07/2011 02:47 AM

Welcome, STEPHEN J BREWER

This is your Dashboard for working through the attestation process

Complete your Year 1 submission!

Complete section 2. Confirm Medicaid Eligibility

Data has been received from the CMS Medicaid EHR Incen... Program Registration Data

Payment Information

Reports

Audit (0)

Appeals (0)

System Messages (0)

5. Send Year 1 Attestation

Send and lock all information to State

CMS Medicaid EHR Incentive Program Registration Record

The data on this screen was provided by the CMS Medicaid EHR Incentive Program Registration site and contains the information that you provided to the CMS Medicaid EHR Incentive Program Registration. If any of the information displayed is incorrect, please update your registration information in the CMS Medicaid EHR Incentive Program Registration site. Updates to the CMS Medicaid EHR Incentive Program Registration data may take two to three days before they can be viewed here.

General Information

First Name	Stephen
Middle Name	James
Last Name	Brewer
Suffix	
Address Line 1	405 Alabama Ave NW
Address Line 2	
City	Fort Payne
State	AL
Zip	35967-2327
Phone Number	2568451332
Phone Extension	
E-Mail Address	stephenbrewer@trackehr.com

Last Updated

Date	6/24/2011

IDs

Personal NPI	1215082797
Personal TIN	424566917
Personal TIN Type	SSN
Payee NPI	1215082797
Payee TIN	424566917
Payee TIN Type	SSN
Confirmation Number	1000074948
EHR Cert ID	

Exclusions

Federal Exclusions

No Federal Exclusions

State Rejection Reasons

Program

Participation Year	1
Program Option	MEDICAID
State	AL
State ID	AL
Provider Type	Dentist
Provider Specialty	

« Back to Dashboard

Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
4. Review and Sign Agreement
5. Send Year 1 Attestation

1. About You

In addition to the registration information you provided on the CMS Medicaid EHR Incentive Program Registration site, the State of Alabama requires that you provide additional information to be used to help determine your eligibility to participate in the Alabama Medicaid Incentive Program.

* Red asterisk indicates a required field.

CMS Medicaid EHR Incentive Program Registration Record

Data has been received from the CMS Medicaid EHR Incentive Program Registration site. View CMS Medicaid EHR Incentive Program Registration Data | Visit CMS website

Attestations

* I attest that I **DO NOT** perform 90% or more of my services in an inpatient hospital or emergency room setting. Why is this important?

License Information

Your License information is complete.

Do you practice primarily in a Tribal Health Program or other Federal Clinic without an Alabama License? * Yes No

Alabama Professional License Number * DD2947

Licensing Board Name * Alabama Board of Medical Examiners

Patient First Select a Value... Patient First

Patient First

If you participate in Alabama Medicaid Managed Care Plans, please select all applicable plans. Hold down the Ctrl key to select multiple plans.

Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

Your Contact Information is complete.

Contact Person Name * Stephen Brewer

Title

Phone Number * (256)845-1332

Enter phone number without dashes

Email Address * stephenbrewer@trackehr.com

name@domain.com

Attach Documentation

The following attachments are optional:

- Board Certification
- Other

« Back to Dashboard

Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
4. Review and Sign Agreement
5. Send Year 1 Attestation

2. Confirm Medicaid Eligibility

For purposes of calculating hospital patient volume, the following are considered Alabama Medicaid encounters: 1. Services rendered to an individual per inpatient discharges where Alabama Medicaid paid for part or all of the service; 2. Services rendered to an individual per inpatient discharge where Alabama Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing; 3. Services rendered to an individual in an emergency department on any one day where Alabama Medicaid paid for part or all of the service; or 4. Services rendered to an individual in an emergency department on any one day where Alabama Medicaid paid all or part of their premiums, co-payments, and/or cost sharing. 5. More info

Practice Eligibility Details

Enter your eligibility information below. * Red asterisk indicates a required field.

Enter Representative Period * 90-day period

Year 1 Start Date * 10/1/2010

Year 1 End Date * 12/29/2010

Total Encounters * 300

Please enter your total patient encounters for the selected reporting period.

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/ConfirmMedicaidEligibilityEP.aspx

File Edit View Favorites Tools Help

Favorites ACS... Hom... :-)4TG... AL ... SLR... One... SER... NLR WebEx Das...

Login State Level... Page Safety Tools

Total Encounters *	300 *Please enter your total patient encounters for the selected reporting period.*
Total Alabama Medicaid Encounters *	100 *Please enter your total Alabama Medicaid Patient Encounters for the selected reporting period.*
Total Panel Members Assigned	 *Panel members are members seen in the calendar year preceding the 90 day eligibility period during which you received capitation under managed care or case assignment under medical or home health programs.*
Total Alabama Medicaid Panel Members Assigned	 *Panel members are members seen in the calendar year preceding the 90 day eligibility period during which you received capitation under managed care or case assignment under medical or home health programs.*
Do you practice predominately in a Federally Qualified Health Care Center (FQHC) or Rural Health Center (RHC)? Predominately is defined by CMS as greater than 50%	FQHC ○ RHC ○ None ◉

Internet 125%

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/ConfirmMedicaidEligibilityEP.aspx

File Edit View Favorites Tools Help

Favorites ACS... Hom... :-)4TG... AL ... SLR... One... SER... NLR WebEx Das...

Login State Level... Page Safety Tools

Eligibility Formula 1 33.33% Calcul

Use this formula

(Total Alabama Medicaid Encounters / Total Encounters)
OR,
if predominant practice is selected, then
(Other Needy Individuals Patient Encounters + Alabama Medicaid Encounters) / Total Patient Encounters

Eligibility Formula 2 33.33% Calcul

Use this formula

(Total Alabama Medicaid Panel Members Assigned + Total Alabama Medicaid Encounters) / (Total Panel Members Assigned + Total All Payer Encounters)
OR,
if predominant practice is selected, then
(Total Alabama Medicaid Panel Members Assigned + Total Alabama Medicaid Encounters + Other Needy Individuals Patient Encounters) / (Total Panel Members Assigned + Total All Payer Encounters)

Meets Eligibility Requirements?

Yes! Meets Medicaid Eligibility Requirements.

Attach Documentation

The following attachments are required:

- Practice Management Report

The following attachments are optional:

- Eligibility Workbook

File Name	Subject	

Internet 125%

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/ConfirmMedicaidEligibilityEP.aspx

File Edit View Favorites Tools Help

Meets Eligibility Requirements?

Yes! Meets Medicaid Eligibility Requirements.

Attach Documentation

The following attachments are required:

- Practice Management Report

The following attachments are optional:

- Eligibility Workbook

File Name	Subject
Medicaid_Hosp_Incentive_Payments_Tip_Sheets.pdf	Practice Management Report

Add Files | Remove Selected

Save & Continue | Cancel and lose Medicaid Eligibility changes

Privacy Terms Of Use Accessibility

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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/Attestation/AttestationOfEHR.aspx

File Edit View Favorites Tools Help

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
4. Review and Sign Agreement
5. Send Year 1 Attestation

3. Attestation of EHR

Attest to Adopt, Implement, Upgrade

Select this option to attest to your Adoption, Implementation or Upgrade of certified EHR technology. AIU is available for your first year of participation only, and does not require entering data for a specific reporting period.

Attest to Meaningful Use

Select this option to attest to demonstrating Meaningful Use of certified EHR technology by:

1. Use of certified EHR technology in a meaningful manner, such as e-prescribing;
2. That the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improved the quality of care; and
3. Using certified EHR technology to submit information on clinical quality measures and other such measures of Meaningful Use

more info...

Privacy Terms Of Use Accessibility

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Done Internet 100%

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/CertifyEHRInfoEP.aspx

File Edit View Favorites Tools Help

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status
Report Ambulatory CQM's

EHR Certification

Providers must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and product, the product's unique certification code, and the meaningful use AIU Method for which the product was certified. The State is required to validate the verification of the Certified EHR information before making any payment to providers.

It is the provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the State. Failure to do so could result in a false negative result that may disqualify the provider from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement: more info...

Provider Understands Responsibility * ☑ I understand that it is my responsibility, as the provider, to ensure that my certified EHR technology code is listed on the ONC public web service before submitting my attestation to the State. I understand that failing to ensure my code is listed may result in a false negative result that may disqualify me from receiving payment.

Your EHR Certification Information

EHR Certification Number

1) Go to the ONCE website: http://onc-chpl.force.com/ehrcert
2) Search for your product(s) and add each to the shopping cart by clicking 'Add to Cart'
3) When you have added all product(s) to your shopping cart, click the 'View Cart' link
4) Click 'Get CMS EHR Certification ID'
5) Your CMS EHR Certification ID will be displayed on the screen. This is the number you will need to enter above as a part of your attestation.

NOTE: ONC does not allow you to mix inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click 'Get CMS

Done Internet 100%

This list will be updated based upon CMS guidance to

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/CertifyEHRInfoEP.aspx

File Edit View Favorites Tools Help

Smoking Status
Report Ambulatory CQM's
Clinical Decision Support
Patient Electronic Copy
Patient Clinical Summaries
Exchange Clinical Information
Protect Health Information
MU Menu Objectives
CQM - Core
NQF 0013
NQF 0028 / PQRI 114
NQF 0421 / PQRI 128
CQM - Additional
4. Review and Sign Agreement
5. Send Year 1 Attestation

NOTE: ONC does not allow you to mix inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click 'Get CMS EHR Certification ID' in step 4.

Supporting documentation

The following attachments are optional:

- Action plan
- Invoice
- Vendor Letter
- Receipts for Software EHR Vendor
- Sales Contract
- Service Performance Agreement
- Screenshot of the Sign-on
- Copy of the Agreement for Upgrade
- Cost Reports
- Workbooks
- W-9
- Patient Volume Denominator
- Other

File Name	Subject	
No records to display.		

Add Files Remove Selected

Done Internet 100%

According to current guidance from CMS, the EHR Reporting Period must be the payment year.

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/EP/ReportingPeriodEP.aspx

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status
Report Ambulatory CQM's

EHR Reporting Period

EHR Reporting Period

CMS requires that providers meet the following regulations for attesting to Meaningful Use:

- 80% of patients must have records in the certified EHR technology
- Eligible Professionals who work at multiple locations but don't have certified EHR technology available at all locations must:
  - Have 50% of their total patient encounters at locations where certified EHR technology is available
  - Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

☑ I agree that I meet the additional CMS regulations for attesting to Meaningful Use. I understand that the State may choose to audit my records to verify that I meet these regulations.

90-Day Reporting Period: Start Date 10/1/2010 End Date 12/29/2010

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen | Save & Continue

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/Attestation/MUNumDenom.aspx

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status
Report Ambulatory CQM's
Clinical Decision Support

3. Attestation of EHR

Questionnaire (1 of 15)

* Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

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

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

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

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Done Internet 100%

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/Attestation/MUYesNo.aspx

File Edit View Favorites Tools Help

Favorites ACS... Hom... :-)4TG... AL ... SLR... One... SER... NLR WebEx Das...

Login State Level... Page Safety Tools

State Level Registry for Provider Incentive Payments

Health information, when and where you need it, safe and secure

405 ALABAMA AVE NORTH
FORT PAYNE, AL 35967
Last Updated: 11/07/2011 03:29 AM

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List
Medication Allergy List

3. Attestation of EHR

Questionnaire (2 of 15)

* Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

○Yes ○No

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen | Save & Continue

Done Internet 100%

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://71.251.120.68/Secure/Attestation/MUNumDenom.aspx

File Edit View Favorites Tools Help

« Back to Dashboard
Print Registration Attestation

1. About You
2. Confirm Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status

3. Attestation of EHR

Questionnaire (3 of 15)

* Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: The EP has enabled this functionality for the entire EHR reporting period. More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

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Questionnaire (4 of 15)

* Red asterisk indicates a required field.

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

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

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

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

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

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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3. Attestation of EHR

Questionnaire (5 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

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3. Attestation of EHR

Questionnaire (6 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication allergy list

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

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Questionnaire (7 of 15)

* Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

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Questionnaire (8 of 15)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

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

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

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

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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3. Attestation of EHR

Questionnaire (9 of 15)

* Red asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

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

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

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

Exclusion - Based on ALL patient records: An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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Questionnaire (10 of 15)

* Red asterisk indicates a required field.

Objective: Report ambulatory clinical quality measures to CMS.

Measure: Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.

Complete the following information:

*I will submit Clinical Quality Measures.

○Yes ○No

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3. Attestation of EHR

Questionnaire (11 of 15)

* Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

*Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

○Yes ○No

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3. Attestation of EHR

Questionnaire (12 of 15)

* Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure: More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.

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

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

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

Exclusion - Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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3. Attestation of EHR

Questionnaire (13 of 15)

* Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

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

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

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

Exclusion - Based on ALL patient records: An EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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3. Attestation of EHR

Questionnaire (14 of 15)

* Red asterisk indicates a required field.

Objective: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Complete the following information:

*Have you performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

○Yes ○No

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3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Implement drug formulary checks.

Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

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3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

Objective: Incorporate clinical lab-test results into EHR as structured data.

Measure: More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Exclusion - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

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3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

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

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

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

Complete the following information:

*Have you generated at least one report listing your patients with a specific condition?

Yes No

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Patient Clinical Summaries
Exchange Clinical Information
Protect Health Information
MU Menu Objectives

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

Exclusion 1 - Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○Yes ◉No

Exclusion 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○Yes ◉No

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

◉Yes ○No

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Exchange Clinical Information
Protect Health Information

3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

Exclusion 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○Yes ◉No

Exclusion 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○Yes ◉No

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

◉Yes ○No

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    - Exchange Clinical Information
    - Protect Health Information
  - MU Menu Objectives
    - Patient Reminders

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Send reminders to patients per patient preference for preventive/follow up care.

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

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

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

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

Exclusion - Based on ALL patient records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

Numerator = Number of patients in the denominator who were sent the appropriate reminder.

Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

*Numerator: 15 *Denominator: 20

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Questionnaire (2 of 5)

* = Red asterisk indicates a required field.

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

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

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

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

Exclusion - Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

Numerator = Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: 15 *Denominator: 20

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3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: 15 *Denominator: 20

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Questionnaire (4 of 5)

* = Red asterisk indicates a required field.

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

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

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

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

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

Exclusion - Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Complete the following information:

Numerator = Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator = Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

*Numerator: 15 *Denominator: 20

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3. Attestation of EHR

Clinical Quality Measures

Core Objectives
Select any of the links below to complete the Core Objectives information for Meaningful Use attestation. All objectives must be answered.

	Title	Description	Status
View	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	
View	Preventive Care and Screening Measure Pair		
View	Adult Weight Screening and Follow-up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	

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Core Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment
Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.
Complete the following information:

*Numerator: 25 *Denominator: 35

b. Tobacco Cessation Intervention
Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.
Complete the following information:

*Numerator: 15 *Denominator: 20

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Core Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421 / PQRI 128

Title: Adult Weight Screening and Follow-up

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria 1:	150	200	5
Population Criteria 2:	100	125	4

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Additional Clinical Quality Measures

Questionnaire

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

Measure #	Title	Description	
0001	Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	☐
0002	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	☐
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	☐
0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	☐
0014	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	☐
0018	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	☐
0027	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	☐

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0027	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.
0031	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.
0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
0033	Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
0034	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
0036	Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).
0043	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
0047	Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
0052	Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.
0055	Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.
0056	Diabetes: Foot Exam	The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).
0059	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.
0061	Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure

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0061	Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	☐
0062	Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	☐
0064	Diabetes Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	☐
0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	☐
0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	☐
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	☐
0073	Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	☐
0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	☐
0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dl	☐

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0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	☐
0081	Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	☐
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	☐
0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	☐
0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	☐
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	☐
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	☐
0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	☐
0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.	☐

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	Retinopathy	retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment; (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.
0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.
0387	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging LowRisk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
0575	Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

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Additional Clinical Quality Measures

Questionnaire (1 of 3)

* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0001 / PQRI 64

Title: Asthma Assessment

Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:	15	20

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Additional Clinical Quality Measures

Questionnaire (2 of 3)

* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0002 / PQRI 66

Title: Appropriate Testing for Children with Pharyngitis

Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Complete the following information:

Population Criteria: * Numerator: 20 * Denominator: 25

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Additional Clinical Quality Measures

Questionnaire (3 of 3)

* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0004

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement

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

Complete the following information:

Population Criteria 1:	* Numerator: 10	* Denominator: 15
	* Numerator: 12	* Denominator: 15
Population Criteria 2:	* Numerator: 10	* Denominator: 15
	* Numerator: 12	* Denominator: 15

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NQF 0013
NQF 0028 / PQRI 114

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

Complete the following information:

	Numerator:	Denominator:
Population Criteria 1:	10	15
	12	15
Population Criteria 2:	10	15
	12	15
Population Criteria 3:	10	15
	12	15

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* Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

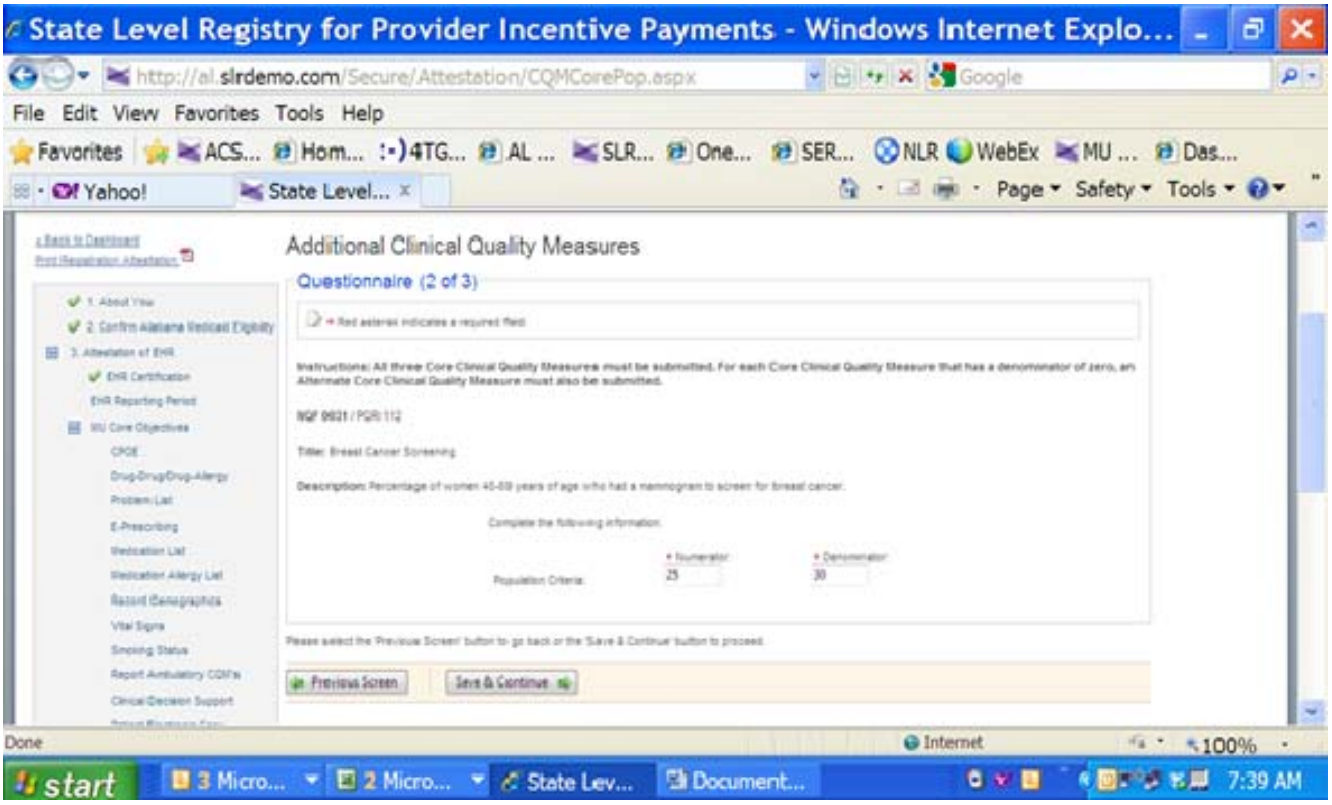
NQF 0027 / PQRI 115

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

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

Complete the following information:

	* Numerator:	* Denominator:
Population Criteria:	25	30
	* Numerator:	* Denominator:
	25	30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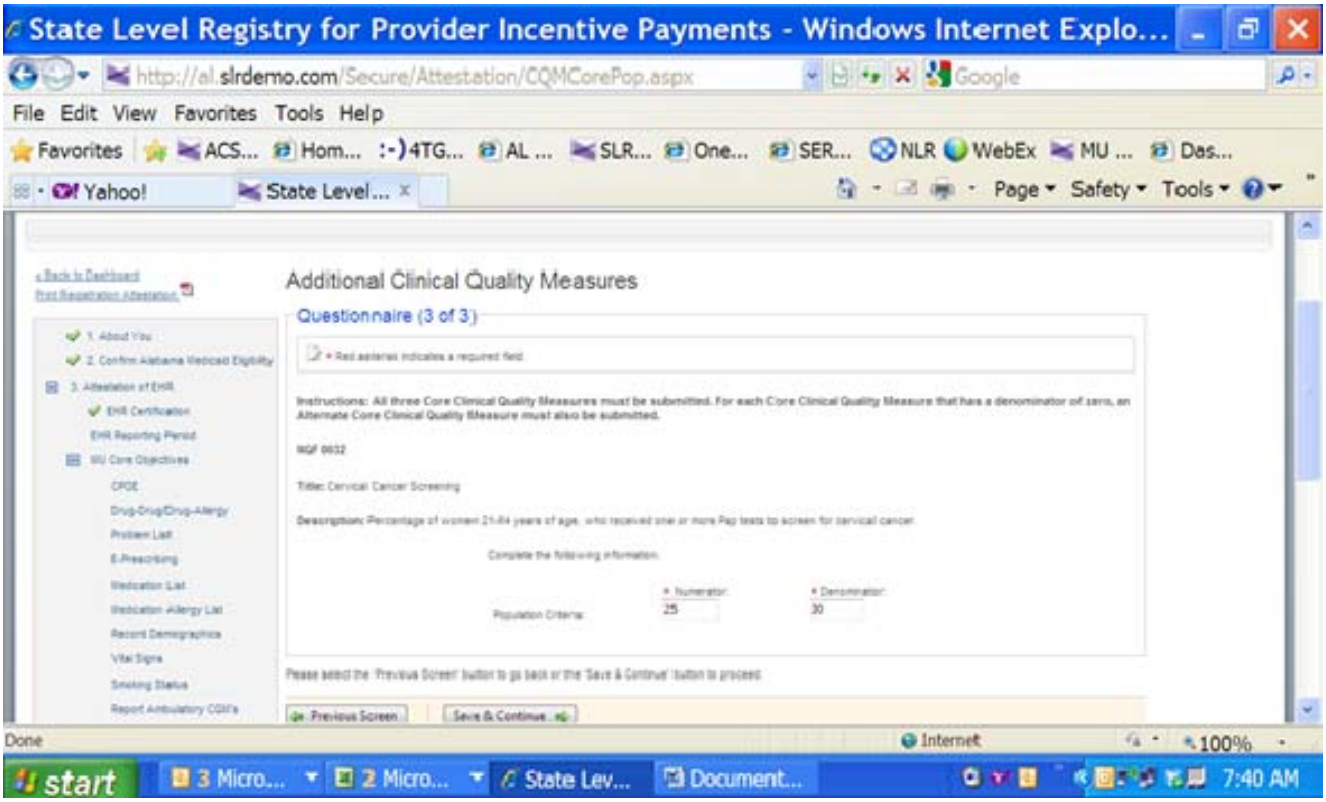
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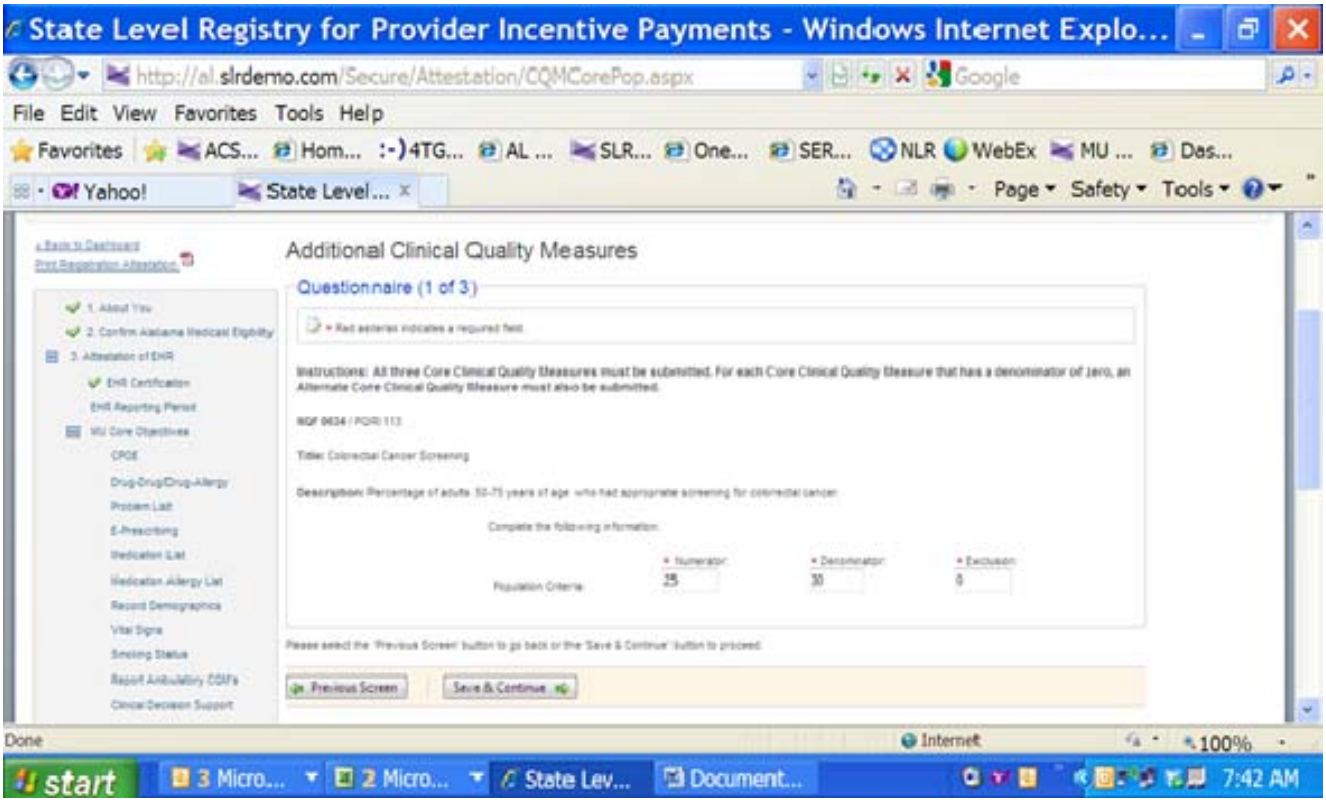
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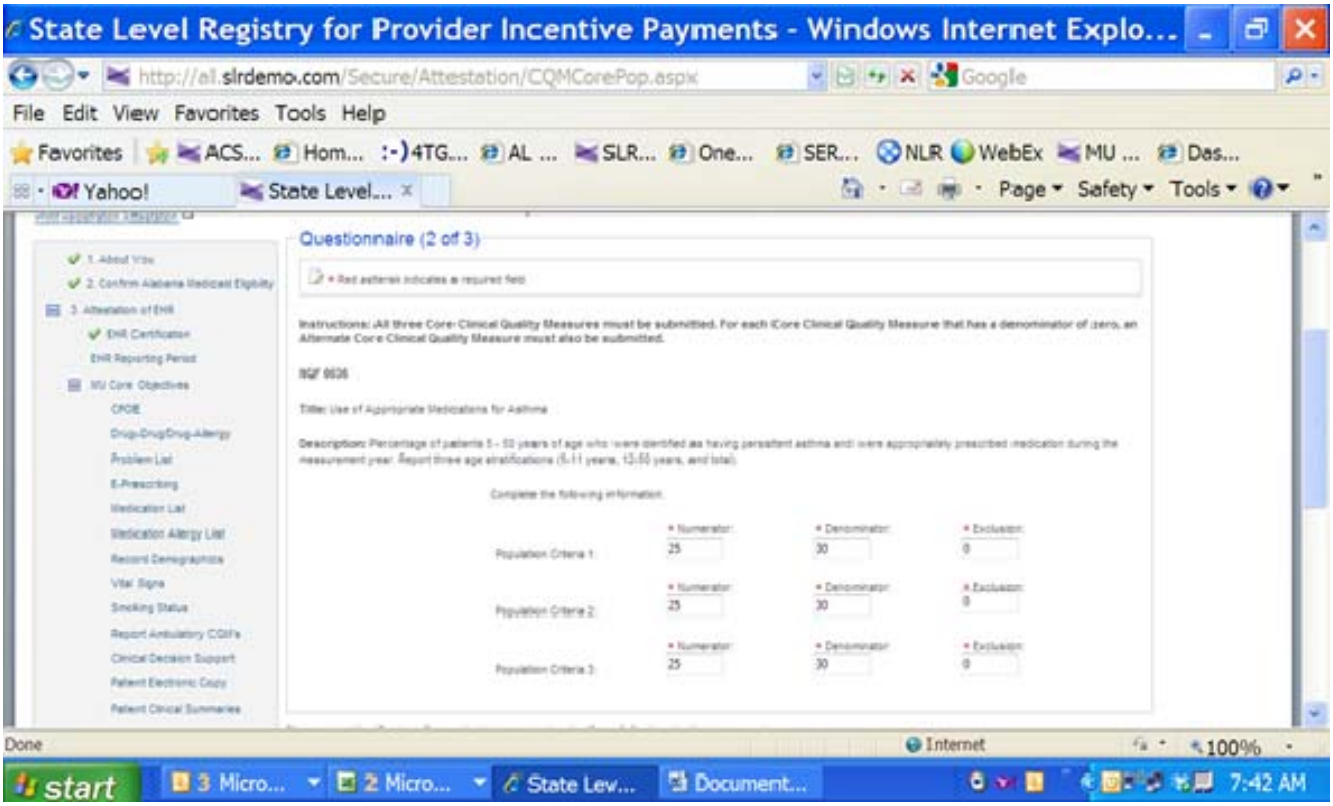
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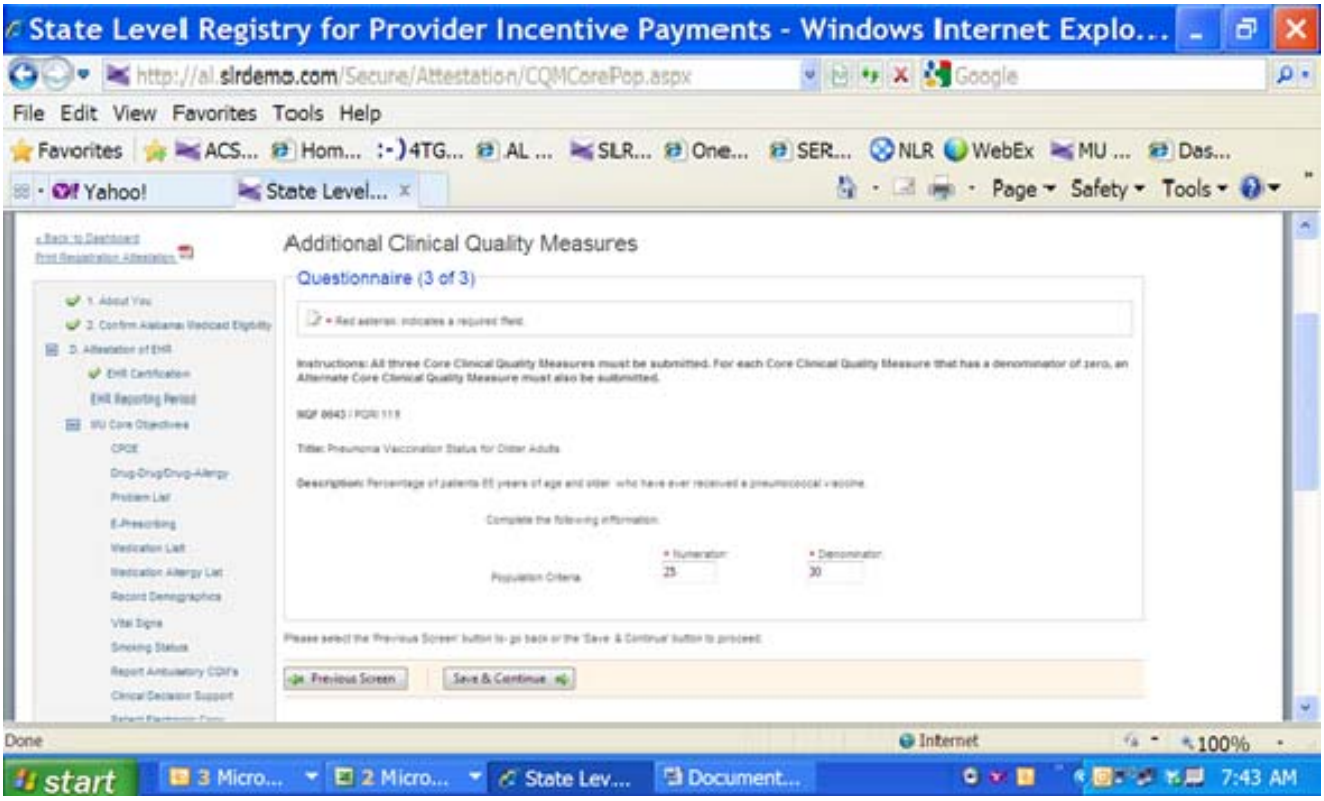
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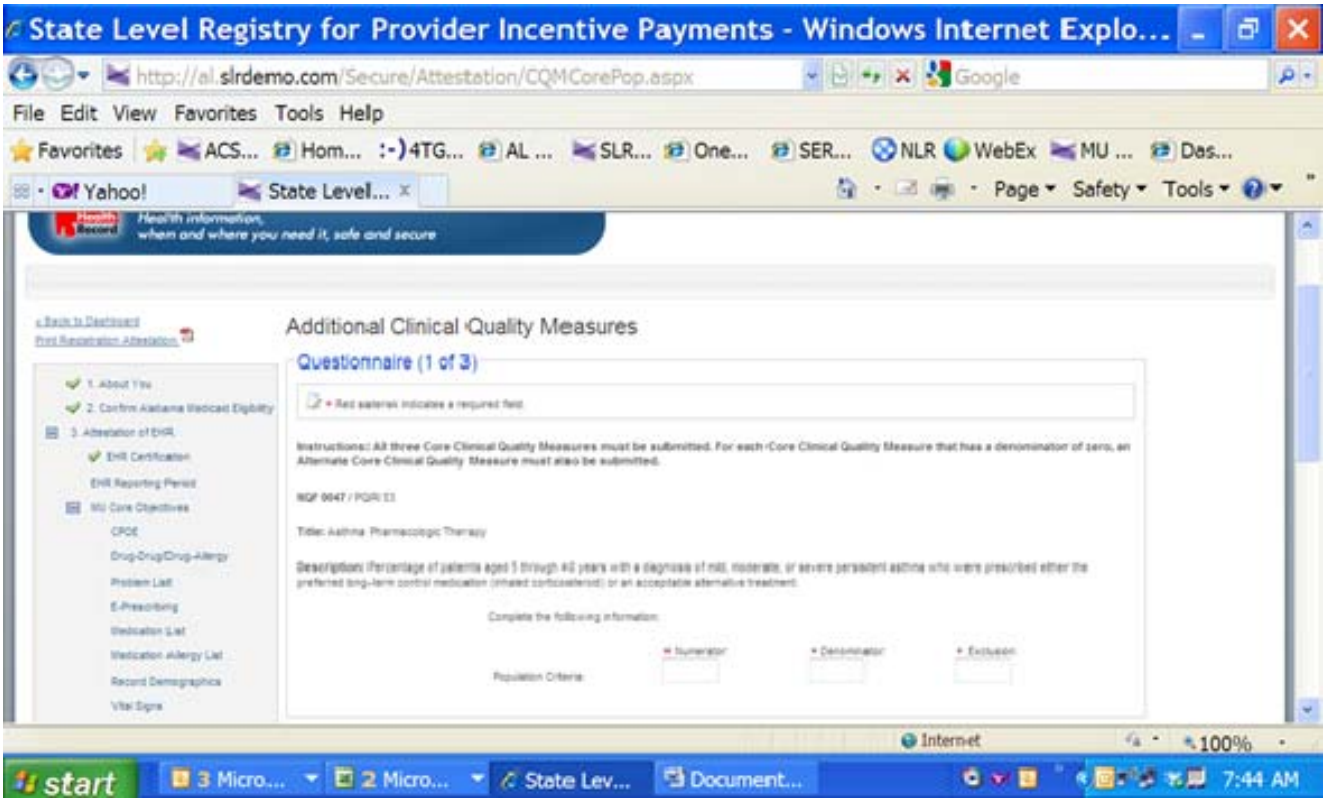
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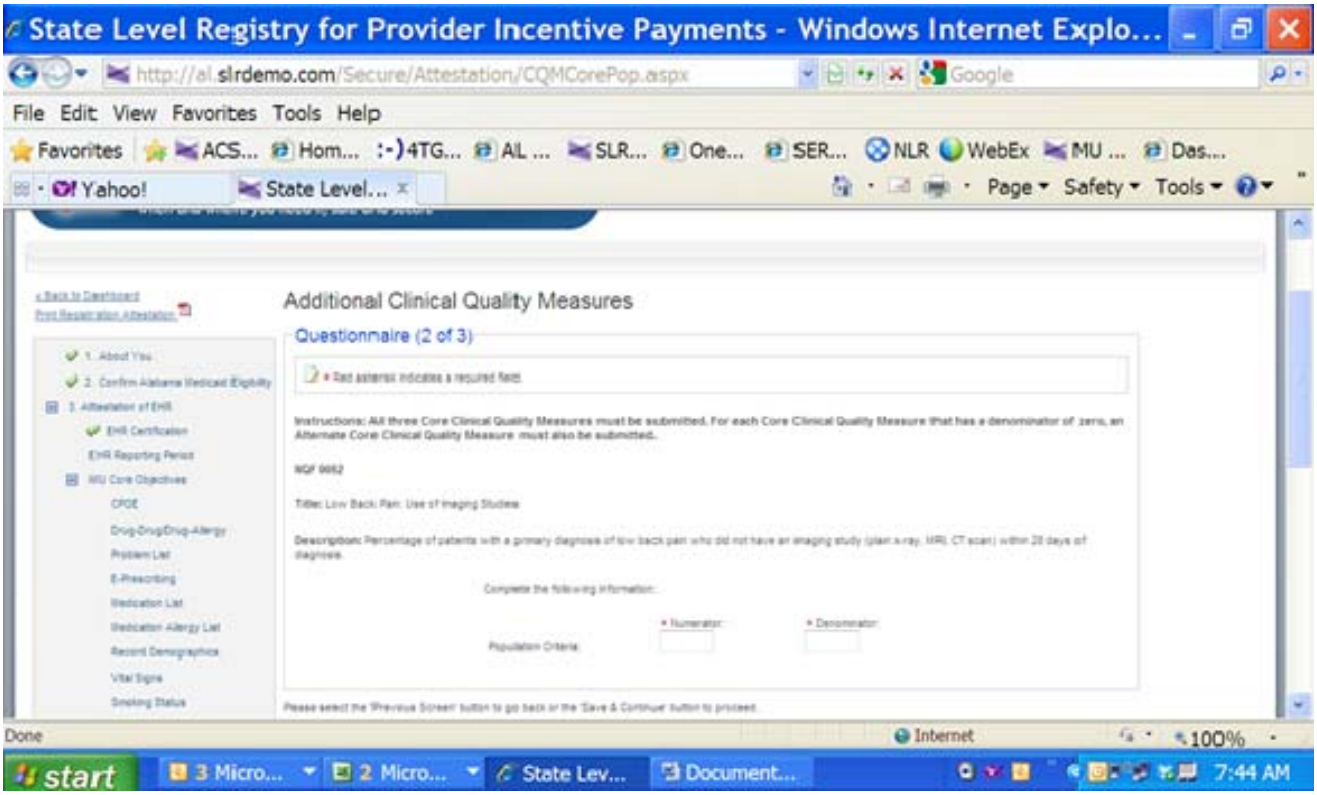
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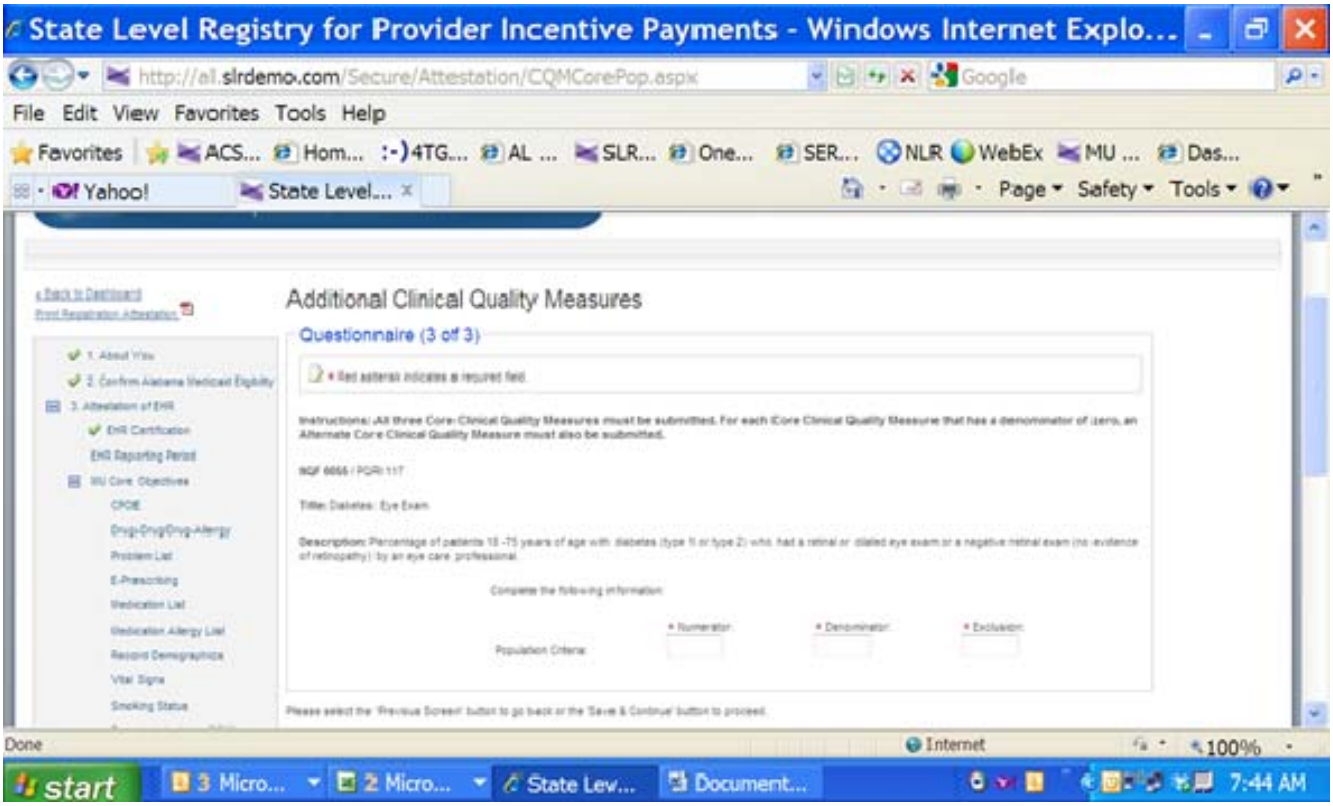
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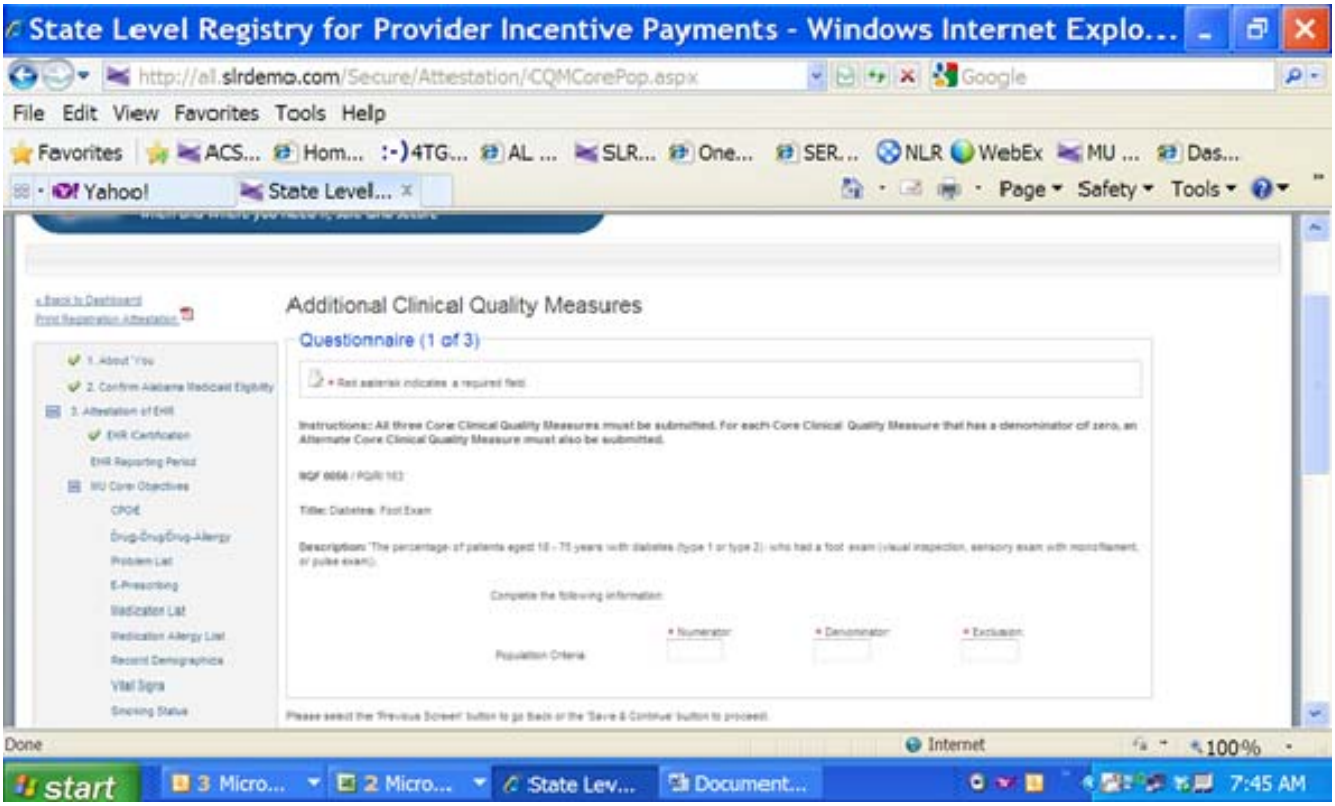
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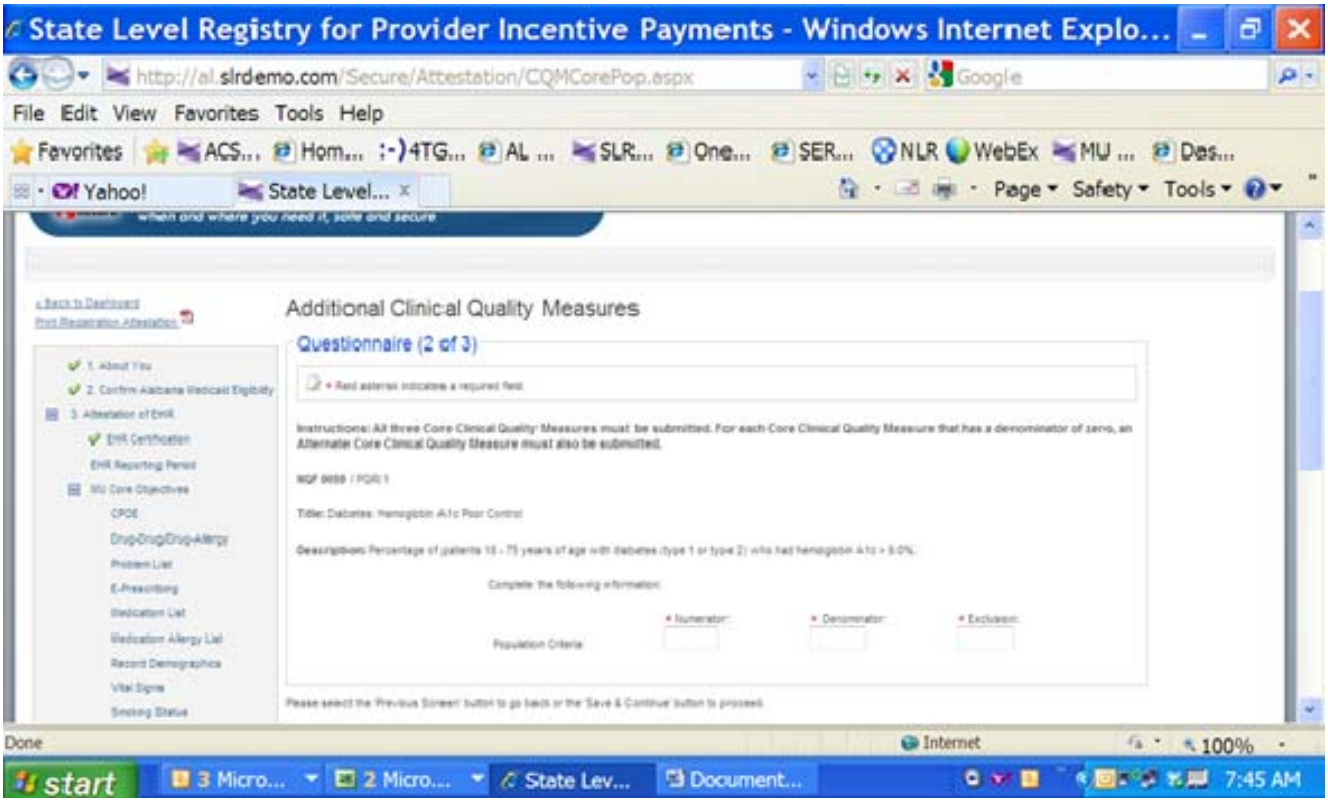
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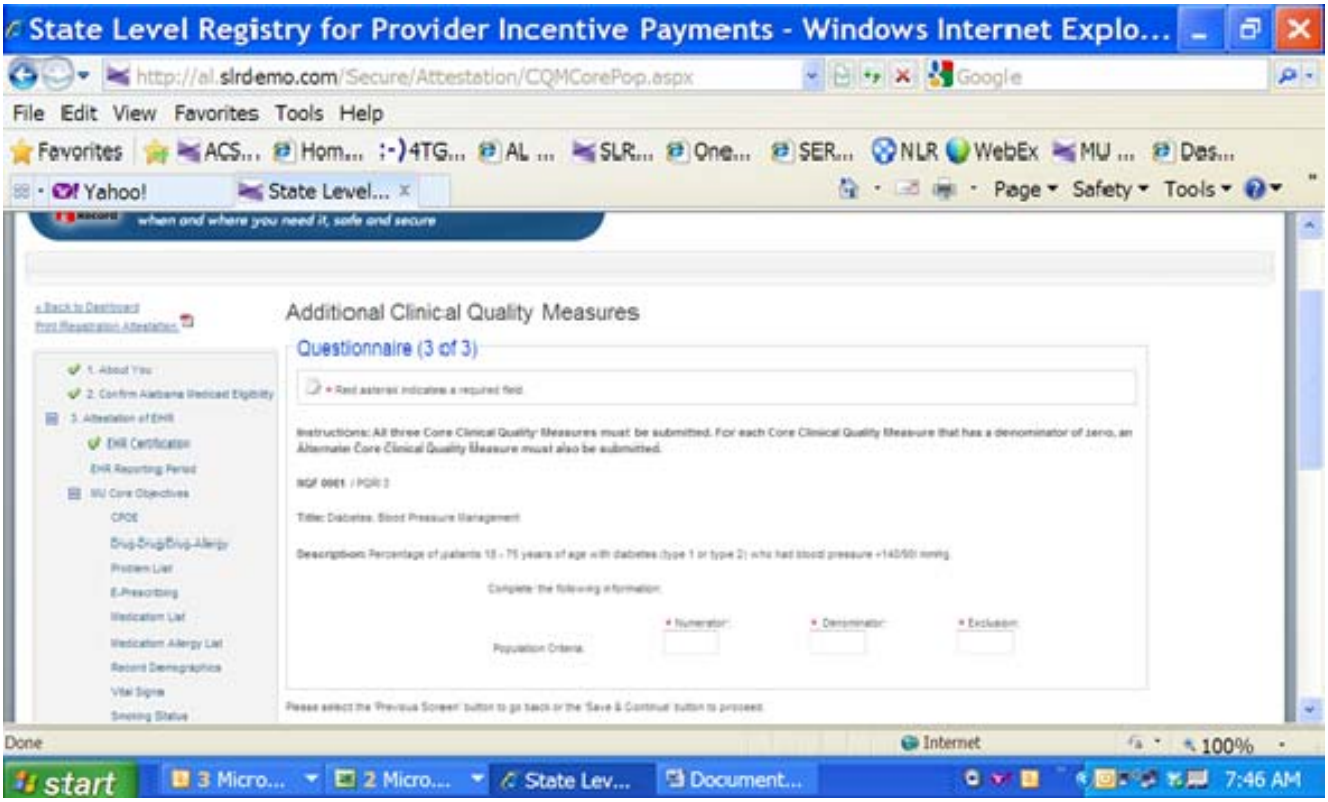
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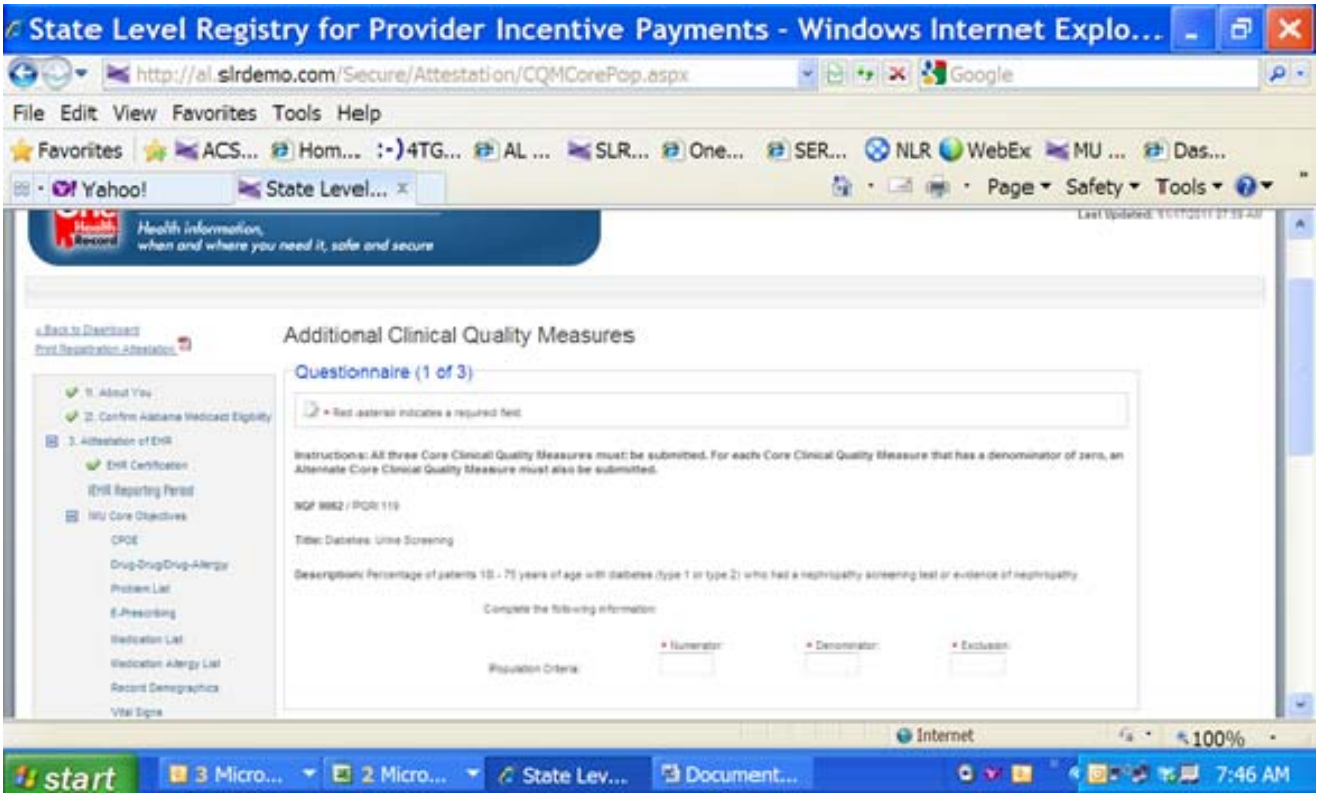
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Questionnaire (1 of 3)
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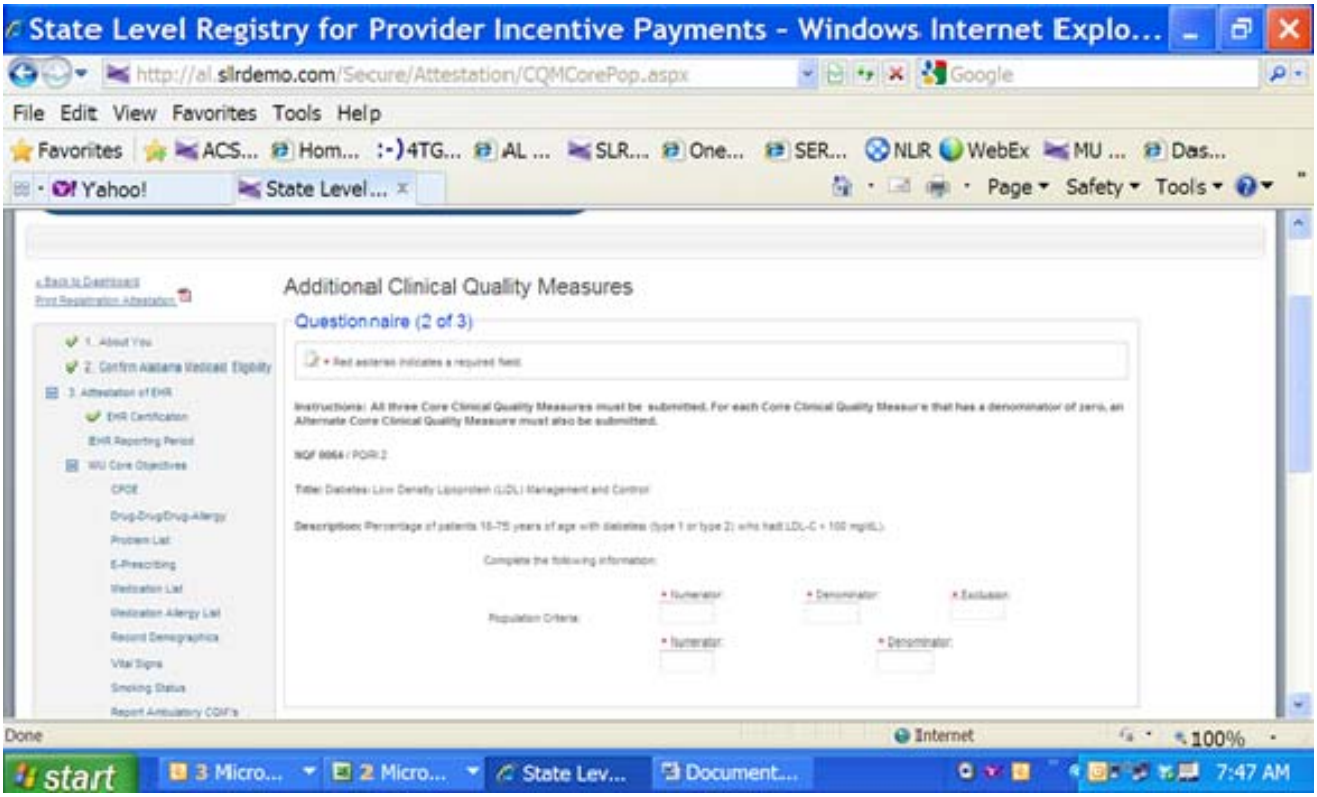
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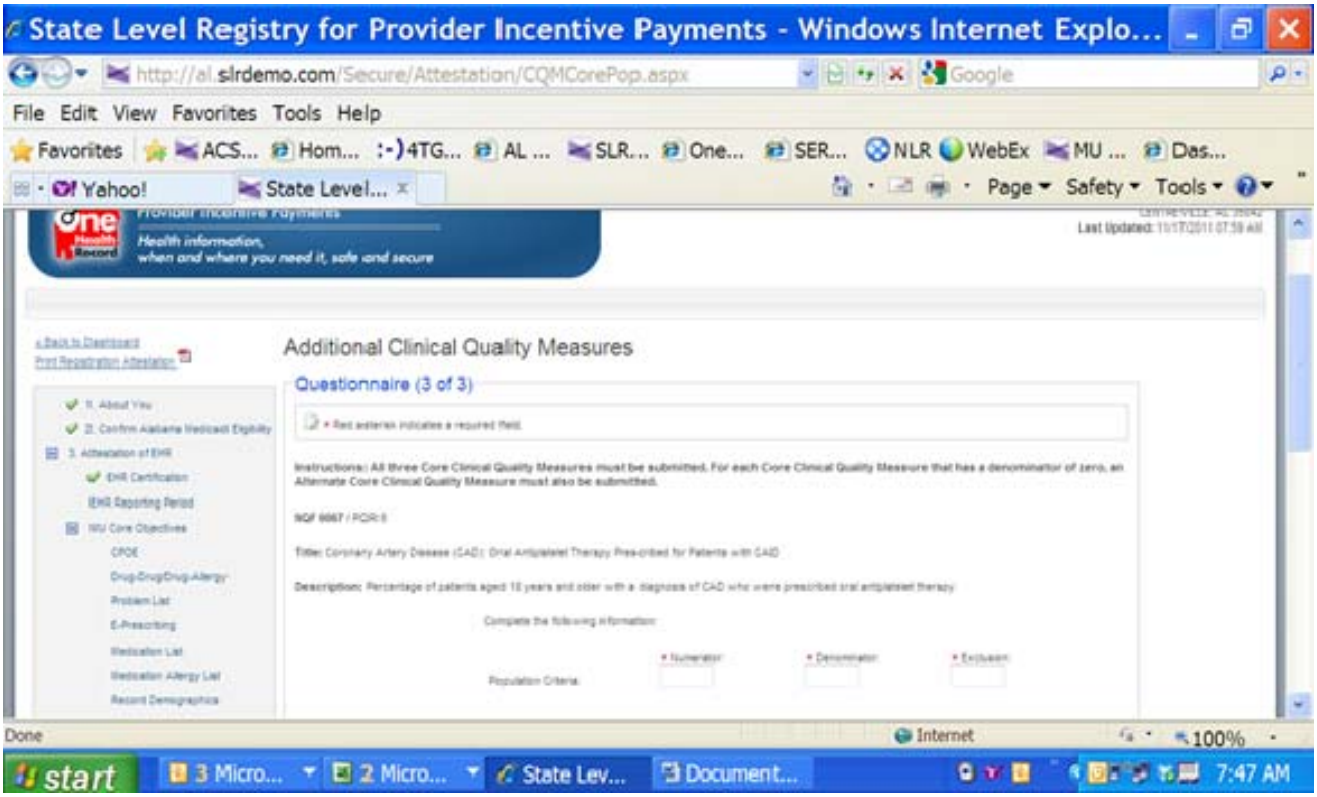
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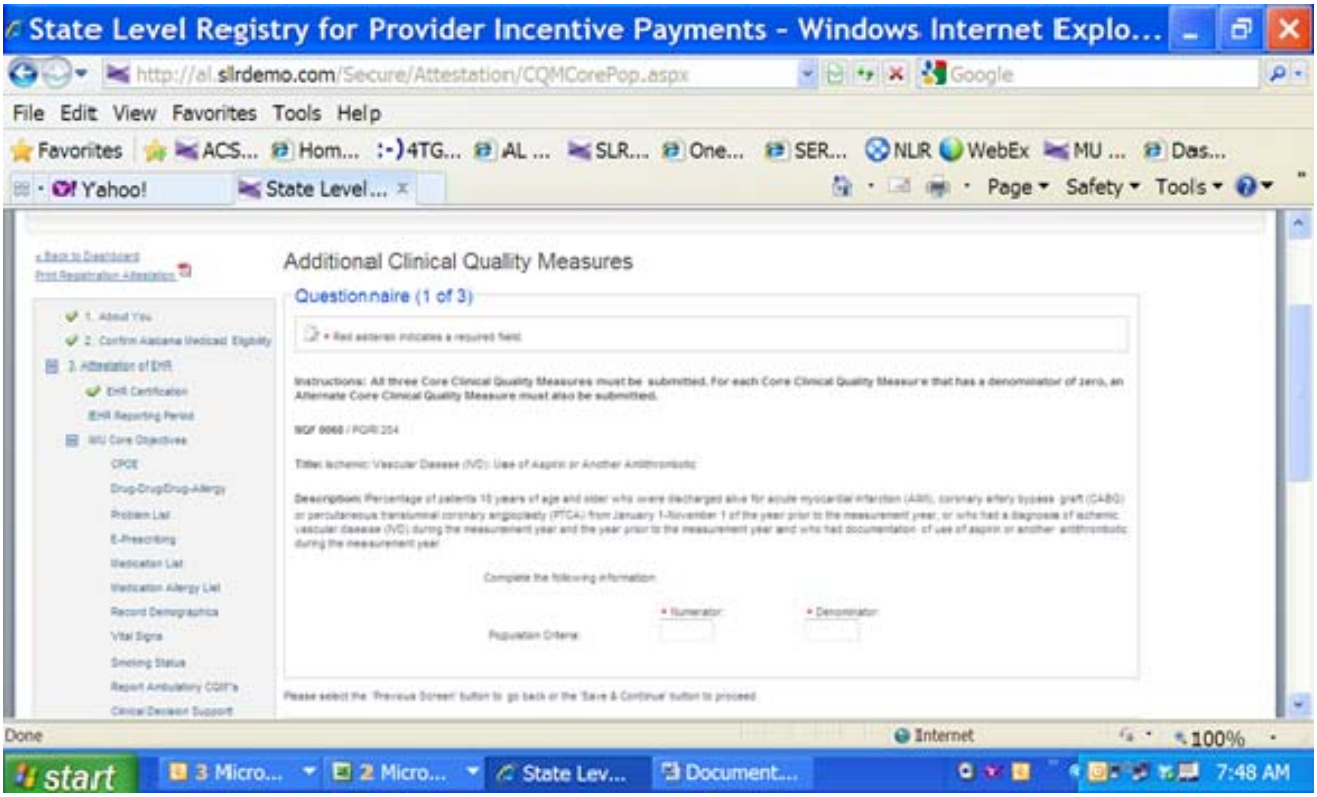
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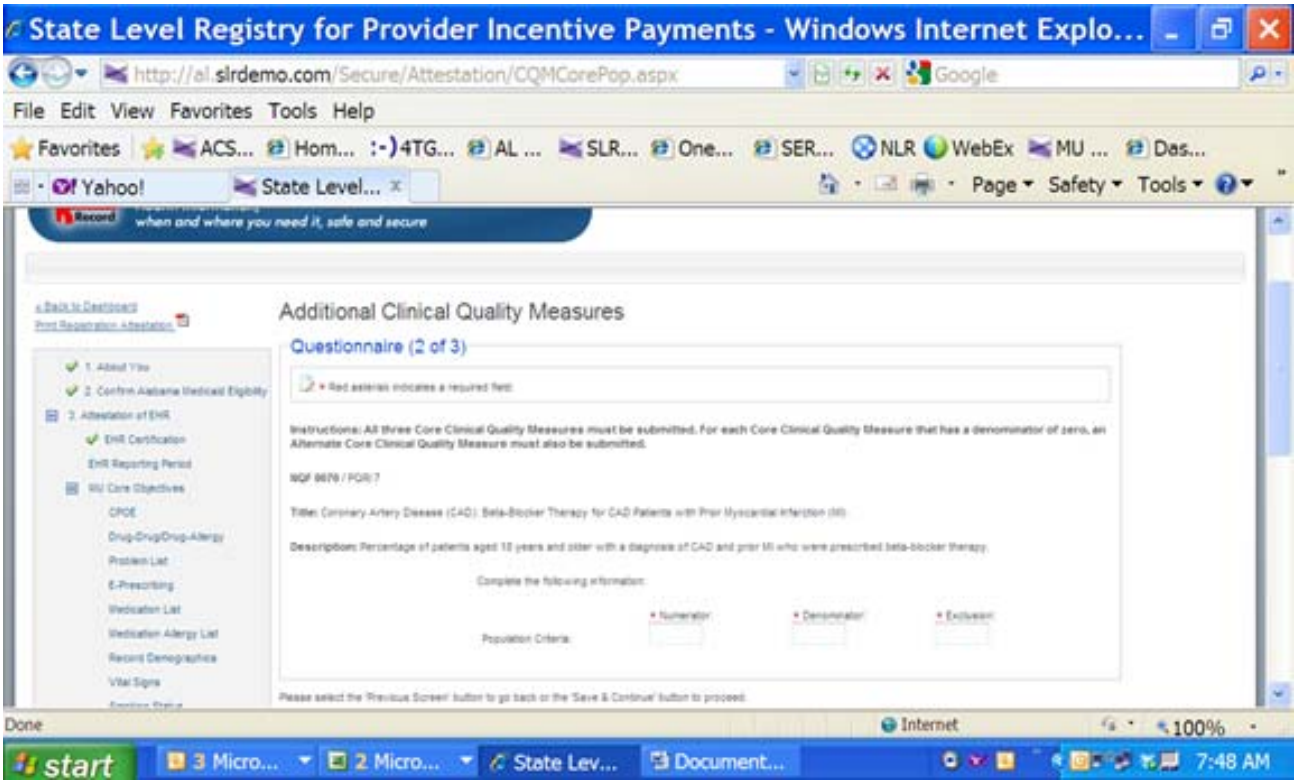
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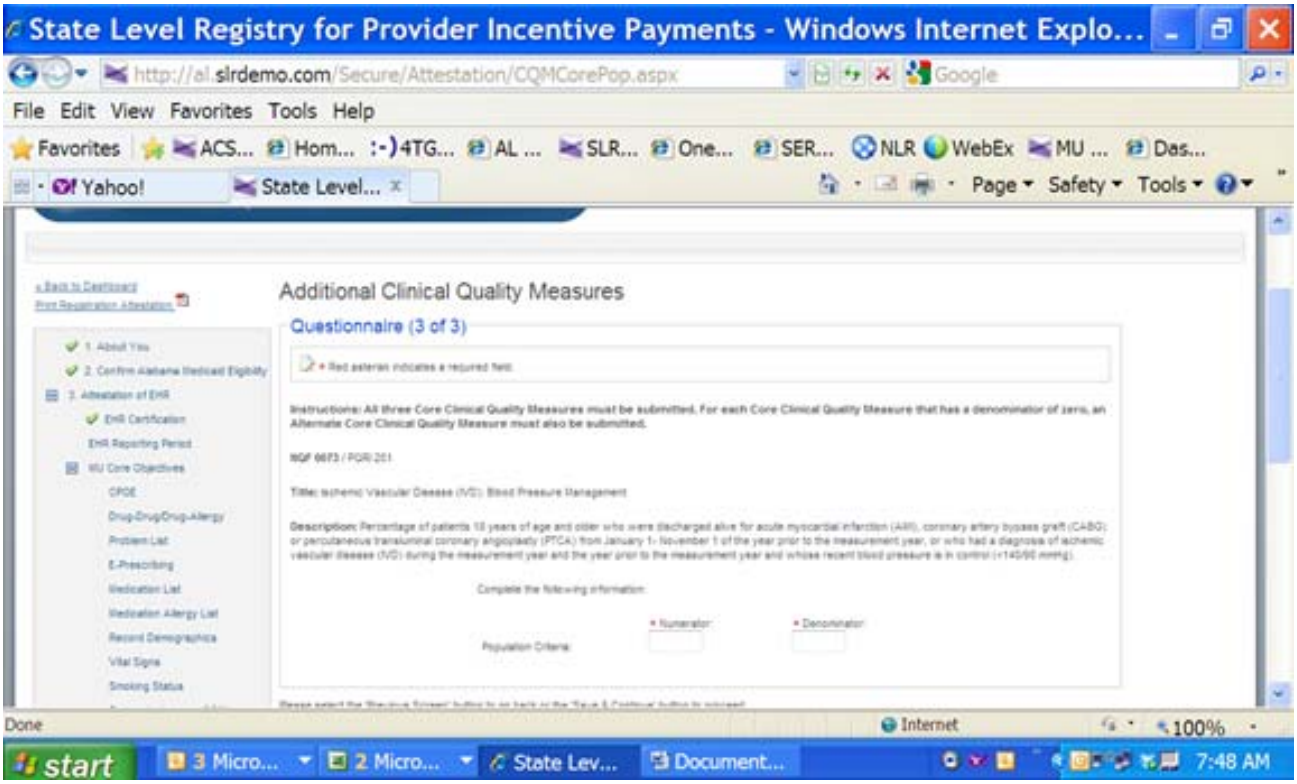
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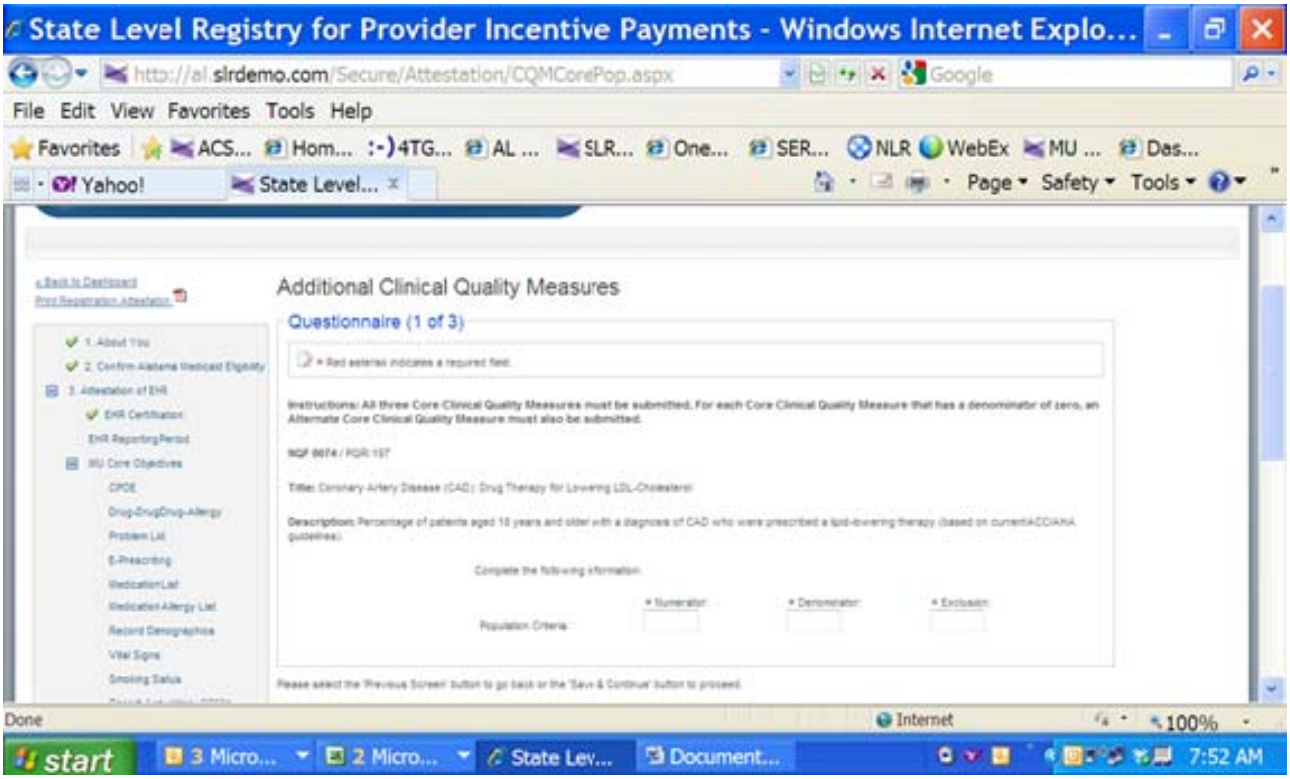
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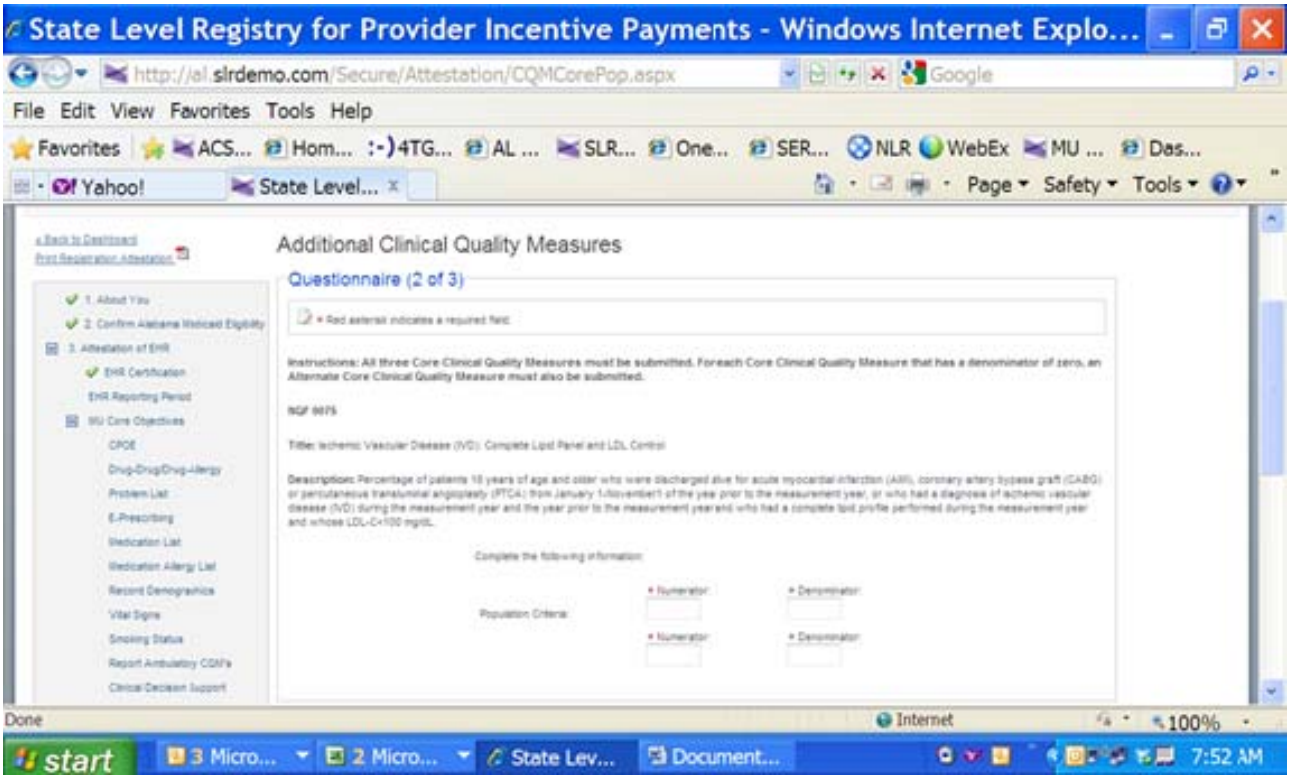
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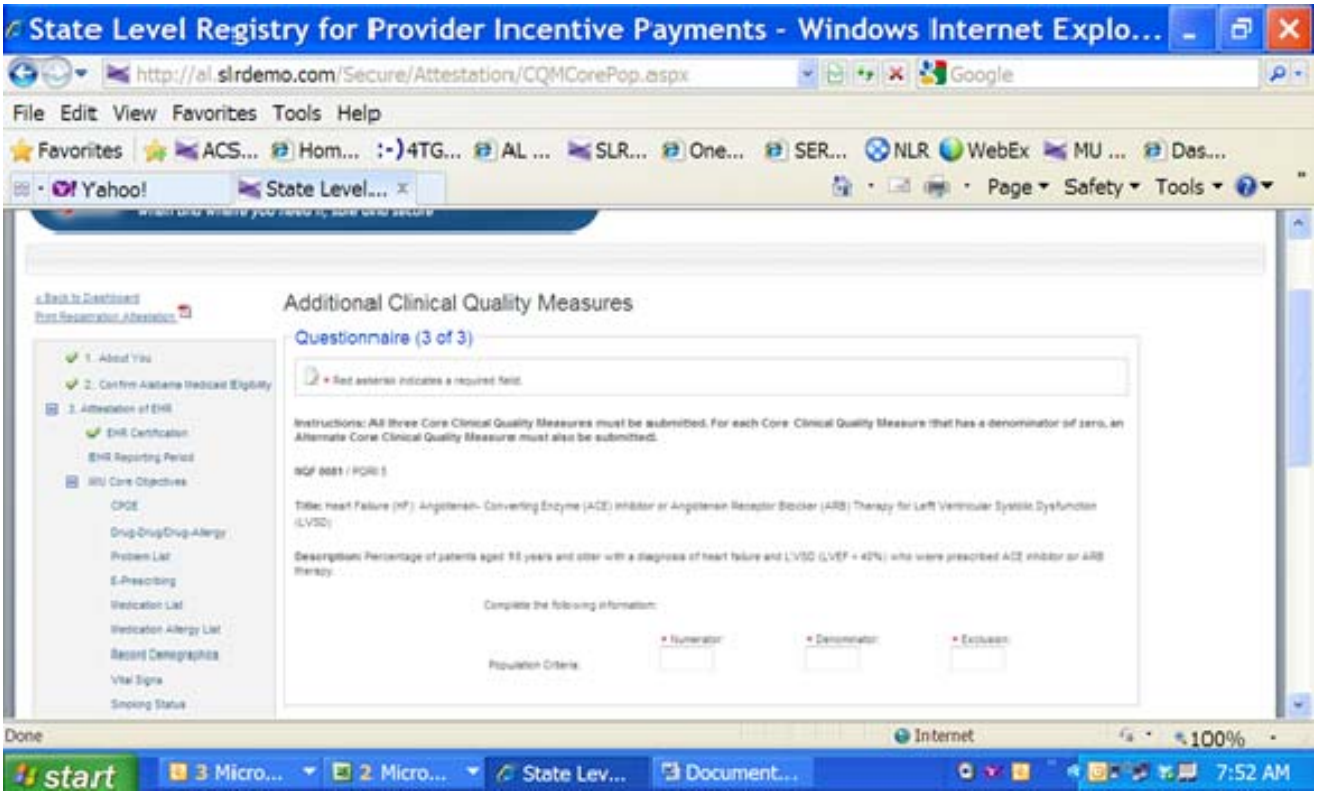
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Questionnaire (3 of 3)
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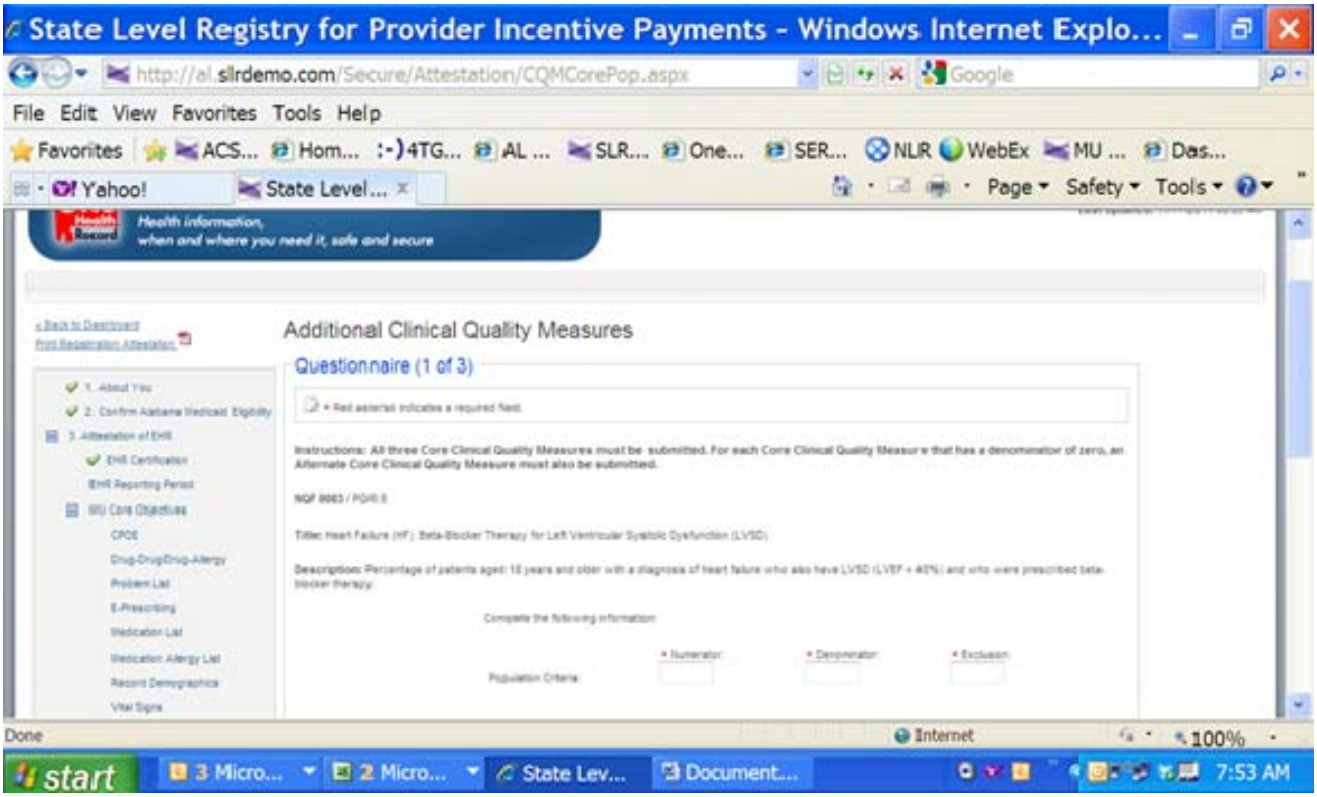
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Questionnaire (1 of 3)
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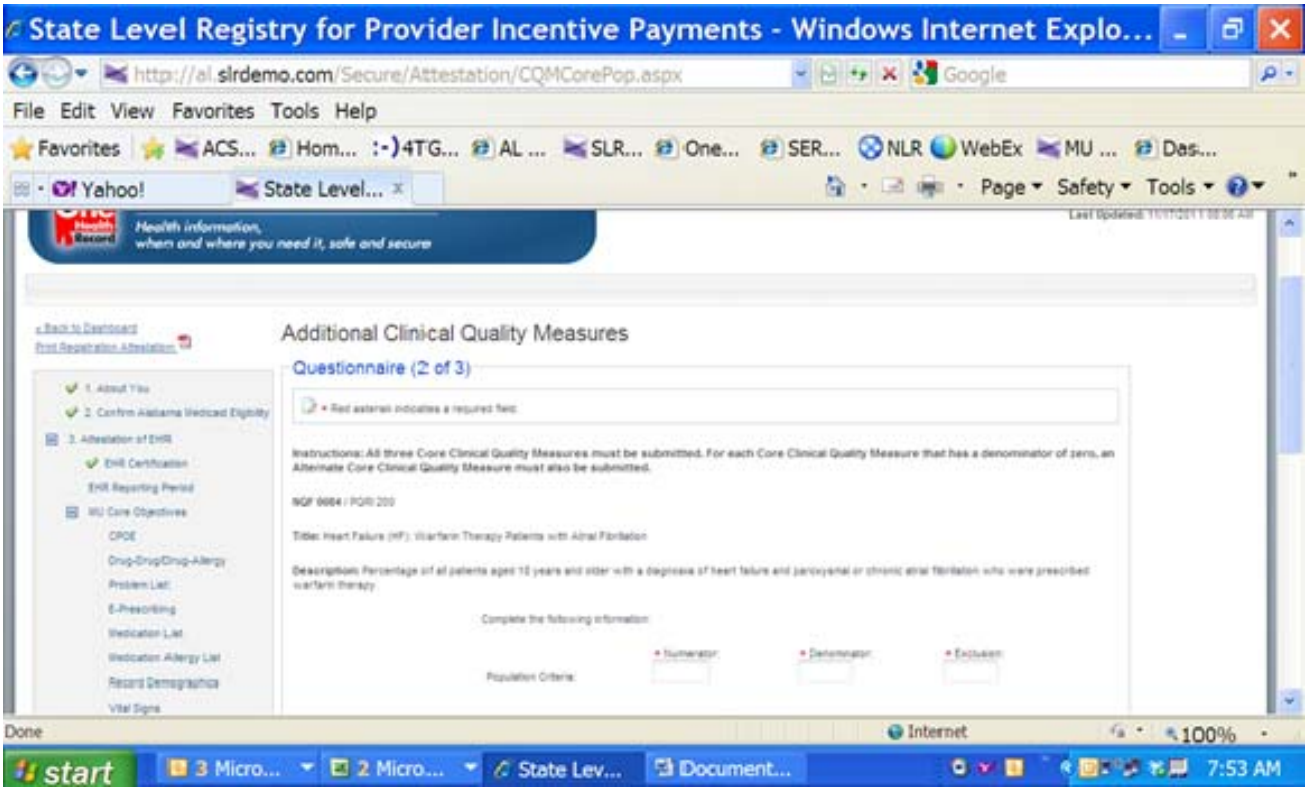
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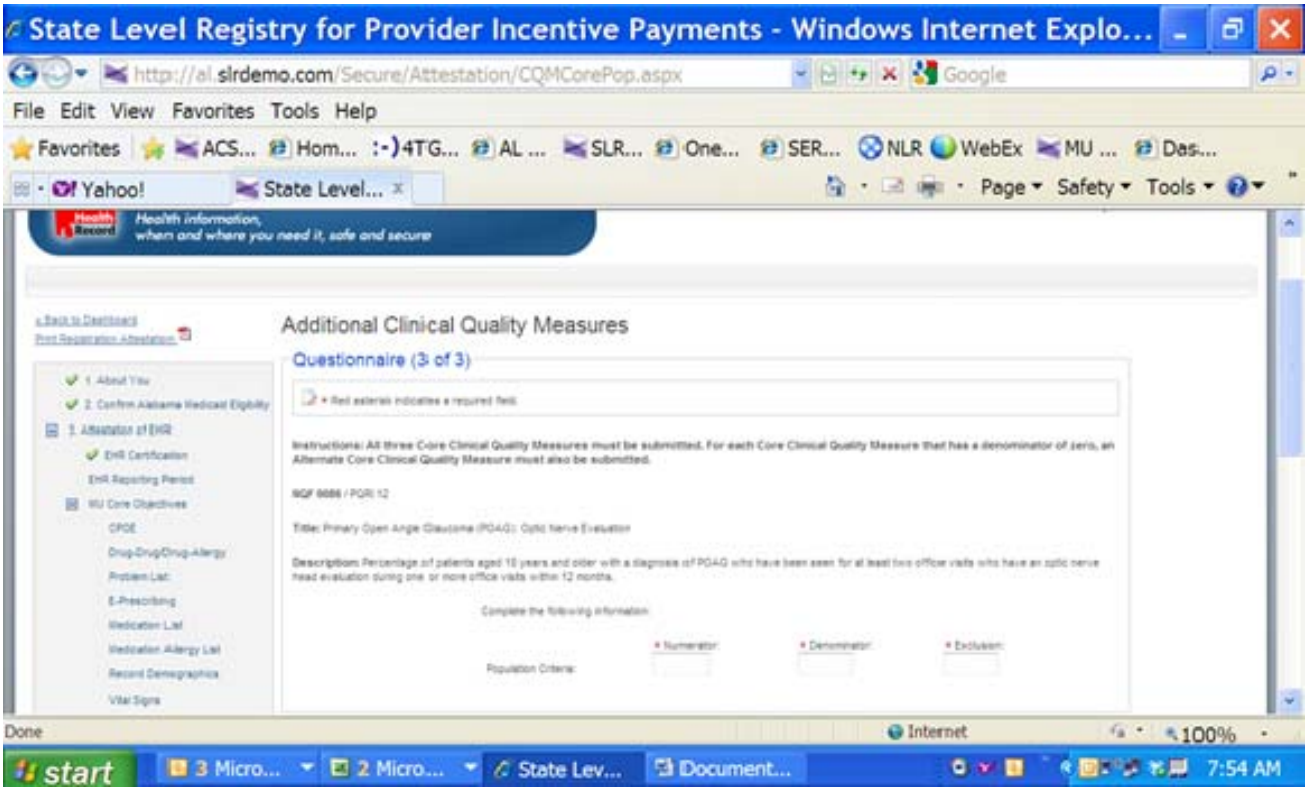
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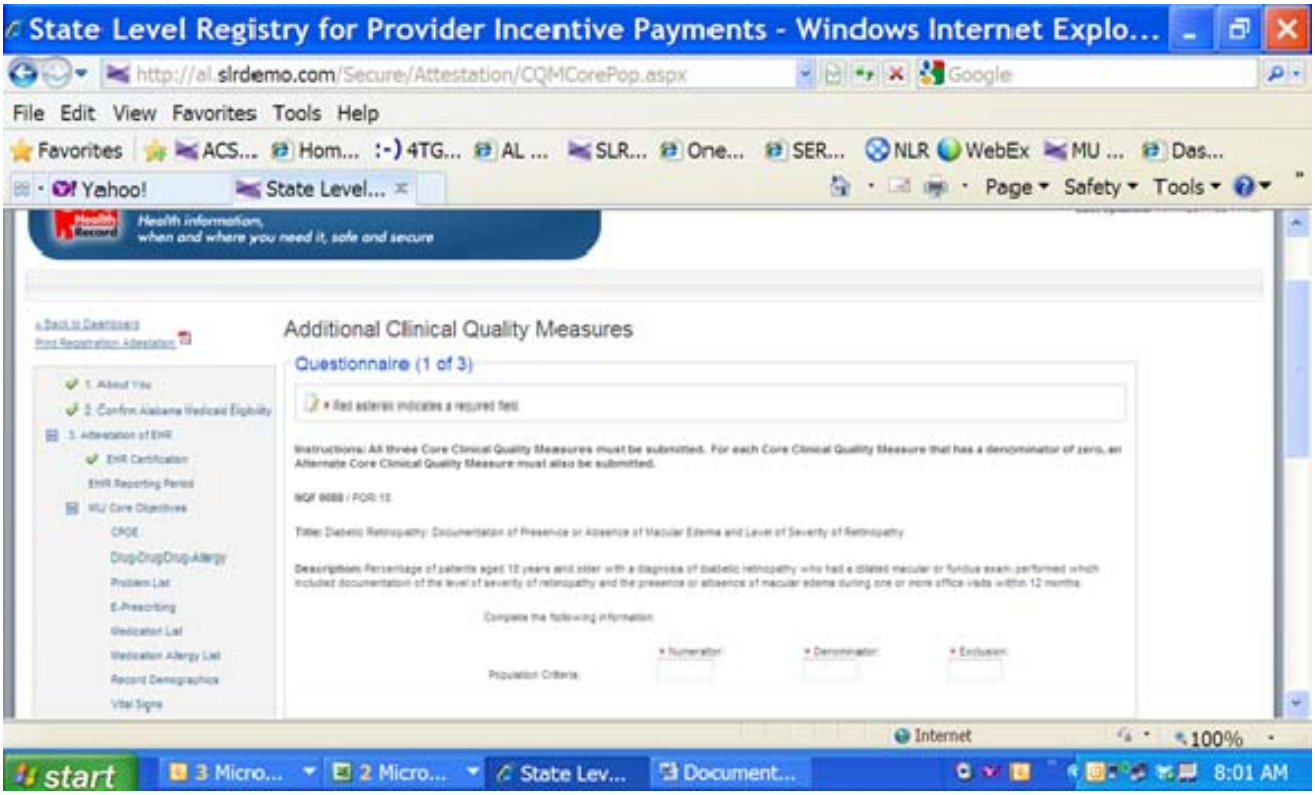
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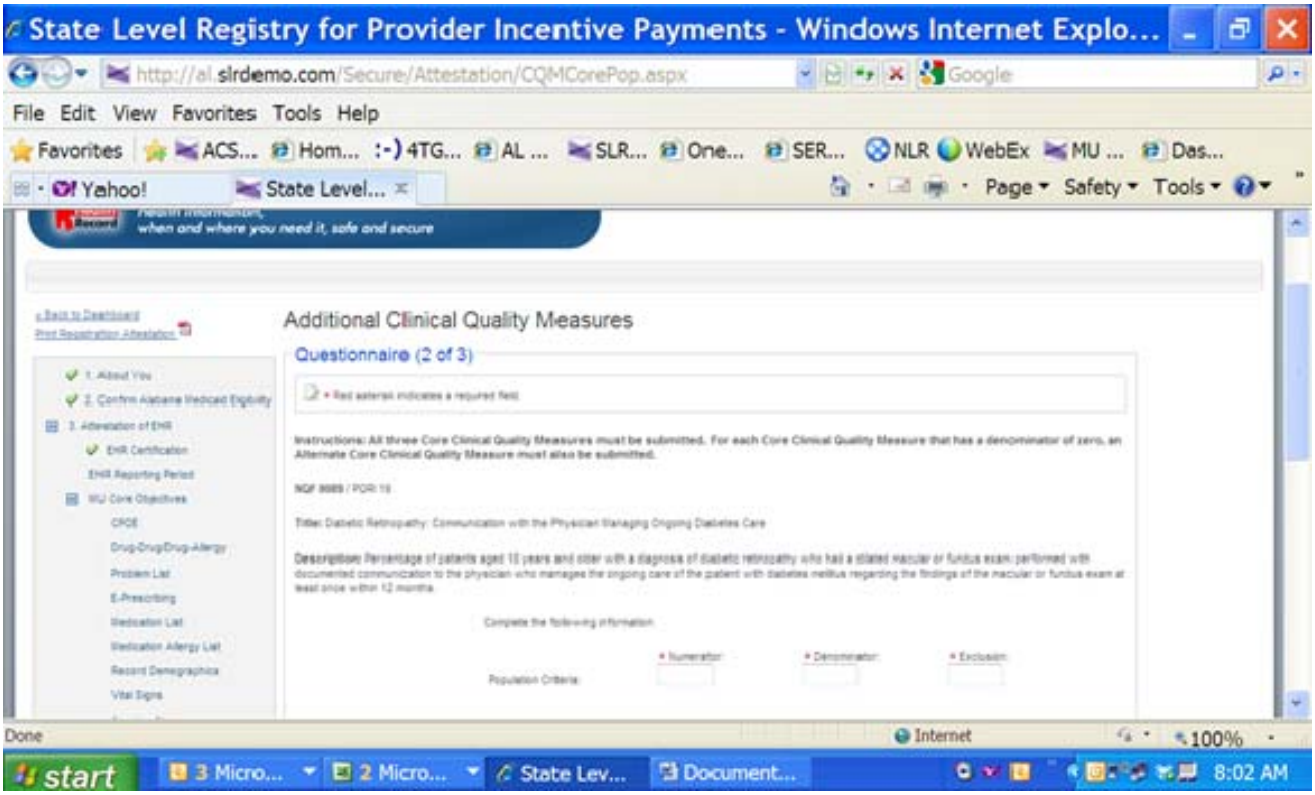
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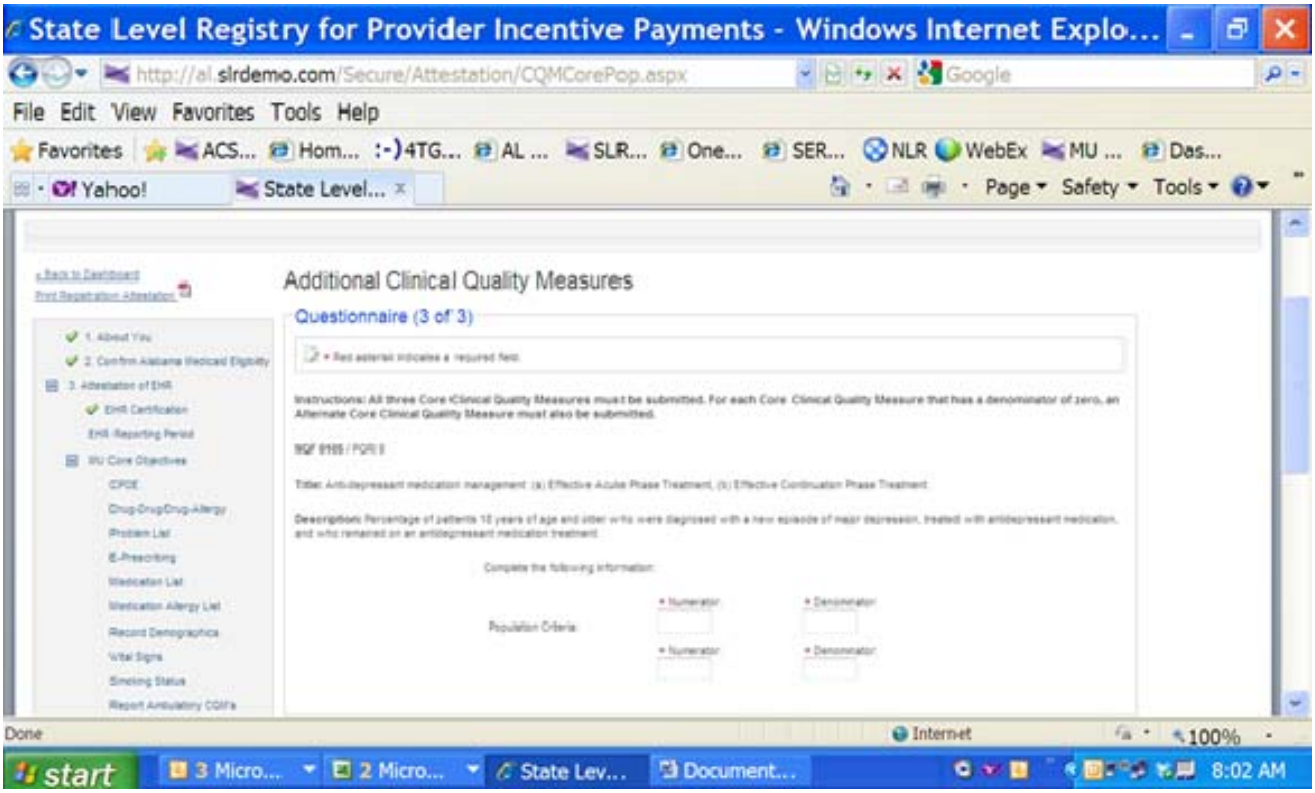
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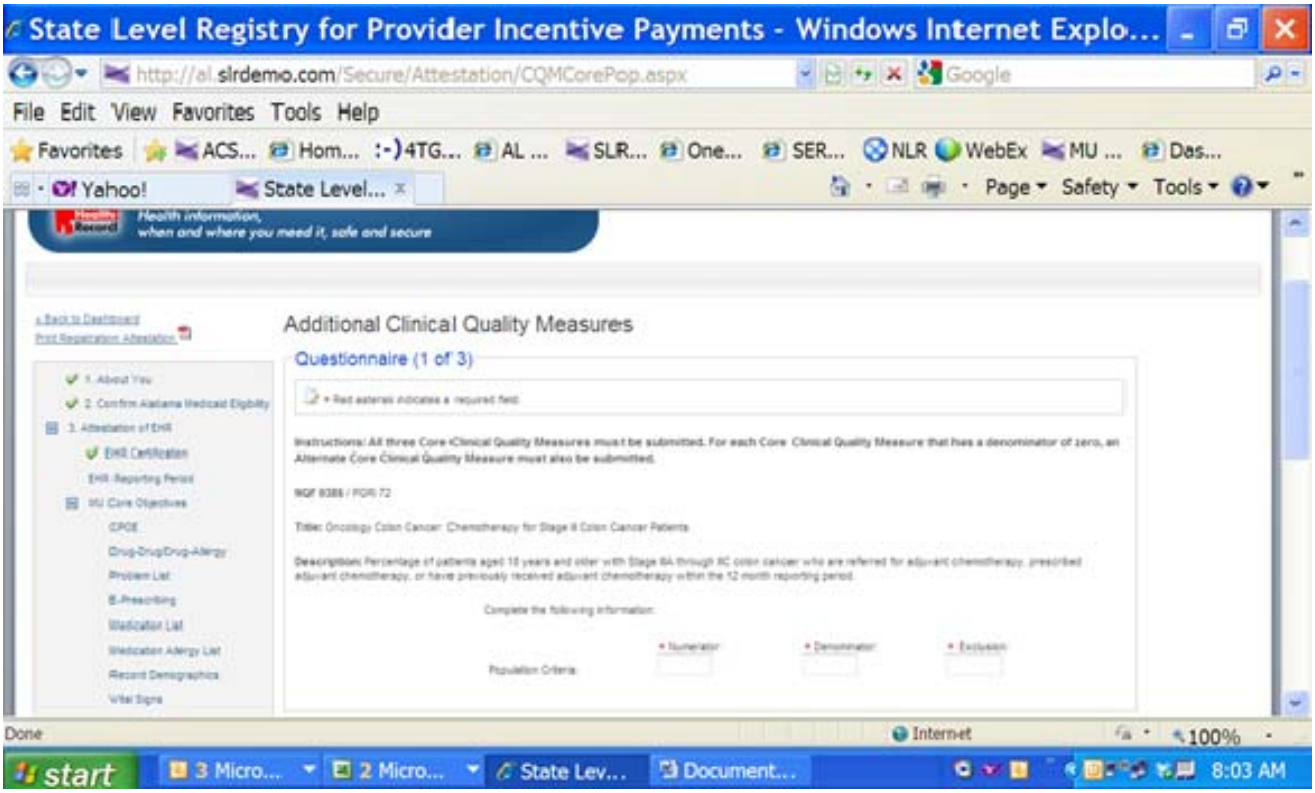
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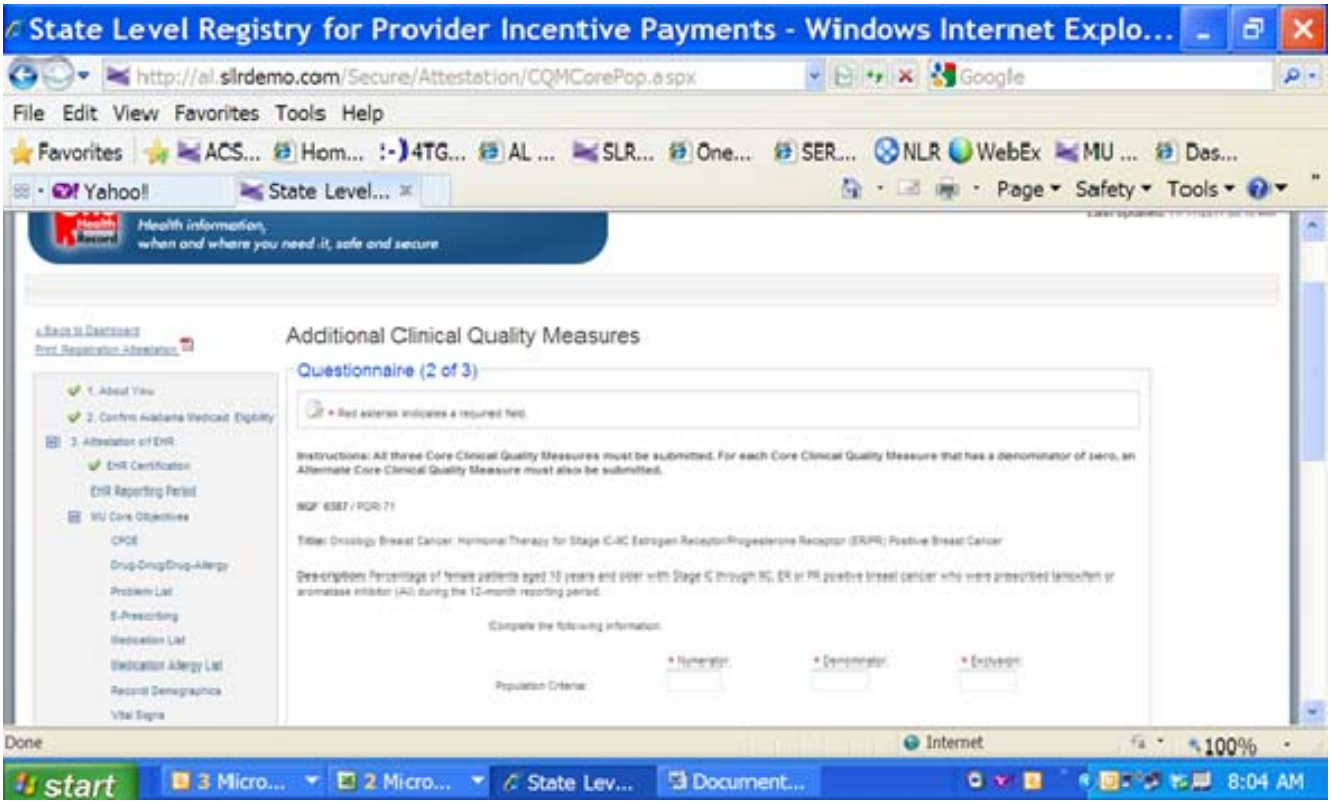
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Health information, when and where you need it, safe and secure
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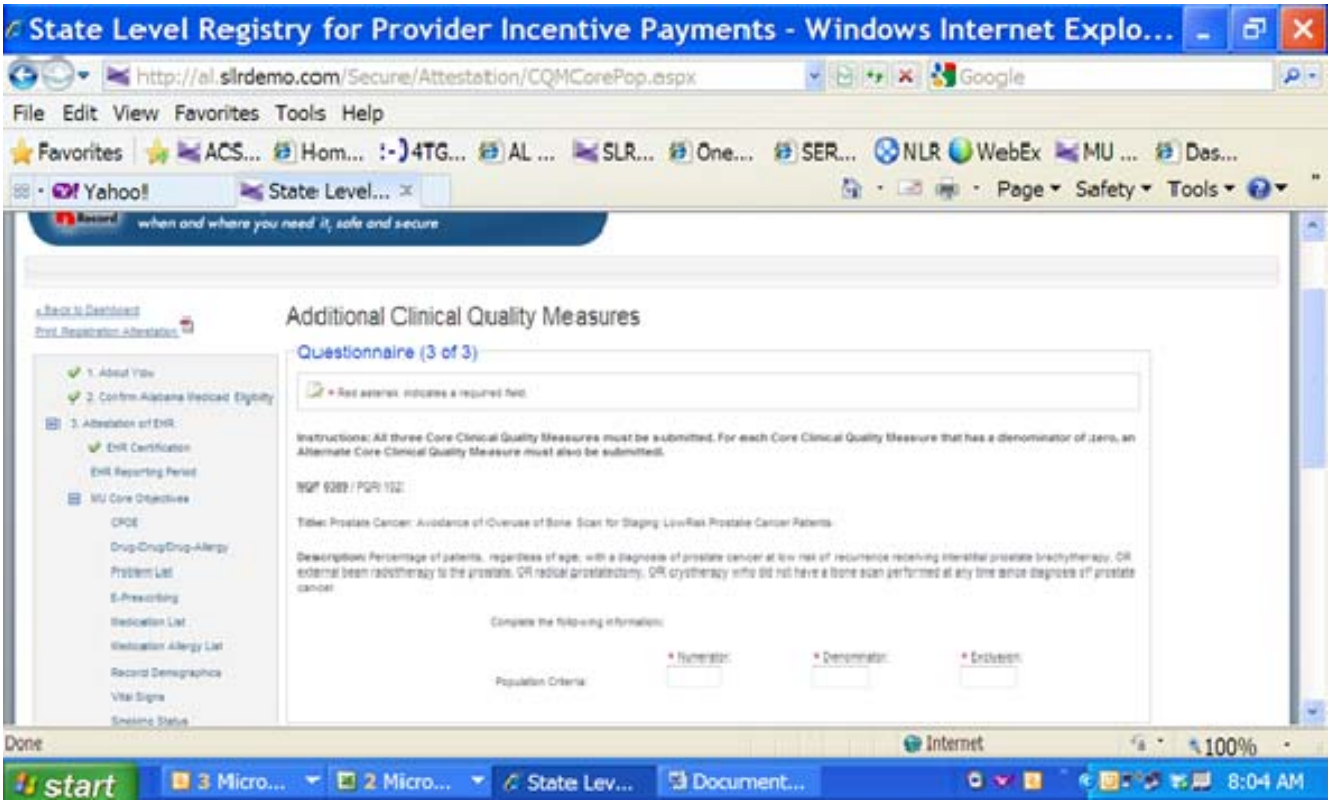
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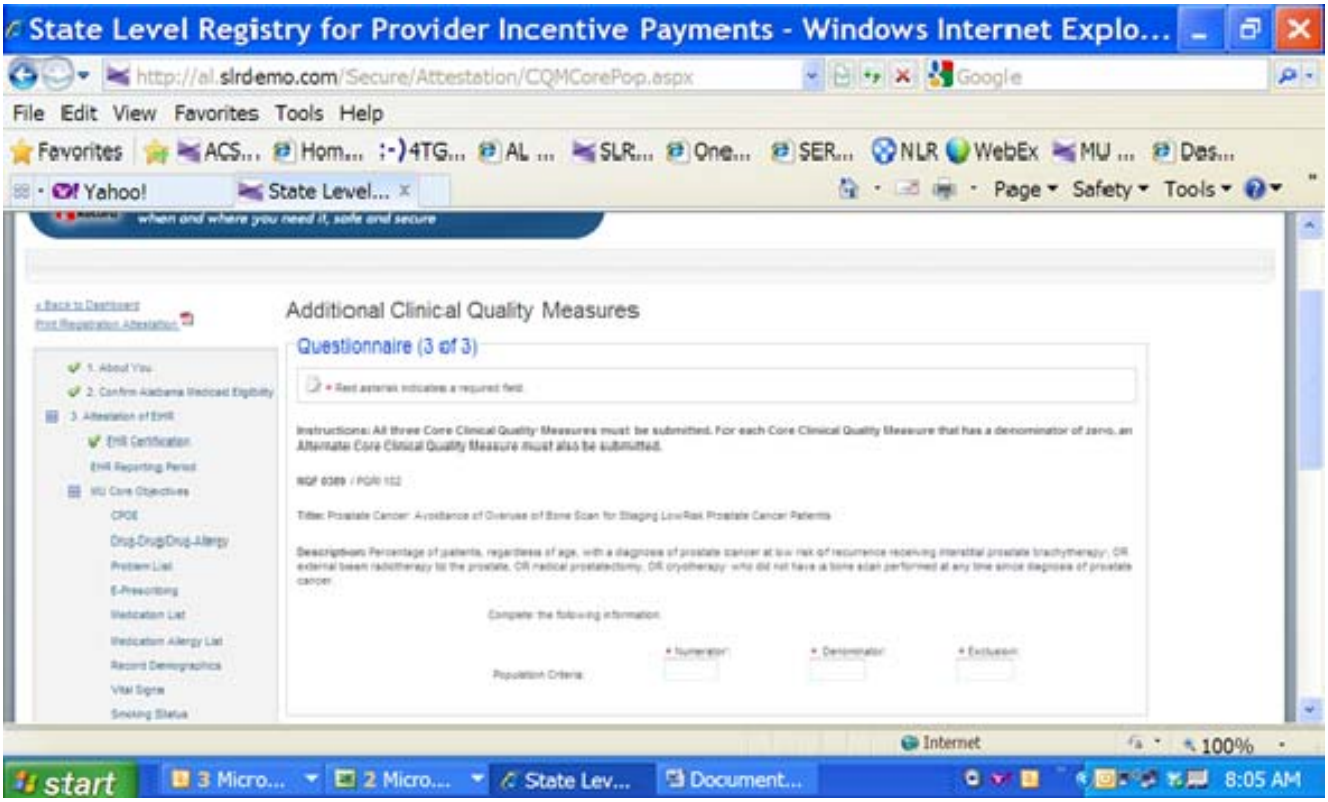
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Additional Clinical Quality Measures
Questionnaire (3 of 3)
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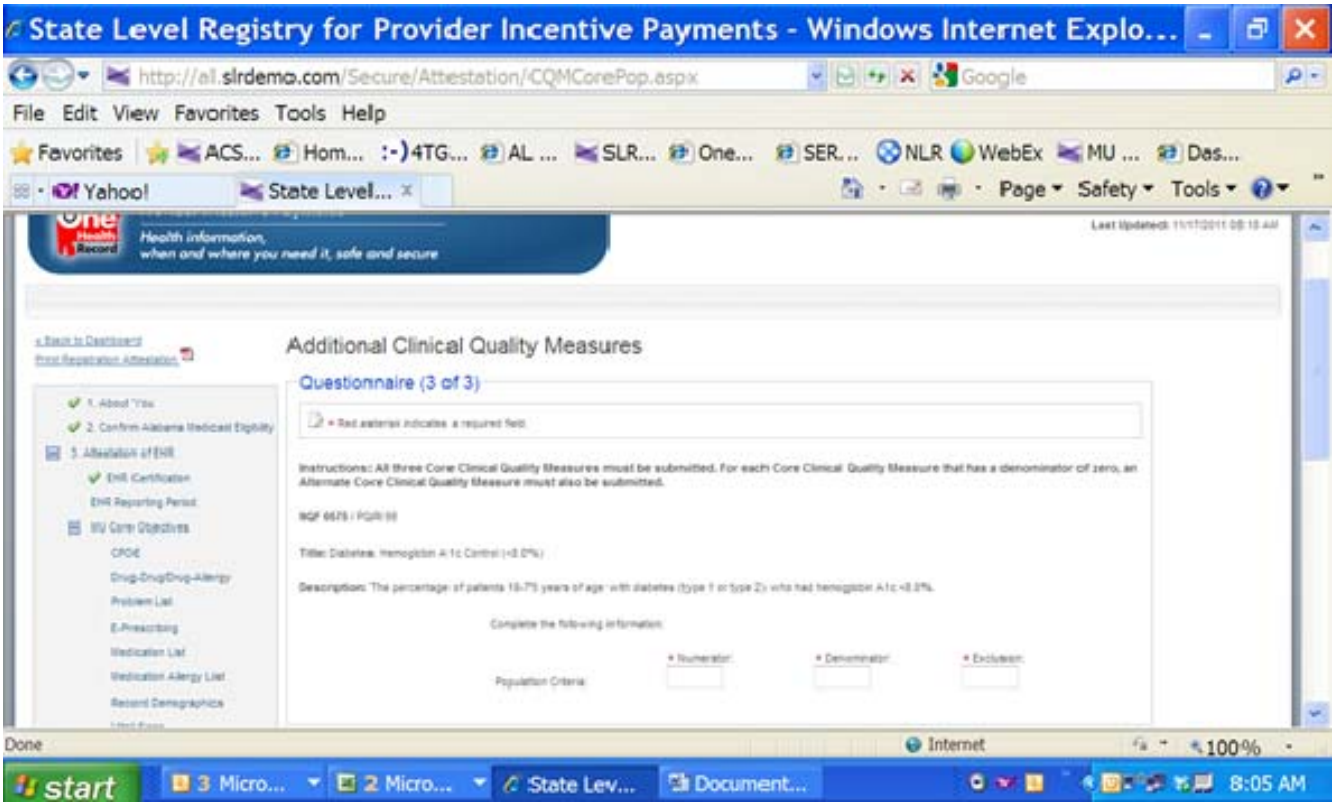
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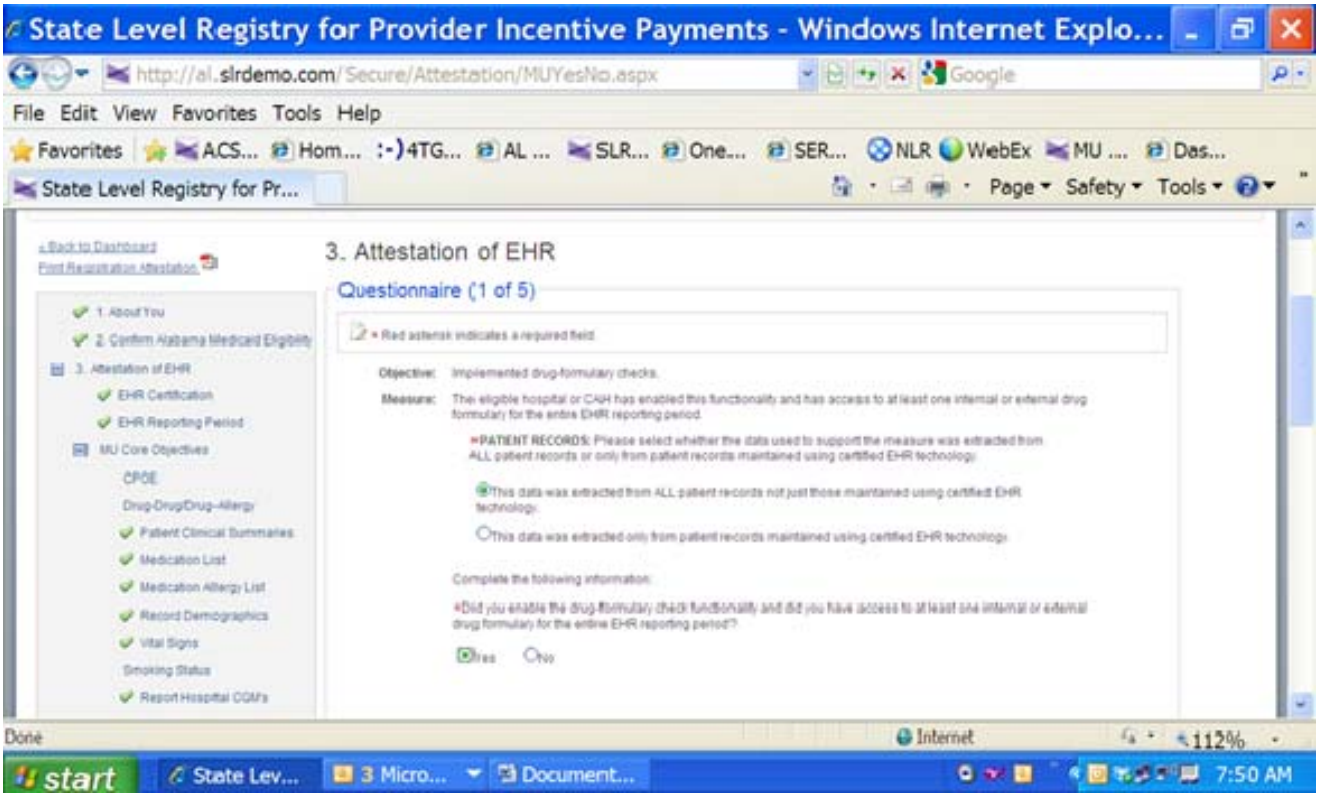
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3. Attestation of EHR
Questionnaire (1 of 5)
1. About You
2. Confirm Alabama Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Patient Clinical Summaries
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status
Report Hospital CQM's
Done
Internet
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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

File Edit View Favorites Tools Help

Questionnaire (2 of 5)

1. About You
2. Confirm Alabama Medicaid Eligibility
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
CPOE
Drug-Drug/Drug-Allergy
Patient Clinical Summaries
Medication List
Medication Allergy List
Record Demographics
Vital Signs
Smoking Status
Report Hospital CQM's
Clinical Decision Support
Patient Health Information

* Red asterisk indicates a required field

Objective: Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.

Measure: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

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

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

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

Complete the following information.

*Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?

Yes No

Identify one condition for which a report was generated:

Test

Done Internet 112%

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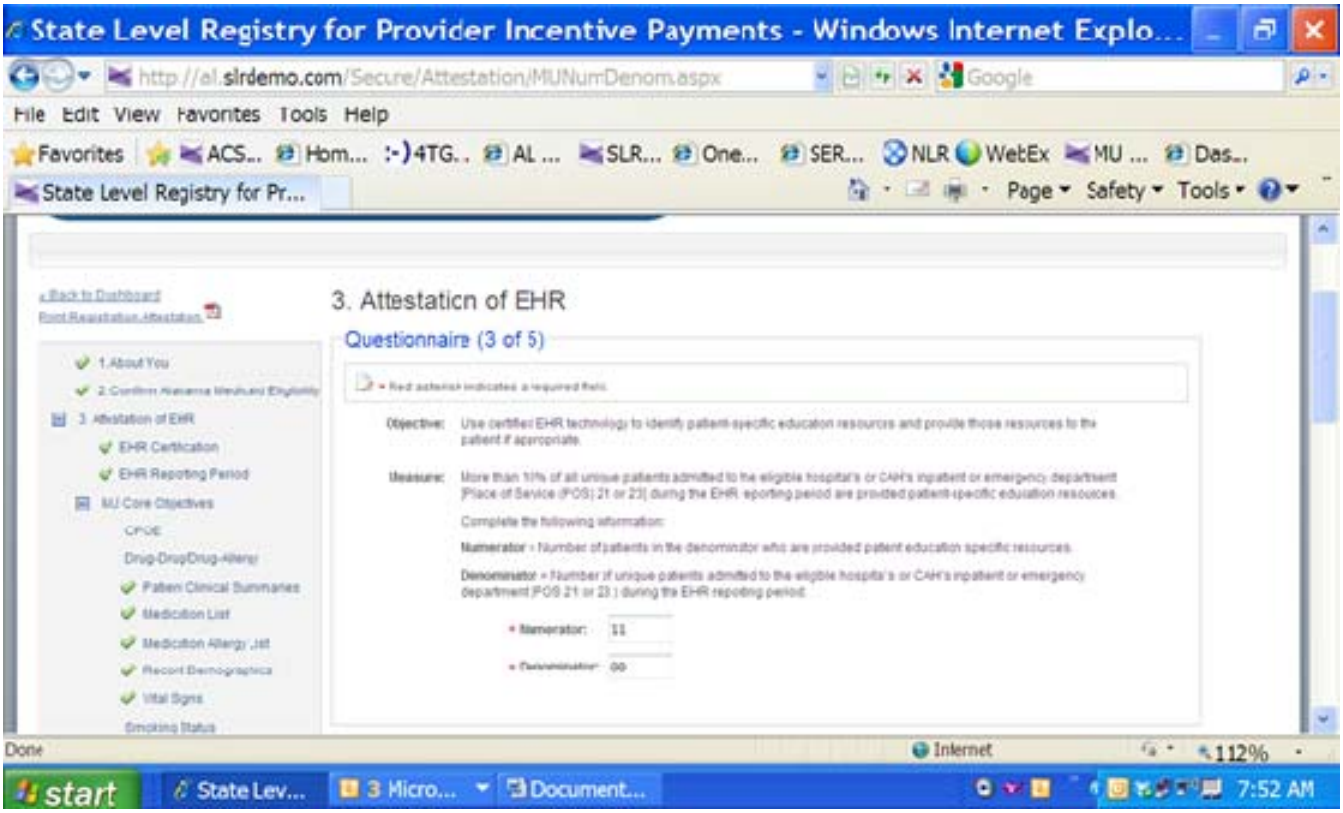
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Page Safety Tools
3. Attestation of EHR
Questionnaire (3 of 5)
1. About You
3. Attestation of EHR
EHR Certification
EHR Reporting Period
MU Core Objectives
Patient Clinical Summaries
Medication List
Medication Allergy List
Recent Demographics
Vital Signs
Smoking Status
Numerator:
Denominator:
Done
Internet
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State Lev...
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Document...
7:52 AM

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

File Edit View Favorites Tools Help

Favorites ACS... Hom... :-)4TG... AL ... SLR... One... SER... NLR WebEx MU ... Das...

State Level Registry for Pr... Page Safety Tools

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Print Registration Attestation

1. About You

2. Confirm Alabama Medicaid Eligibility

3. Attestation of EHR

EHR Certification

EHR Reporting Period

MU Core Objectives

CPOE

Drug-Drug/Drug-Allergy

Patient/Clinical Summaries

Medication List

Medication Allergy List

Record Demographics

Vital Signs

Smoking Status

Report/Hospital CQM's

Clinical Decision Support

Patient Health Information

Patient Discharge Instructions

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field

Objective: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

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

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

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

Complete the following information:

Numerator = Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator = Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the receiving party of the transition

* Numerator: 26

* Denominator: 50

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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

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State Level Registry for Pr... Page Safety Tools

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3. Attestation of EHR

EHR Certification

EHR Reporting Period

MU Core Objectives

CPOE

Drug-Drug/Drug-Allergy

Patient Clinical Summaries

Medication List

Medication Allergy List

Record Demographics

Vital Signs

3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).

Exclusion - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Complete the following information:

Internet 125%

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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

File Edit View Favorites Tools Help

Vital Signs
Smoking Status
Report Hospital CQM's
Clinical Decision Support
Patient Health Information
Patient Discharge Instructions
Exchange Clinical Information
Protect Health Information
MU Menu Objectives
Drug-Formulary Checks
Condition List
Patient Education Resources
Medication Reconciliation
Syndromic Surveillance
Clinical Quality Measures
NQF 0495

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

Yes No

* Was the test successful?

Yes No

Please record the date and time of the test.

11/14/2011 1000 AM

* Syndromic Surveillance Agency

Syndromic Surveillance Agencies

* If the test was successful, was there a follow-up submission?

Yes No

Internet 125%

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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

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File Edit View Favorites Tools Help

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EHR Reporting Period

MU Core Objectives

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Drug-Drug/Drug-Allergy

Patient Clinical Summaries

Medication List

Medication Allergy List

Record Demographics

Vital Signs

Smoking Status

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

Objective: The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

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

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

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

Complete the following information:

Done Internet 125%

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State Level Registry for Provider Incentive Payments - Windows Internet Explo...

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State Level Registry for Pr... Page Safety Tools

- MU Core Objectives
  - CPOE
  - Drug-Drug/Drug-Allergy
  - Patient Clinical Summaries
  - Medication List
  - Medication Allergy List
  - Record Demographics
  - Vital Signs
  - Smoking Status
  - Report Hospital CQM's
  - Clinical Decision Support
  - Patient Health Information
  - Patient Discharge Instructions
  - Exchange Clinical Information
  - Protect Health Information
- MU Menu Objectives

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

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

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

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

Complete the following information.

Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator = Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the transferring or referring provider.

* **Numerator:** 26

* **Denominator:** 50

Done Internet 125%

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State Level Registry for Pr... Page Safety Tools

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     - Medication Allergy List
     - Record Demographics
     - Vital Signs
     - Smoking Status

3. Attestation of EHR

Questionnaire (3 of 15)

* Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have at least one entry in their problem list.

Numerator 2 = Number of patients that have an indication in their problem list that no problems are known for the patient.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* **Numerator 1:**	20
* **Numerator 2:**	20
* **Denominator:**	50

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http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

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     - Medication Allergy List
     - Record Demographics
     - Vital Signs
     - Smoking Status
     - Report Ambulatory CQM's
     - Clinical Decision Support

Questionnaire (4 of 15)

* Red asterisk indicates a required field.

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

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

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

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

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

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

Done Internet 125%

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Record Demographics
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Smoking Status

3. Attestation of EHR

Questionnaire (5 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have a medication recorded as structured data.

Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

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Record Demographics
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Smoking Status
Report Ambulatory CQM's

3. Attestation of EHR

Questionnaire (6 of 15)

* Red asterisk indicates a required field.

Objective: Maintain active medication allergy list

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator 1 = Number of unique patients in the denominator who have at least one entry recorded as structured data in their medication allergy list.

Numerator 2 = Number of unique patients in the denominator who have an indication that the patient has no known medication allergies recorded as structured data in their medication allergy list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

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Smoking Status
Report Ambulatory CQM's
Clinical Decision Support
Patient Electronic Copy
Patient Clinical Summaries
Exchange Clinical Information

3. Attestation of EHR

Questionnaire (7 of 15)

* Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have all the demographics recorded as structured data.

Numerator 2 = Number of patients who have some information recorded as structured data, but either declined to provide one or more elements or the recording of an element is contrary to State law.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* **Numerator 1:**
* **Numerator 2:**
* **Denominator:**

http://al.slrdemo.com/Secure/Attestation/MUNumDenomEx2.aspx

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Vital Signs
Smoking Status
Report Ambulatory CQM's
Clinical Decision Support
Patient Electronic Copy
Patient Clinical Summaries
Exchange Clinical Information

3. Attestation of EHR

Questionnaire (8 of 15)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

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

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

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

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

Alabama State Level Registry for Provider Incentive Payments

Health information, when and where you need it, safe and secure

Filing as Individual Eligible Professional
GERALD SIMON
201 18TH STREET SOUTH
BIRMINGHAM, AL 35233
Last Updated: 11/30/2011 07:10 AM

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    - Problem List

3. Attestation of EHR

Questionnaire (10 of 15)

* Red asterisk indicates a required field.

Objective: Report ambulatory clinical quality measures to the State.

Measure: Successfully report to the State ambulatory clinical quality measures selected by the State in the manner specified by the State.

Complete the following information:

*I will submit Clinical Quality Measures.

○Yes ○No

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

Alabama State Level Registry for Provider Incentive Payments

Health information, when and where you need it, safe and secure

201 18TH STREET SOUTH
BIRMINGHAM, AL 35233
Last Updated: 11/30/2011 07:11 AM

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     - Problem List

3. Attestation of EHR

Questionnaire (11 of 15)

* Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

*Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

○ Yes ○ No

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

Health information, when and where you need it, safe and secure

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Drug-Drug/Drug-Allergy
Problem List
E-Prescribing
Medication List

3. Attestation of EHR

Questionnaire (14 of 15)

* Red asterisk indicates a required field.

Objective: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Complete the following information:

*Have you performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

○Yes ○No

http://al.slrdemo.com/Secure/Attestation/MUCoreListing.aspx

Protect Health Information
MU Menu Objectives
Patient Reminders
Electronic Patient Access
Patient Education Resources
Medication Reconciliation
Immunization Registry
CQM - Core
NQF 0013
NQF 0028 / PQRI 114
NQF 0421 / PQRI 128
CQM - Additional
4. Review and Sign Agreement
5. Send Year 1 Attestation

Icon Legend
Complete

View	Record all of the following demographics:	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.
View	Record and chart changes in vital signs:	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.
View	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
View	Report ambulatory clinical quality measures to the State.	Successfully report to the State ambulatory clinical quality measures selected by the State in the manner specified by the State.
View	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.
View	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.
View	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

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Health information, when and where you need it, safe and secure

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Problem List
E-Prescribing
Medication List

3. Attestation of EHR

Questionnaire (1 of 5)

* Red asterisk indicates a required field.

Objective: Implement drug formulary checks.

Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

Exclusion - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○Yes ○No

http://al.slrdemo.com/Secure/Attestation/MUYesNo.aspx

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Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs

3. Attestation of EHR

Questionnaire (2 of 5)

* Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

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

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

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

Complete the following information:

*Have you generated at least one report listing your patients with a specific condition?

○ Yes ○ No

http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

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Problem List
E-Prescribing
Medication List
Medication Allergy List
Record Demographics
Vital Signs

3. Attestation of EHR

Questionnaire (3 of 5)

* Red asterisk indicates a required field.

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* **Numerator:**

* **Denominator:**

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Medication Allergy List
Record Demographics
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Smoking Status
Report Ambulatory CQM's

3. Attestation of EHR

Questionnaire (4 of 5)

* Red asterisk indicates a required field.

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

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

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

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

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

Exclusion - Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

http://al.slrdemo.com/Secure/Attestation/MUYesNoEx2.aspx

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Medication List
Medication Allergy List
Record Demographics
Vital Signs

3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

Exclusion 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ○ No

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3. Attestation of EHR

Questionnaire (5 of 5)

* Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

Exclusion 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

○ Yes ◉ No

Exclusion 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

http://al.slrdemo.com/Secure/Attestation/MUYesNoEx2.aspx

Smoking Status
Report Ambulatory CQM's
Clinical Decision Support
Patient Electronic Copy
Patient Clinical Summaries
Exchange Clinical Information
Protect Health Information
MU Menu Objectives
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Condition List
Medication Reconciliation
Summary of Care Record
Syndromic Surveillance
CQM - Core
NQF 0013
NQF 0028 / PQRI 114
NQF 0421 / PQRI 128

achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

Yes No

*** Was the test successful?**

Yes No

*** Syndromic Surveillance Agency:**

Syndromic Surveillance Agencies

If the test was successful, was there a follow-up submission?

Yes No

State Level Registry for Provider Incentive Payments - Windows Internet Explo...

http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

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Questionnaire (3 of 14)

* Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have at least one entry in their problem list recorded as structured data.

Numerator 2 = Number of patients that have a indication in their problem list that no problems are known recorded as structured data.

Denominator = Number of unique patients seen during the EHR reporting period.

* **Numerator 1:**	20
* **Numerator 2:**	21
* **Denominator:**	50

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http://al.slrdemo.com/Secure/Attestation/MUNumDenom.aspx

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Questionnaire (4 of 14)

* Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have a medication recorded as structured data.

Numerator 2 = Number of patients in the denominator who have an indication that the patient is not currently prescribed any medication.

Denominator = Number of unique patients seen by the EH during the EHR reporting period.

* **Numerator 1:** 20
* **Numerator 2:** 21
* **Denominator:** 50

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3. Attestation of EHR

Questionnaire (5 of 14)

* Red asterisk indicates a required field.

Objective: Maintain active medication allergy list

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator 1 = Number of unique patients in the denominator who have at least one entry recorded as structured data in their medication allergy list.

Numerator 2 = Number of unique patients in the denominator who have an indication that the patient has no known medication allergies recorded as structured data in their medication allergy list.

Denominator = Number of unique patients seen during the EHR reporting period.

* **Numerator 1:** 20
* **Numerator 2:** 21
* **Denominator:** 50

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3. Attestation of EHR

Questionnaire (6 of 14)

* Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth
- Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH

Measure: More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have all the elements of demographics recorded as structured data.

Numerator 2 = Number of patients who have some information recorded as structured data, but either declined to provide one or more elements or the recording of an element is contrary to State law

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  - Protect Health Information
- MU Menu Objectives
- Clinical Quality Measures
  - NQF 0495

- Race
- Ethnicity
- Date of birth
- Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH

Measure: More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Complete the following information:

Numerator 1 = Number of patients in the denominator who have all the elements of demographics recorded as structured data.

Numerator 2 = Number of patients who have some information recorded as structured data, but either declined to provide one or more elements or the recording of an element is contrary to State law.

Denominator = Number of unique patients seen during the EHR reporting period.

- **Numerator 1:** 15
- **Numerator 2:** 16
- **Denominator:** 60

If the Second Numerator is more than zero, what is the most common reason?

Patient Declined

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3. Attestation of EHR

Questionnaire (7 of 14)

* Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: For more than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.

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

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

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

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Protect Health Information
MU Menu Objectives
Clinical Quality Measures
NQF 0495
NQF 0497

- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: For more than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.

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

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

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

Complete the following information:

Numerator = Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator = Number of unique patients age 2 or over is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator: 26

Denominator: 50

Done | Internet | 118%

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3. Attestation of EHR

Questionnaire (9 of 14)

* Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.

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

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

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

Complete the following information:

* I will submit Clinical Quality Measures.

◉ Yes ○ No

* **Please enter the name of one CQM you have or will enter:** Required Field

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3. Attestation of EHR

Questionnaire (10 of 14)

* Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

*Did you implement one clinical decision support rule?

◉Yes ○No

* **Please enter the name of one Clinical Decision Support Rule you have implemented:**

Test

Required Field

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

Previous Screen | Save & Continue

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3. Attestation of EHR

Questionnaire (13 of 14)

* Red asterisk indicates a required field.

Objective: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

◉Yes ○No

* With what organization was the information exchanged?

Dr. Smith's Office

What were the results of the test?

Negative

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NQF 0497
NQF 0435
NQF 0436
NQF 0437
NQF 0438
NQF 0439
NQF 0440

What were the results of the test?

Negative

If a report or summary was produced by your EHR solution, please attach it using the Attach Files component on this page message will appear beneath the Attestation Requirements section.

Attach Files

The following attachments are optional:

- Other Attachment

File Name	Subject
No records to display.	

Add Files | Remove Selected

Please select the 'Previous Screen' button to go back or the 'Save & Continue' button to proceed.

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8.11 Meaningful Use Incentive Payment Program Audit Requirements and Procedures

[This section intentionally left blank.]